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HATCH STATEMENT AT FINANCE COMMITTEE HEARING EXAMINING
WAYS HEALTH INFORMATION TECHNOLOGY IMPROVES CARE

WASHINGTON – U.S. Senator Orrin Hatch (R-Utah), Ranking Member of the Senate Finance Committee, delivered the following opening statement at a committee hearing examining ways health information technology (IT) improves the quality of health care in America:

Thank you, Chairman Baucus, for holding this hearing today on health information technology, or health IT.

The hearing that we held in the Finance Committee last week was a good start to this conversation. I think we are all better informed of the complexity of this issue.

As I mentioned last week, I have heard from many providers and vendors – both large and small – about some of the challenges in becoming "meaningful users," as defined by the Office of the National Coordinator, or ONC.

I am hopeful that leaders at ONC and CMS are paying attention to our hearing this morning, and that they will consider the thoughtful comments made by our witnesses.

All too often, Congress creates programs that, despite our good intentions, have unintended consequences for those it seeks to help. In this case, Congress passed a law which provided billions of dollars in incentive money for providers to purchase health information technology with the hope that it will help transform care, increase quality, and lower costs.

These are all the rights goals. So the question becomes: Are the incentives well placed and are they making a difference? And, if not, why not?

We know that, unless you provide people with compelling reasons to make changes, changes will not occur.

For example, there has to be a compelling reason for hospitals to want to share information among non-affiliated providers.

Likewise, there has to be a compelling reason for vendors to want to create technologies that work across various systems.

It would seem to me that those reasons do not currently exist. If they did, we might not struggle with achieving interoperability. This seems to be the elusive holy grail of health IT. Everyone is talking about it, and yet it always seems to be out of reach.

I am most interested in hearing the thoughts of today's witnesses about the timing of the various stages of Meaningful Use, and the requirements involved. Let me be clear, I think we need to hold people's feet to the fire so that we continue to make strides in delivering high quality care.

If that means making requirements more stringent, then let's have that conversation. However, as I said to our witnesses last week, we have to give organizations enough time to acquire certified technologies and appropriately train staff to use them.

Ignoring the question of whether providers have the ability to keep up will only hurt the cause.

This transformation won't happen overnight. But, having the right timelines in place is nothing short of a necessity for success.

Providers cannot afford to waste resources on systems that quickly become out of date as CMS and ONC change requirements over time. And vendors should be afforded very clear instructions as to what is expected as part of a certified system.

Indeed, when we are talking about spending millions of dollars on health IT, certainty is a must.

Mr. Chairman, thank you once again for holding this hearing and I look forward to hearing from our panel of witnesses.

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