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**HATCH STATEMENT AT FINANCE COMMITTEE HEARING EXAMINING  
HOW HEALTH INFORMATION TECHNOLOGY CAN IMPROVE HEALTH CARE QUALITY**

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 how health information technology (IT) can help improve the quality of health care in America:

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

*This is an important topic that the Chairman has rightly stated can help improve the quality of health care in this country.*

*I have witnessed firsthand the power of using health IT to transform the delivery of health care.*

*In Utah, Intermountain Healthcare System has long been one of the leaders in this field.*

*This transformation didn't happen overnight. Dr. Homer Warner, a Utah cardiologist, helped establish the field of health IT in the 1950's. His work and teaching coupled with that of his colleague, Reed Gardner, inspired generations of clinicians to enter the field of informatics long before it became popular.*

*The promise of health IT is that it can facilitate evidence-based clinical care, decrease the number of errors that are far too frequent in our complex, fragmented health care system, and allow each clinical visit to a health care provider to increase our knowledge base about effective care.*

*In preparing for this series of hearings on health information technology, we have heard from many providers – both large and small – as well as the vendor community. Most have said that they believe the Meaningful Use Program has spurred the investment in technology.*

*Many were already in the process of establishing and purchasing health information technologies and the Meaningful Use funds they received simply helped offset the costs.*

*For others, it was the threat of financial penalty that spurred this type of investment.*

*Regardless, I think health IT can be a very valuable tool and its use should be encouraged.*

*However, it is my hope that we are not judging the success of this program simply on the number of dollars going out the door, but rather by the positive impact on patient care and decreases in healthcare costs.*

*I also hope that, as both CMS and ONC establish requirements for the program, they consider all of the other burdens that providers face.*

*As we have seen time and again, not all providers are created equal. The size, sophistication, and availability of resources vary greatly.*

*I am very proud of the work that Intermountain Health Care has done in this area, and their use of health information technology should be an example to all. But we have to acknowledge that they are really the exception, not the rule.*

*As CMS and ONC develop future stages of Meaningful Use, we need to take into account all that we ask of our providers.*

*Let me be clear, I do not want to see progress stalled on implementing the use of technologies. But, if we ignore problems along the way and simply expect everyone to catch up, we will end up in worse shape.*

*The federal government cannot afford to spend money on programs that don't yield results.*

*At the same time, providers can't afford to invest in systems that don't work or have to be overhauled a year later as requirements change.*

*It would seem to me that we have an opportunity to push the pause button and make sure that the program is working before we continue down a potentially unsustainable path.*

*I think many members would agree that we should hold providers and vendors to high standards.*

*And, perhaps the Meaningful Use Program, in its various stages, has set the bar too low.*

*In the end, I would rather ask more of our providers and vendors and provide them with a reasonable timeline to achieve those goals.*

*This hearing, along with the one scheduled for next week, is being held to allow us to hear from the administration's leaders in health information technology and from the community of vendors and providers using health IT in clinical care.*

*It is an opportunity to take a mid-course pulse of the ongoing Meaningful Use incentive payments to providers, and to assess the kinds of improvements in health care that these funds intended.*

*Mr. Chairman, thank you for holding this hearing and I look forward to hearing from our two witnesses.*

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