COMMITTEE ON FINANCE
NEWS RELEASE
Max Baucus (D-Mont.)
http://finance.senate.gov

FOR IMMEDIATE RELEASE
July 24, 2013

Contact: Sean Neary/Meaghan Smith
(202) 224-4515

**Hearing Statement of Senator Max Baucus (D-Mont.)**
**Regarding Health Care Providers Improving Care with Information Technology**
*As prepared for delivery*

Thomas Edison said that, "Vision without execution is hallucination."

When it comes to health information technology, or health I.T., no one knows Edison's lesson to be true more than providers.

Doctor Jonathan Griffin from Helena, Montana summed it up best by saying, "If health care is a car, health I.T. is the navigation system."

"It tells you where you have been, where you are now, and where you need to go. It also helps prevent wrong turns and avoid road blocks."

We all agree that health I.T. is a critical lynchpin to improving health care and reducing costs.

Last week, administration leaders shared their views. They said we have made progress; Medicare and Medicaid financial incentives are encouraging providers to use health I.T.

But more work must be done. That work should be focused in particular on ensuring that all of the various computer systems seamlessly share information.

Today we will hear from the vendors who build the technology and the providers who use it. No one knows better than doctors how important it is that the technology works well.

Technology can alert doctors of dangerous drug interactions. It can help them avoid duplicating tests. And most importantly, it can help doctors deliver the right care at the right time to their patients.

Health I.T. is revolutionizing the way Dr. Jay Erickson, a family medicine doctor in Whitefish, Montana, treats patients who take blood-thinning drugs, like Coumadin.

These drugs prevent life-threatening blood clots, but the doctor needs to constantly monitor a patient's dose to get it right. Simple things like the amount of spinach a patient eats can throw off the dose. The dose must be high enough to prevent clots, but not so high that it could cause a stroke.

Achieving the right level requires several blood tests a week. Before his practice started using health I.T., Dr. Erickson often had to wait a full day for the lab to fax the blood test results.

Then he would call the pharmacy with the prescription, or give a hand-written script to his patient. The entire process could be repeated up to a dozen times to find a stable level of medication.

Now, thanks to I.T., the lab results are sent to Dr. Erickson instantly. He can quickly send prescriptions to the pharmacy electronically. The process is faster and safer.

Dr. Erickson is glad he can use this technology, but it has required hard work and a major financial investment to get to this point.

He and the nine colleagues in his practice spent significant resources for their system and hired two full-time employees to maintain it.

Under a 2009 law called the HITECH Act, Dr. Erickson received incentive payments from Medicare and Medicaid for his use of the technology, but the incentive payments don't cover his costs.

His system still can't talk to the hospital's system, so when one of his patients is hospitalized, Dr. Erickson needs to send charts and tests back and forth by fax.

I've also heard from critical access hospitals in Montana who face unique challenges. They have more trouble than other hospitals getting the up-front capital necessary to install health I.T. They can't afford I.T. staff, and these small rural hospitals have trouble getting I.T. vendors to come to them.

Hospital-based rural health clinics are also ineligible for incentive payments. Critical access hospitals manage these clinics. Rural health clinics are important partners but they can't get funding for installing the technology they need due to their size and location. We must correct this error.

As we discussed at last week's hearing, just implementing technology is not the goal. Technology must be used to actually improve health care.

Vendors need to create the right software so that when doctors run quality reports, they get accurate results. If the software isn't written correctly, it may not recognize drug allergies or dangerous interactions.

Vendors must also create systems that talk to each other, even when those systems are not part of the same network.

Medicare and Medicaid can play a role. Their payment policies can create the right incentives for providers to use health I.T. and for vendors to improve quality.

When it comes to I.T., the vision is there. But as our witnesses today know, it's the execution that matters. So let us ensure that our health I.T. vision is being executed in a way that lowers costs and improves care for all Americans.

###