Opening Statement for the U.S. House Committee on Ways and Means Subcommittee on Health

April 6th, 2006

Thank you very much Chairman Johnson and distinguished members of the Subcommittee and staff. My name is Justin Barnes and I am the Vice President of Marketing and Government Affairs for Greenway Medical Technologies, a leading provider of integrated electronic health record (EHR) and practice management software solutions for physicians’ practices. It is always a great honor and pleasure to work with members of Congress and their staff as I believe we all have a common goal to shape the new face of the healthcare industry by utilizing the vast contributions that information technology (IT) offers healthcare providers, payers, physicians and patients in achieving goals of reduced medical errors, lower costs, better quality and improved efficiency within our nation’s healthcare system.

In addition to representing Greenway, I am also one of the founders of the HIMSS Electronic Health Record Vendor’s Association (EHRVA) and currently reside on the EHRVA Executive Committee and serve as Chair of the Membership Committee. The EHRVA is comprised of the nation’s 39 leading EHR companies currently representing roughly 98% of all EHR’s implemented today. The goals of Greenway and the EHRVA are the same as those of President Bush in terms of developing an industry-wide strategy for widespread adoption of health information technology (HIT) and for converting these goals into substantial quality and efficiency improvements in less than five to eight years from now.

This Statement focuses on our dedication to assisting Congress and government agencies in achieving our health transformation goal. Greenway and the EHRVA support a truly transparent process and equal collaboration of public and private entities. Over the past year, Greenway and the entire private sector has made significant strides in EHR adoption, interoperability and proven return on investment (ROI) for long-term sustainability of this transformation progress and we will continue to make strides in this reform. We have been successful so far without government intervention or the wasting of any taxpayer dollars. Greenway’s customer practices alone have realized an annual $21,600 to $81,500 post-implementation return per physician. With paperwork reduced, collections increased and coding improved, physicians provide a higher quality of care and also operate a more efficient business.

While HIT and EHR adoption currently grows at a record pace, we possess the responsibility to ensure that every policy that is enacted and every rule that is proposed must increase and incentivize HIT adoption. While we applaud the focus that the President, Congress and the U.S. Department of Health & Human Services have applied to this industry transformation, we must ensure that all decisions are created by entities that have the essential experience, dedication and factual evidence necessary to put self-sustaining plans and policy in place.
Greenway guardedly supports the efforts of the Office of the National Coordinator for Health Information Technology (ONCHIT) but believes this Office needs more private sector experience and involvement to create a real 50/50, public/private collaboration. In ONCHIT’s current state, Greenway could not support their codification until their processes become more transparent, physicians point-of-care workflow is respected and EHR certification performs the proper due diligence that is necessary for participation and private sector sustainability. We respectfully advise that all Work Groups, Committees and Boards created under ONCHIT and the American Health Information Community (AHIC) make sure that any mandates or certifications are thoroughly investigated, meticulously created and are proven to increase HIT adoption before becoming imposed on the private sector. It is essential that we continue to increase our HIT adoption rates and keep physician’s daily workflow at the forefront of all decision-making in this reform and not succumb to any industry or self-serving lobby.

Greenway is one of several examples of how the private sector is committed to this transformation and has taken charge through leading the health information technology and electronic health record industry. Greenway was founded on the premise that HIT & EHRs dramatically reduce medical errors, lower costs, improve quality and efficiency and create a substantial return on investment for physicians and practices among many other constituencies. Greenway has chosen to focus on the small to mid-size practice community as our customer base consists primarily of practices with between 1-50 physicians. The vast majority of healthcare in this country is delivered in medical offices within the above mentioned market space and this environment will be the essential component in assuring widespread adoption due to the communication these practices have with hospital systems, test laboratories, and other medical practices.

Greenway has also structured its offerings to physician practices into a 10-year business plan mirroring President Bush’s own Framework for Strategic Action to ensure that healthcare providers will have quality software solutions that inform clinical practices, interconnect clinicians, personalize patient care and improve the overall population health. By directing our efforts in accordance with those of the president, our customers can rest assured that their investment will consist of a fully-integrated solution streamlining their administrative, clinical and financial processes into an efficient workflow that is consistent with long-term viability.

Besides having the best EHR for their practice, it is also Greenway’s belief that physicians need fiscally responsible incentives to increase adoption of HIT at a greater pace. Physicians and their practices are the backbone of the American healthcare system and since they are also small businesses, they are the backbone of our economy as well. Congress and the healthcare industry needs to stay focused on economic sustainability by providing fair, increased reimbursement incentives and by increasing the capital equipment and software purchase deductions allowed under section 179 of the Internal Revenue Code.

However, from our decades of experience, we would not support unfunded government mandates, stark-safe harbor modifications or, as mentioned previously, imposed HIT
certifications that are not proven to considerably increase EHR adoption, EHR usability and private sector sustainability. We would suggest any proposed changes in these areas get referred to a congressional or Medicare study to review and understand feasibility, longevity and factual impact on HIT adoption goals. Congress and the U.S. Department of Health & Human Services possess the ability to cripple current and future HIT and EHR adoption if they implement immature or flawed policy.

In all that we are working towards, we must also recognize physicians as consumers and realize and respect the necessity of their services. As absurd as it sounds, can you imagine a community without a physician? Their contribution to each community makes it essential that we offer solutions such as EHRs and proper public policy to help keep them in business. It is our experience that we must keep the physicians daily workflow at the fore-front of all decision-making when discussing how we may impact their offices and practice of medicine. The practical workflow involved in a physician’s revenue pipeline is more paramount in EHR selection than any non-essential bells and whistles that might influence a physician’s purchasing decision. Greenway and the EHRVA both have presented Use Cases and “Clinical Test Scenarios” to various Work Groups of the Certification Commission for Health Information Technology (CCHIT) and Health Information Technology Standards Panel (HITSP). These Use Cases and Scenarios were derived from real-life experiences with EHRs implemented today at the point-of-care.

This is an exciting time to help lead the healthcare information technology industry. We have the opportunity to create the most efficient healthcare system for this country and while this is a daunting challenge, it is certainly achievable. However, as we continue to move towards 2014, we want to take the prudent and fiscally responsible steps so that our healthcare vision will transform into a national reality. Speaking on behalf of the private sector, we are ready as an industry to answer the call to work in partnership with Congress and federal agencies in making these goals and the framework our future.

Chairman Johnson and distinguished members of the Subcommittee and staff, I want to thank you for this opportunity and your genuine interest in this vast and important topic. I hope that my comments will help steer ideas and thoughts that can be transmitted into innovative policies shaping the future of healthcare in this country. Thank you very much.