



**Testimony of Glen Tullman,
Before the House Committee on Energy and Commerce
Subcommittee on Health
Implementation of the Health Information Technology for Economic and Clinical Health
(HITECH) Act**

July 27, 2010

Chairman Waxman, Ranking Member Barton, Chairman Pallone, Ranking Member Shimkus and other distinguished Members of the Committee, thank you for the opportunity to share with you today our perspectives on the implementation of the HITECH Act.

My name is Glen Tullman, and I am the Chief Executive Officer of Allscripts. Allscripts is the largest provider of Electronic Health Record and Practice Management software physicians and caregivers use to manage patients. More than 160,000 physicians (which is one-third of all practicing physicians outside the hospital), 800 hospitals and many thousands of other healthcare providers in clinics, post-acute care facilities, and homecare agencies utilize Allscripts solutions to automate their daily activities and connect their clinical and business operations. Allscripts is also the largest provider of ePrescribing Solutions, and through our revenue cycle management clearinghouse, we process more than half a million claims, remittance and eligibility transactions each year.

It is now 17 months since the passage of the American Recovery & Reinvestment Act, and it is clear that the health information technology industry is forever changed. It is my belief, in fact, that we are at the beginning of the single fastest transformation of a major industry in the history of our country. Congress and the Administration, in a sign of true leadership, have provided an investment in technology that will lead to the delivery of better care, yield significant savings due to efficiency improvements, and markedly improve patient safety. I speak to hundreds of healthcare professionals across the spectrum of care, and it is clear that the Meaningful use incentives in the Stimulus package are an essential component to the sea-change in healthcare that will benefit us all.

It goes without saying that healthcare is complex. Allscripts is unique in that we serve the entire continuum of care, from single primary care physician practices in rural geographies, mid-sized specialty and sub-specialty practices in suburban towns, Federally Qualified Health Centers in underserved environments, multi-specialty clinics, Emergency Department physicians and some of the most recognized and prominent healthcare organizations across the country. Each one of these



providers is someone that HITECH is intended to motivate to either move forward with health IT utilization or expand use already underway.

HITECH and the implementation of an Electronic Health Record are both complex. To help our clients understand the many nuances of the legislation and resulting regulatory activity, along with the steps to take to easily implement an EHR, Allscripts has committed extensive resources over the last 17 months to educating the larger provider community—not just our clients—about the Meaningful Use incentives. We have hosted hundreds of free educational sessions across the country, as well as numerous webcasted versions, and we launched the Allscripts Advocacy Center in early 2010 to facilitate open lines of communication between our clients and Members of Congress and the Administration. In the two weeks since the release of the Final Rules on July 13th, we have already provided educational content to thousands of webcast attendees. We also look forward to working closely with the Regional Extension Centers across the country as they move forward with their efforts to educate healthcare professionals about the importance of health information technology.

Most telling, however, is that inquiries related to our products have been at record levels since the initial passage of ARRA, with the legislation sparking interest in Electronic Health Records among physicians that hadn't considered them before and accelerating implementations for those who had planned to transition a few years down the road. The HITECH incentives have certainly had a stimulative effect on our business and led to significant job creation. At Allscripts, we have increased our annual R&D investment a full 25% from \$72 million to \$90 million, and we have hired more than 560 people in the time since ARRA passed, with plans to hire several hundred more in the next year. These are high-paying technology centric jobs—just the kind the American workforce needs.

The change is also going to lead to market adjustments designed to better serve physicians and hospitals. Our proposed merger with Eclipsys Corporation, a leading hospital software company, is a good example. It's clear that healthcare stakeholders understand the need to connect care wherever it is delivered, whether in a hospital, multi-specialty group, home health environment or in small, independent physician practices.

Even more importantly, though, our clients are also hiring directly as they work to ensure success in their health IT adoption efforts. For example, Denver-based Catholic Healthcare Initiatives, which is making a major investment in health IT, in part spurred by the Meaningful Use incentive program,



has announced that they will be hiring 200 health IT professionals over the next year (100 in the next three months alone) and we have many other clients with similar plans.

Generally, now that the Final Rule is out, the physicians and hospitals among our client base are pleased. The uncertainty about Meaningful Use has been removed, and we can now move forward on getting electronic health records installed. In addition, many of the changes that the provider community requested during the comment period were incorporated into the Final Rule, and the sense is that this process was a positive example of a productive public / private partnership. Many physicians particularly appreciate the flexibility that has been added to the regulatory process related to what constitutes Meaningful Use.

The entire debate also served to give physicians, hospitals and other provider organizations a greater appreciation for the critical role health IT will play in their ability to participate in the delivery system reform efforts that are and will increasingly become a key part of our healthcare system. Healthcare is about information, and we simply can't address the key issues of quality, cost and waste without having the information available to make better decisions. New innovative initiatives like the Patient Centered Medical Home and Accountable Care Organizations, as well as a focus on performance, not procedures, will require better information. We believe that, in part due to the encouragement from you, Electronic Health Records are not only tools that physicians will need to have but that they will want to use to deliver world class care.

I would also encourage the Committee to build on the success to date in a few ways. You have created real momentum with Meaningful Use and other actions related to healthcare. Now, we encourage you to take three steps:

- First, push both providers and vendors even higher with standards related to faster and more robust connectivity. All systems should be able to connect with and accept data from outside systems as if it were their own by using common standards, as we do in the banking industry today.
- Second, it's time to mandate electronic prescribing. This is a patient safety issue. Congress has taken bold steps in this area already in several cases. Let's keep that going.
- Finally, let's continue the initial steps taken to focus on performance metrics and use payment and delivery system reforms to reward physicians who demonstrate positive outcomes for their patients.



In summary, the Final Rule on Meaningful Use will result not only in a higher number of providers participating in the incentive program but more importantly, in higher quality and safer care for patients. We expect most providers to not only meet but exceed the requirements of Meaningful Use . . . what we call Meaningful Value . . . by doing more than the minimum. Our country's physicians, nurses and caregivers are the best in the world. When we provide them with the right information at the right time, they will embrace Electronic Health Records and the information they provide.

We have key clients across the country who are doing just that. The University of South Florida and Wellspan in Pennsylvania are both using EHRs to deliver better diabetes care and better inform patients. Sharp Healthcare in San Diego is approaching 90% electronic orders; Heritage Valley Health System in Pittsburgh is writing 100% electronic prescriptions, and a host of others who are leading the way. Most important, we see leaders like North Shore Long Island Jewish, who is building one of the largest connected healthcare communities in the country and others like Hartford Hospital and University of Massachusetts who are connecting communities for better care.

Your actions have served to both encourage and accelerate all of the activities of these leading organizations and spur other groups to take action. As the technology becomes part of their regular workflow and electronic health records provide critical information, we will see that Meaningful Use is essentially a jumping off point, ultimately resulting in the connected system of health – rather than healthcare – that we are all working towards.

I want to thank you for the opportunity to testify, and I look forward to your questions.