

**Testimony of Matt Winkleman, MD,  
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, let me begin by thanking you for the opportunity to provide testimony today.

My name is Matt Winkleman. I am a family physician practicing in Harrisburg, Illinois. Our community is in rural southern Illinois and has a population of about 10,000. I practice full time and am one of the physician owners of Primary Care Group in Harrisburg, and we serve patients not only Harrisburg but from several surrounding communities and rural counties. Our practice is a rural health clinic that includes eight primary care doctors, five mid-level providers and a general surgeon. In total, the clinic employs around 50 people. I'm honored to share with you today our experience with an electronic health record and a little about how it impacts our practice and the care we provide to our patients.

One of the obstacles many physicians cite in the decision to deploy an electronic record is the initial upfront costs. Not only is the software, hardware and necessary infrastructure costly, but the process of seeing patients in the initial weeks of transitioning to use of an electronic record requires changes in workflow that will likely decrease efficiency and the number of patients seen daily. As you're all aware, under our current reimbursement system, fewer patients seen means less added to the bottom line, and as a result, many physicians calculate that they cannot afford the initial financial investment. This is especially true for physicians like myself who practice in rural areas where the average payor mix includes minimal commercial insurance and where profit margins are already thin.

Thankfully, the HITECH bill is going to help physicians address many of these challenges and begin reaping the benefits of electronic health records. The approach taken within the legislation to reward utilization and not just purchase was smart, the Regional Extension Centers will be immensely useful to small practices without the know-how to feel comfortable moving to an EHR on their own, and the funds going to develop broadband networks and other infrastructure will be crucial in eventually allowing us to exchange clinical information.

And those benefits of EHR use, as I said, are significant. At a time of great uncertainty within the general healthcare industry, at least one thing seems clear to me: technology will have a role in helping us provide the kind of high quality, safe, efficient care our patients deserve. On nearly a daily basis, my EHR helps me avoid prescribing a medication to a patient because they have an allergy to it, allows me to print out materials for patients to help them understand a diagnosis, and reminds me to order a mammogram on the 55 year old patient who only came in for a sore throat. It is not uncommon for me to see a patient struggling to manage six to eight medications and three to four chronic diseases. Medicine is complex, and the reality is that even the most astute of clinicians can benefit from the safety checks provided by an electronic health record.

Furthermore, while the individual patient benefits from the improved safety that stems from use of an electronic record, my practice has begun to see the benefits to the population as a whole. With the use of our EHR, we were recently able to generate a report of all of the diabetic patients from the practice's census who had not received appropriate follow up and proactively schedule an office visit to get them back in, giving them a much greater chance of avoiding the costly complications that can result from diabetes. Additionally, after the recent controversy surrounding the diabetes drug Avandia, we were able to generate a list of all of our patients receiving this medication within a matter of only minutes. These types of things would have been nearly impossible with a paper system.

It is also important to keep in mind, however, that all of these things I'm describing would have been just as impossible if the information in our EHR, such as lab data and medication history, were not included as discrete structured elements in a database. Had they been scanned copies of paper reports, the information may as well have been in paper chart. There must be standards in

place which foster the use of technology in such a way that it truly benefits patients and provides the most value to the physician when they're making care decisions. For this reason, while I am not generally an advocate of large scale government management of healthcare, I do think this is an area where focused guidance steering the medical community is absolutely needed.

In summary, as a rural family physician practicing with an electronic health record, I have seen the benefit they can provide by helping to improve safety, increase compliance with recommended preventative care, and proactively manage chronic diseases. My practice is located in a county ranked by a Robert Wood Johnson Foundation study as 98<sup>th</sup> out of 101 in Illinois with regard to the health of the population, and many of the neighboring counties were also near the bottom of the list. I am optimistic that the Meaningful Use incentives and the work of the Regional Extension Centers can help providers in rural areas like Harrisburg to begin to not only take advantage of health information technology but recognize it as another instrumental tool in the pocket of their white coats. I am excited about what the future holds and look forward to the next steps in the process as we move even further forward in connecting providers to allow the exchange of health information.

Thank you for the opportunity to testify.