



January 12, 2009

The Honorable Edward M. Kennedy
Chairman
Senate Committee on Health, Education,
Labor and Pensions
644 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Michael Enzi
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
835 Hart Senate Office Building
Washington, D.C. 20510

Dear Chairman Kennedy and Ranking Member Enzi:

As Congress considers health care priorities for the economic stimulus package, we urge your support for funding to expand health information technology infrastructure development. In particular, federal investment in "Health Information Exchanges" — neutral assimilators and distributors of all health information in a defined geography — can have a significant impact on improving the quality of healthcare while reducing its costs.

Much of the national health IT agenda has focused on facilitating adoption of Electronic Medical Records (EMRs) as a strategy for addressing certain problems in our healthcare system. Standing alone, however, this approach will not deliver essential improvements. The true return on health IT rests in infrastructure that will assimilate relevant clinical data, build information-sharing links, and transform clinical workflow. These are the elements of a robust and secure Health Information Exchange (HIE) network.

If national investment to produce a digitized patient record is made in isolation from building the networked architecture of an HIE, our experience indicates that two unintended results will occur. First, it will create a disaggregated system of EMRs. Second, we risk dedicating precious federal resources without connecting the assets to the tools and technologies that will ensure long term sustainability, relevance, and societal return.

Stated another way, without a simultaneous investment in Health Information Exchanges, EMRs will fall far short of the benefits the U.S. needs and expects.

The non-profit Indiana Health Information Exchange (IHIE) is the nation's best example of a real-world Health Information Exchange. This remarkable coalition is made up of major healthcare stakeholders — including five competing hospital systems, the nation's largest health insurer (WellPoint), employers, physicians and public health officials along with other economic development, community and business organizations. IHIE is able to bring these stakeholders together to agree on practical, beneficial services at a sustainable price.

Building on the pioneering work of the Regenstrief Institute, IHIE connects 39 hospitals, 10,000 physicians and more than 6 million patients to securely aggregate and accurately deliver lab results, reports, medication histories, and treatment histories to all providers regardless of hospital system or location.



In addition to providing health information in near real-time where and when it needs to be for patient care (to emergency departments, outpatient centers and ambulatory practices), this HIE architecture is being used by IHIE for preventive health and chronic disease management efforts in the state.

Through IHIE, physicians can view patients who are due for preventive screenings and chronic disease follow-up care. Specifically, our community has targeted common conditions like diabetes and heart disease, along with screenings like mammography and well-child visits. Indiana physicians can view which patients are getting these tests completed, the results, and, importantly, which patients haven't yet come in to be tested. This is all possible for physicians who don't yet have EMRs, allowing us to reach even the small or rural physician practices—the setting where over 80% of care is delivered *and* the least likely to have adopted an electronic medical record.

IHIE also provides physicians with a summary of various aspects of care across all of their patients, along with comparisons to their peers in the community. It acts as a clearinghouse for best-practices, helping physicians learn from each other.

The Indiana Health Information Exchange's system is replicable and expandable, and is reducing errors, eliminating duplication, and reducing costs. In the Indianapolis area, it is estimated that our system saves \$26 per emergency department visit by eliminating duplicate tests and other unnecessary activities. Regenstrief is currently measuring the system's impact on ambulatory care, which could push cost savings even higher. Nationally, it is estimated that HIEs could yield savings of around \$450 billion a year by, among other things, helping physicians pick optimal therapies and alerting physicians to potential drug interactions.

HIEs are essential to realizing the potential of EMRs and, in fact, deliver EMR-like functionality. HIEs already deliver significant benefits to the communities that have built them and they can be replicated in other communities relatively quickly. A recent report by the State-Level Health Information Exchange Consensus Project found that more than 75 percent of states have begun developing some form of health data exchange. In addition, the Office of the National Coordinator for Health Information Technology is leading the development of a national, interoperable health information infrastructure that will connect providers, consumers and others involved in supporting health and healthcare.

In order to expand these benefits across the country, we urge Congress to include funding in the economic stimulus package that will support development of community-based HIEs. This will be a crucial step toward delivering on the promise of health IT.

Sincerely,

A handwritten signature in black ink that reads "J. Marc Overhage MD PhD".

J. Marc Overhage, MD, PhD
President and CEO



This letter is supported by Indiana Health Information Exchange Board Members:

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