

March 13 Testimony

Bill Barcellona
V.P. Government Affairs
California Association of Physician Groups

Madam Chair and members of the Senate Health Committee, I'm Bill Barcellona – Vice President for Government Affairs for the California Association of Physician Groups, known as "CAPG." Our Association is comprised of 150 multispecialty physician groups across California. Our groups are made up of about 59,000 doctors who serve 15 million patients. They have been leaders in the early adoption of health information technology. Some of our groups have been utilizing HIT since the 1970's.

CAPG member groups are unique in their commitment to provide a higher level of patient care coordination. They do this first through the patient's selection of a primary care doctor. This is the original "medical home." Our primary care doctors are linked through the organization to community specialists, often through HIT systems. They provide same day appointments, online consultations between patient and doctor, and powerful patient empowerment tools through online web portals, like electronic access to patient records and tests.

I'm here today to report on the progress that physician groups have made in the deployment of HIT systems for our patients, and to tell you of the need for further work on the recent ARRA HITECH Act stimulus provisions, so that we can continue to wire up physicians across the state.

Our progress has been significant. Our informal surveys indicate that about 70 CAPG groups have adopted HIT systems, which are available to almost 11 million Californians. No other state can claim that record. These include the electronic health

records and EPrescribing systems that you would expect, and furthermore – secure online communications systems for patient-doctor and physician to physician communication. Our groups also use HIT to create electronic patient registries for the management of chronic condition populations – like diabetics.

Along the way our groups have learned some lessons. It takes about two years for a physician to become comfortable and conversant with HIT. It costs far more money than anyone anticipated, especially for training and maintenance. And the mere acquisition of HIT is irrelevant – it's how you use the technology that counts. Our groups are pioneering the use of these systems to create registries, to track populations of chronic patients, to compare physician performance from one doctor to another, and to take the first steps toward the integration of comparative clinical effectiveness.

While we are proud that more than 70 CAPG groups have adopted these HIT systems covering their broad patient base, we are mindful that even in these groups, not all doctors are wired up. For example, while the primary care doctors may be fully wired, contracted community specialists are often not. And now as the economy has dipped into recession, we believe that HIT adoption in the groups will slow or stall as the funding dries up. Unfortunately, the HITECH Act was drafted using a definition of “eligible providers” that excludes IPAs from applying for the “meaningful use” incentives on behalf of their doctors. Independent Practice Associations are the prevalent form of medical group model in California, comprising about 60 percent of all provider groups.

We believe that IPAs are the ideal vehicle to wire up the remaining doctors who practice in groups across California. IPAs already provide an HIT link to aggregate

claims and encounter data. This pipeline creates a natural pathway to deploy EHRs and EPrescribing systems, and other tools like Relay Health that provide online communication, patient record access and online appointments. We would argue that it is more cost effective and efficient to wire up thousands of doctors through provider groups that can afford to acquire, deploy, train and maintain these systems – than it is for tens of thousands of individual doctors to try to find the time to select, purchase, learn and use a plethora of HIT products. In other words, by wiring up 150 groups across California that include 59,000 doctors, it will be far easier to create interconnectivity than it would be individually wiring up each doctor one at a time.

We ask for your help in perhaps passing a resolution urging Congress to correct this defect in the HITECH Act, so that over 30,000 doctors practicing in IPAs across California may have a better opportunity to acquire and deploy HIT in the next 24 months.

Thank you for the opportunity today to tell our story.