

Glen Tullman, Chief Executive Officer, Allscripts

Testimony of Glen Tullman,
before the Senate Committee on Veterans' Affairs
Oversight Hearing: The VA's IT Program – Looking Ahead

October 6, 2010

Chairman Akaka, Ranking Member Burr, and other distinguished Members of the Committee, thank you for the opportunity to share with you today our perspectives on the use of health information technology within the Veterans' Affairs Administration and the best path forward.

My name is Glen Tullman, and I serve as the Chief Executive Officer of Allscripts. Allscripts is the largest provider of health information technology software that physicians, hospitals and other caregivers use to manage patient care. Following our merger with Eclipsys in August, there are now more than 180,000 physicians, 1,500 hospitals and more than 10,000 post-acute care facilities and homecare agencies utilizing Allscripts solutions to improve their clinical and business operations and to connect to a variety of healthcare stakeholders. Allscripts is also the largest provider of electronic prescribing solutions, and through our revenue cycle management clearinghouse, we process more than 300 million claims, remittance and eligibility transactions each year.

Physicians and other healthcare professionals who use our systems in the civilian sector care for thousands of active duty and retired military personnel, and we process almost three-and-a-half million TRICARE claims each year. For example, in North Carolina, where one of every two physicians in the State is an Allscripts client, there are 750 physician practices using our systems while caring for the large local military population.

In the 19 months since the passage of the HITECH Act within the Stimulus legislation, the conversation about health information technology has been changed forever. It is my belief that we are at the beginning of the single fastest transformation of a major industry in the history of our country. Beyond the positive effect on hiring, which in our case equates to more than 600 new jobs since ARRA passed (most of which are in North Carolina, Illinois and Vermont), the incentives, along with new standards, certification, and the concept of Meaningful Use, have combined with private sector ingenuity to create a new "best-of-breed" in healthcare information technology platforms. The investment Congress and the Administration has made will lead to the delivery of better care, yield savings due to efficiency improvements, and markedly improve patient safety in the private sector.

While the private sector has been moving forward in light of these incentives, the Government has been investing in their own proprietary systems for many years. Billions of dollars have been spent to build and implement the VistA/CPRS system within the Veteran Health Administration and the AHLTA system within the Military Health System.

The VA health system is made up some of the country's best physicians and has played a critical role in demonstrating the value of technology, specifically electronic medical records. There is no question that VistA was a groundbreaking technology when it was first developed, and over the

years it has been improved with the development of CPRS, VistARad and other expansions. However, today things are different: the military is different. The care delivery model is different. And the technology is different. All of this necessitates a change. Let me explain.

The military has evolved significantly when compared to what existed even only a few years ago. It moves people around frequently, conducting joint exercises and, during the Iraq and Afghanistan conflicts, has drawn extensively from the civilian ranks, namely the National Guard. That flexibility is key to successes by the armed forces, but it also poses a new requirement of medical records – the ability to move those records around the world and between civilian and military systems is now a must, as compared to the past when most treatment was delivered inside of the military and VA systems.

Just as the military has changed, so has the care delivery model. First and foremost, we are saving more wounded warriors. Military and VA providers are relying on advanced technologies and newly-designed, collaborative care models. And, once home, many of our wounded soldiers are living examples of the fact that it isn't just surgery but rehabilitation that is critical. Complex patients require teams of physicians to drive successful outcomes, and the trends in the civilian world – the move to Accountable Care Organizations, the Patient Centered Medical Home and efficient care coordination as means of improving quality and better managing costs – will be critical for the military, as well. Patients already increasingly move between the Military Health System, the VA and private sector, with physicians thus being required to manage the patient hand-offs through the formation of care teams – either formal or informal – designed to ensure smooth care transitions. It is clear they need systems which can track, manage and facilitate this communication.

Even with its strong start and the good work by Assistant Secretary Baker over the last year in trying to implement positive change, the fact remains that VistA's basic platform, which relies on the 25-year old technology called Mumps, cannot support the open, flexible approach needed by those providing care to our nation's wounded servicemen and women. Rather, the demands of today's military and veteran healthcare environment necessitate the use of technologies – such as those based on Microsoft's architecture – that can support an open, shared approach that will not just be desirable, but a fundamental requirement in the near future. A fitting analogy is the move the world made from reliance on self-contained mainframes to a distributed, flexible system like the Internet. The fact is, if you happen to live in one of the few areas with a closed healthcare system, merely moving healthcare records from paper silos into electronic silos – which is more or less what we've been doing for the last decade – can be made to work. But in the interconnected world that exists today, a closed system is not the norm for healthcare in the private sector, with patients moving from Point A to Point B to Point C, and increasingly, it is clear that the interchangeable requirements of the military environment means that a closed system approach simply isn't sufficient there, either. To optimize care and costs, we need systems that easily and natively talk with each other.

Unfortunately, attempts to share information between AHLTA and VistA have largely been unsuccessful. The North Chicago project – near my own home – is an example. Reports, including local newspapers, indicate that to date, the project has not achieved the goals set out of delivering interoperability between the two systems, with an exchange of medication information

but no exchange of allergies, problems or clinical orders. We understand that physicians treating the patients who move between the two systems have, in many cases, resorted to housing two workstations in the exam room because of the double documentation that they are required to complete. It is simply not yet delivering on its potential, but it is my belief that coupling the focused effort to date with the right architecture and system design, as used in the private sector, could right the ship and deliver the results we seeking.

It is our belief that usability and interoperability are core to the success of true health IT adoption and should drive not only the development of individual products but also the infrastructure underpinning health information exchange efforts. Allscripts clients share information successfully today in the private sector and with colleagues in the VA and the military health system. For example, in Hartford, Connecticut, we have been partners in a project for almost two years that has not only led to widespread health IT adoption but successful implementation of open source health information exchange technologies. Our partnership with Karen Fox and her team at Delta Health Alliance in Mississippi has enabled DHA to make substantial progress towards their goals of improving care through improved access to information. The University of Massachusetts is another example, not only fostering health IT adoption among local physicians in their area but also leading the state in connectivity efforts through an active exchange of information every single day. Allscripts is also working in the state of Vermont to facilitate Electronic Health Record adoption and deliver interoperability through a focused partnership with the Vermont Information Technology Leaders (VITL) project, one that has established a leadership position that other states in the country have chosen to emulate.

In the end, healthcare is about information, and we simply can't address the challenges the nation is experiencing today in both private and public sector healthcare without ensuring that providers have the information they need to make better decisions, no matter where they're delivering care, and the ability to communicate with others on the patient's care team, independent of the system they are using. There is no one who would disagree that patients moving between providers and sites of care in the healthcare system deserve the best quality possible, which means that the information about the patient has to be available where it's needed, when it's needed. We can also agree that the government should lead the way by delivering world class healthcare to the armed forces of this Country and doing everything it can to make this happen in a timely and cost-efficient manner. It is time to learn from the successes of the private sector and make technology work for the Veterans Health Administration and the Military Health System.

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