Summary of Testimony of Dr. Thomas H. Payne, Medical Director, IT Services, University of Washington School of Medicine, and Board Chair-Elect of the AMIA Board of Directors before the U.S. Senate Committee on Health, Education, Labor & Pensions

Recommendations, which I will describe in my oral and written comments, are derived from a recent report published by a multidisciplinary Task Force chartered by the AMIA Board of Directors. The EHR 2020 Task Force was established to develop recommendations on how we, as a Nation, can resolve challenges related to EHRs – challenges this Committee has examined through a host of recent hearings. This report was developed over the course of 12 months by a diverse group of informatics professionals representing a wide range of perspectives.

Broadly, the report’s 10 recommendations fall into four categories, which are briefly summarized as a need to:

1. Improve documentation requirements and functionality to empower patients so that all members of the care team can contribute their perspectives and information;
2. Refocus regulations so that patients and their caregivers can derive the most benefit from a networked healthcare ecosystem;
3. Increase transparency to improve usability and safety of EHRs; and
4. Foster innovation so that we can build toward the next generation of EHRs and realize the benefits of the “learning health system.”

The steps Congress should take to help encourage better EHR usability, improved interoperability and meaningful patient engagement should focus near-term activities on **Reducing documentation burdens for clinicians** by clarifying regulatory ambiguity and supporting adoption of standards meant to integrate clinical data from patients, medical devices and other external sources of data with the EHR. Second, Congress should **unleash the potential for every patient to enrich the learning health system** by requiring vendors to give patients an electronic copy of their entire record, not just a summary, and require that such information is available in machine-readable formats. Policy development in this area will leverage existing requirements of HIPAA and generate a host of positive externalities to facilitate health information exchange among patients and their caregivers while fueling an ecosystem of modern applications and research. Third, Congress should **streamline the federal health IT certification program** so that the process is more flexible, more transparent, focuses on clinically relevant functionality, and tests for true interoperability.

Finally, Congress should embrace the notion of **slowing down regulation to accelerate progress** on EHR usability, interoperability and innovation. Federal regulators should not rush to get to the next stage of meaningful use, but should instead work to help the private sector accelerate optimization of the tools and regulations that are already in place.

The recommendations developed by AMIA’s 2020 Task Force are inclusive of a diverse group of informatics professionals and we think they are sensible, feasible and will capitalize on the progress made to-date. In combination, these recommendations represent the most important work Congress can engage to help turn the page from our current-state problems. Lawmakers have a vital role in determining the next evolution in EHRs, and AMIA stands ready to support Congress in this important work.