Testimony of Paul Black,

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Exploring the Use of Technology and Innovation to Create Efficiencies
and Higher Quality in Health Care

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Chairman Tiberi, Ranking Member McDermott, distinguished Members of the Committee, thank you for the opportunity to share my perspectives on the exciting developments taking place across the health care industry, reflecting the tremendous innovation being led by the private sector today. It is a privilege to be here to discuss how innovations in technology are truly changing the way we care for people in a way that both improves care and reduces costs.

My name is Paul Black, and I serve as the Chief Executive Officer of Allscripts. Allscripts is one of the largest developers of health information technology for this country's healthcare providers. We develop and deliver Electronic Health Records technologies, revenue cycle management software, population health solutions, the leading interoperability information exchange platform, patient engagement tools and precision medicine solutions. Almost 180,000 physicians, including those delivering care in 45,000 ambulatory practices and 2,700 hospitals, utilize Allscripts technologies and services to connect their clinical and business operations. We employ 7,000 team members and have offices in 16 different states, including Illinois, North Carolina, Vermont, Georgia, and Massachusetts. Allscripts employees work in all 50 states.

We are also the majority owner of Netsmart, the leading healthcare IT company serving primarily the behavioral health space. Netsmart's solutions meet the needs of 23,000 health and human services client organizations in the long-term care, home health, hospice and behavioral health environments, including serving more than 450,000 care providers and 40 state systems.

I was invited here today to speak about the innovation that is taking place in health care, and particularly the strides that are being made to increase efficiencies within the delivery system,

progress with connecting clinicians and patients to critical data, and generally opening up our technologies to collaboration with other interested developers through our OPEN API initiative.

Over the past several years, our country has made a meaningful investment in the advancement of health information technology to finish the digitization of the U.S. healthcare system, and did so with a mission of achieving one very important goal: ensuring that our citizens are receiving the best possible care – both from a quality and cost perspective. There should be little doubt that this investment is paying dividends in the form of better care for our fellow citizens. This modernization of our healthcare system is also facilitating the payment and delivery reforms in Medicare as envisioned by the bipartisan MACRA legislation in ways that simply were not possible in a paper-based world.

It is true that in recent years the healthcare industry has experienced the expected headaches that occur with the introduction of change agents. Despite some bumps in the road, there have been huge leaps forward that never would have happened had Congress not stepped in and provided the impetus for tens of thousands of healthcare organizations across the country to begin using technologies in truly meaningful ways. Given the tremendous progress in standards development made by the private sector in recent years, as well as the additional motivation for our clients to continue this impressive momentum thanks to the passage of the Medicare Access and CHIP Reauthorization Act, we believe that there is still very real upside ahead. . This is a great start, even where more work will need to be done to move as many clinicians as possible to advanced payment models, and we applaud your support for this continued progress.

While Allscripts has been developing software for the health care environment for more than thirty years, our company has been working even more closely with professionals across the spectrum of care during the recent years in which health care advancement and health IT have evolved at a tremendously rapid rate. These changes have disrupted systems that stood for decades, and they have forced the entire ecosystem of caregivers, software developers and patients alike to take a fresh look at how processes can be enhanced via automation.

Fortunately, there is always one thing that follows disruption, and that is innovation. We are focused on supporting our clients as they transition to the Quality Payment Program world, having already completed 2015 certification for several of our products. Now that we have collectively achieved close to full adoption of Electronic Health Records, creating a new digital platform in most corners of

health care, there is now a tremendous opportunity for us to dive head first into what comes next. In fact, we are excited by many of the developments that Allscripts has rolled out to the market – solutions that allow our clients not only to capture and act on patient data at the point of care, but also to shift their care environment to one that realizes the tremendous power of data from the individual's unique genomic story all the way up to the community's population health view.

Allow me to provide a few examples:

Allscripts' dbMotion™ interoperability platform provides an advanced information exchange and patient matching engine that brings together clinical content from across a connected community into a single view, accessible within both Allscripts and non-Allscripts EHRs, to enable caregivers to find relevant information quickly while with the patient. This technology is in use across numerous communities inside and outside the U.S., including more than 60 regions of the U.S., Canada's Manitoba province and the entire country of Israel. Through dbMotion, our clients are able to connect to more than 350 different data sources, including EHRs developed by virtually every other vendor, patient portal technologies, state public health departments and other health information exchange organizations. Most importantly, use of our dbMotion solution is positively changing the care decisions being made every day by healthcare professionals and helping them work more efficiently, pushing the insights that are generated by data analysis and exchange directly into the caregivers' workflow in their native EHRs.

In fact, at the University of Pittsburgh Medical Center community serving Pennsylvania and Ohio, the wait time for patient information decreased from up to 20 hours down to as fast as five seconds; the time spent by physicians digging for that clinical information dropped from up to 40 minutes down to 1; and the percent of patients not ready for the OR when the facility was ready decreased from 30% to 15%. In another example at Baylor Scott and White Health, in northern Texas, a 12-year old girl was spared a second CAT scan when the record of her soccer-related concussion diagnosis and previous images from the ER were available to a second Emergency Room physician who saw her a week later at a different hospital. The ability to pull up this image with only a few clicks directly aided the diagnostic and treatment process, preventing unnecessary radiation exposure and saving her family almost $3,000 in unnecessary costs.

We recognize that tomorrow's healthcare networks aren't being built by our company alone, or even by health information technology developers alone. Because of a collaborative approach we

pioneered several years ago, we are seeing remarkable innovations coming from the broad technology marketplace. Specifically, since 2007, well before ONC regulations required it, Allscripts launched an "OPEN" approach to our EHR infrastructure and connectivity – the Allscripts Developer Program (ADP) - that allows third parties outside of our company to integrate with and develop enhanced functionality for Allscripts EHR software. Today, the ADP has become a real innovation engine, with a network of almost 4,000 certified developers bringing solutions to market every month. The healthcare professionals using the resulting products will push and pull information using these application programming interfaces almost one billion times this year alone.

Some of the highlights that have emerged from the Allscripts Developer Program include an app that helps diabetic patients stay more closely connected to their primary care physician, embedding their patient-reported data directly into the EHR; an app that helps patients more quickly and accurately provide medical history and payment information before a practice visit; one that helps providers connect patients to relevant clinical trials while the patient is still in the exam room; and a texting mechanism to rapidly fill available appointments following a cancellation, helping both the physician practice and the patients.

As described, many of the apps written by our developer partners are focused on increasing efficiency within the health system as it exists now. There are voices out in the market advocating for more hospitals to be built or saying that existing technology needs to be removed in order for information to flow, but we believe that greater efficacy can be achieved by maximizing what is in place and working smarter. Allscripts technologies and those of some of our development partners allow us to work closely with hospitals and ambulatory practices across the country and around the world to ensure that patients are treated promptly thanks to clinician access to accurate data, are released to a home or post-acute environment as quickly as is clinically appropriate as patients flow more efficiently through the process, and that information follows the patient regardless of the technology in place wherever they are seen. We have a responsibility to do the most with what we have and as cost-effectively as possible.

Allscripts has also made a significant investment in the area of precision medicine. We are very pleased that Congress and the Administration are focusing bipartisan attention in this area. In fact, we recently launched our 2bPrecise solution, which will help caregivers identify patients who are the best candidates for genomic sequencing and make the results of that sequencing available, understandable and actionable at the point of care. This will ultimately be possible not only within

the Allscripts suite of EHRs but also in an EHR-agnostic manner, allowing organizations to implement this industry-leading offering while still continuing to use their current system.

We're working closely with experts from the NIH in the field of genomic medicine. NIH will be an early adopter of our 2bPrecise solution, spanning the National Human Genome Research Institute, the National Cancer Institute and the NIH Clinical Center. We were also among the first participants in the White House's Sync 4 Science effort, part of the Cancer Moonshot effort, with plans to work with clients to contribute volumes of data to the cohort of one million lives being built at the NIH. We deeply believe that precision medicine will be a key part of the solution to improving care in the Medicare program, and across the healthcare ecosystem, and encourage Congress to continue its bipartisan work in this important area.

Beyond all of the great thinking that is happening within our company, many of our clients have also taken our solutions and built on them in ways that are delivering great value to their patients. Following are just a few examples of clinical improvement, greater efficiencies and lower costs that our clients have shared with us as they work to put all this new data to work:

- Dosing and Administration errors affect upwards of 3 million inpatients annually in the U.S., which in turn needlessly added billions of dollars in costs to the healthcare system and an average of between 8–12 days to a patient's length of stay. Since a new medication dose range checking algorithm was implemented four years ago at Phoenix Children's Hospital within the Allscripts Sunrise Clinical Manager EHR, providers have seen a significant reduction in prescribing errors with only 3% of all medication orders now leading to a Dosing Error alerts. Further, because the alerts now only fire at very relevant junctures, Phoenix Children's has also found that providers are far more compliant with following recommendations in the course of care.

- The Agency for Healthcare Research and Quality (AHRQ) reported that sepsis care cost the country more than $20 billion in 2011, with the costs rising on average by 11.9% annually. Orlando Health created an early sepsis detection workflow on top of an Allscripts solution that led to a 14% reduction in overall sepsis mortality rate, as well as an 8% reduction in the average length of stay (LOS) for sepsis.

- Readmissions to inpatient facilities continues to be a big strain on healthcare systems, reflecting gaps in care and challenges with continuity of care. While it is not always easy to

control socio-economic factors that contribute to the issue, it <u>is</u> possible to manage patients' known risks by proactively influencing transitions of care. L.A.C.E. is a tool that helps calculate a readmission probability based on Length of Stay, Acute Admissions in the past, Comorbidities and ER visits. Our client, the University Hospitals of Cleveland Medical Center, used each patient's L.A.C.E. score in conjunction with our solutions to institute a program that ensures high-risk patients receive support for post-acute care (including home visits) and closer coordination with each patient's primary care providers. The net result of this program in its first year alone was a 50% reduction in all-cause readmissions for that population group.

There are many more examples I could share of innovation and the improvements that both healthcare professionals and patients have experienced in recent years – it is a tremendously exciting time to work in our industry. We would be happy to discuss more cases and speak with any of you about our work in and around your districts.

Thank you again for the opportunity to be here today.