

Good afternoon and thank you for this opportunity. My name is Russ Branzell. I serve as the VP/CIO for Poudre Valley Health System and the CEO for Innovation Enterprises, the PVHS For-Profit company providing HIT services to over 300 physicians and other healthcare companies. Additionally, I serve as the Chairman for the Colorado and National Committees of StateNet, representing over 1400 CIOs across the country thru CHIME.

PVHS has been on a patient quality, safety and efficiency journey for over a decade supported by the deployment of advanced HIT technologies, solutions, and process improvements. We do not consider ourselves early adopters in that we have had advanced clinicals including EMR, BMV and CPOE in place for over 5 years. With just the finalization of our CPOE implementation for all orders to be completed in mid-2011 and numerous software releases required for MU, we are appropriately prepared for attestation in late 2011. Overall, we consider this to be a major success for our organization.

The only challenges and barriers we have experienced have been from outside our organization and physician partners. Those include:

1. Vague and ambiguous direction and timelines from ONC and CMS, specifically relative to standards and metrics. This includes supposed clarifications and FAQs that serve no improvement based rationale to patient care, safety or industry efficiency. Example: the recent clarification of complete EMR versus modular will result in many organizations failing to meet MU and massive unnecessary expenses for organizations.
2. The lowering of the requirements for Stage 1, although appropriate for the industry, was disappointing for our organization. We hope that the existing standards are

reinforced with full implementation requirements for Stage 2 and 3.

3. Obvious missing standards, such as BMV which has a real and significant improvement of quality and safety.

The outcomes/results during this period of major change are significant and directly in sync with the MU goals. I would caution that the results are not always directly caused by the technology, but rather the process redesign and efficiency work completed by our front-line clinical staff than reinforced by the technology and software. Example: nursing documentation methodology changes to stream-line document required significant process work before ever starting the system design, build and deployment.

Surprises: Not much. Recently, we have seen a significant increase in interest for our EMR hosted solution by independent physicians and smaller/CAH hospitals. The issue to getting them on board is not resource availability, but rather resource affordability.

My personal experience with ONC has been very pleasant and productive; specifically Drs. Blumenthal, Mastashari, and Hunt have been extremely collaborative and open to discussion. My participation on the Stage 2 metrics workgroup was very satisfying and open. I do not have any first hand experience on the CMS portion other than that of the entire industry and the feedback given by a vast majority of the 50+ StateNet Coordinators. I believe there is considerable frustration and confusion on the communication or lack of clarification between the two organizations especially when the guidance seems to conflict.

I am worried about the smaller rural/CAH hospitals and physician offices that are being promised support and assistance from RECs

with no real long-term local support or integration/sustainability strategy. We have contacted by over 10 hospitals from a three state area asking for hosting assistance.

Finally, overall I would like to say thank for your hard work and dedication to this process. I know first hand how hard it is and give you my full support.

Thank you.