



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

November 9, 2007

The Honorable Edward Kennedy
Chairman
Senate Health Education Labor & Pensions
835 Hart Senate Office Building
Washington, DC 20510

The Honorable Michael Enzi
Ranking Member
Senate Health Education Labor & Pensions
835 Hart Senate Office Building
Washington, DC 20510

RE: S. 1693, the “Wired for Health Care Quality Act” of 2007

Dear Chairman Kennedy and Ranking Member Enzi:

On behalf of the American College of Physicians (ACP), the nation’s largest medical specialty organization representing 124,000 physicians and medical students, we greatly appreciate your strong commitment to moving legislation, S. 1693, the “Wired for Health Care Quality Act,” through the U.S. Senate. This legislation makes significant steps in accelerating the widespread adoption of health information technology (HIT) and we commend your efforts.

We continue to believe S.1693 offers many favorable aspects that, once enacted, will have a very positive effect on the advancement of HIT. The College is pleased to offer its recommendations to S.1693 that we believe can strengthen the legislation even further:

S. 1693 Should Offer Stronger Incentives Targeted at Solo and Small Physician Practices: The College strongly believes Congress should assume a more active and leading role in providing the necessary funding to offset the initial and ongoing costs associated with the use of HIT. We believe that the competitive grant program, under S. 1693, is a very positive and significant development that will offer targeted and meaningful assistance to those practices that need it the most. We suggest that the program be simplified so that solo and small practices participate.

However, we do not believe that the offering of grants alone will be sufficient enough to have a significant impact across the country. ACP continues to believe that Congress should utilize the current Medicare payment structure as a means to encourage physician practices to invest the initial capital and continue financing the annual cost of maintenance of a fully interoperable HIT system. It is this sound policy combination of targeted one-time and on-going financial incentives put forward by H.R. 1952, “the National Health Information Incentive Act” of 2007, will substantially speed HIT adoption and improve access to physician practices with HIT, resulting in tremendous system-wide savings.

The College is very supportive and appreciative of the provision, contained in S. 1693, that awards grants to practices organizing as a patient-centered medical home. The College believes this provision will set into motion a successful program that links the importance care coordination and preventive services with HIT.

The College Supports the NQF in the Development and Implementation of Performance Measures. We believe S. 1693 would be strengthened by looking to the National Quality Forum (NQF) for the development, endorsement, evaluation, and implementation of performance measures. In doing so, we believe in preserving existing distinctions among developers, endorsers, evaluators and implementers of

performance measures and should not assign exclusivity in measure development to any one group. Further, S. 1693 should specify that any group that develops physician-level measures for later implementation by Medicare should be required, by law, to have adequate representatives of physician specialties with practical expertise in the condition or process being measured in the development process, be transparent in its activities including conflict of interest declaration, have a defined and open process to reach consensus, be evidence-based, and make draft measures available for broader public comment before being accepted.

We further believe that the NQF should have a defined statutory role in identifying priority areas for measure development, in convening developers to harmonize measures and in endorsing measures. At the same time, we believe that such legislation should recognize and maintain the critical role played by the AQA and other quality alliances in recommending measures for implementation by CMS and other payers, criteria for selection and prioritization of such measures for implementation, and policies relating to reporting of such measures and data aggregation.

Data Should Be Aggregated Through the AQA. The College supports specifying the AQA performance measurement and reporting process as an effective data sharing and aggregation model that requires the following elements:

- transparency with respect to framework, process and rules;
- measurement of provider performance derived from standardized metrics and data collection protocols that can be compared against national, regional, or other suitable benchmarks and otherwise assists in the analysis of assessments of health care quality and cost of care;
- useful data for physicians to improve the quality and cost of care they provide to their patients, and other appropriate purposes (e.g., maintenance of certification);
- public reporting to consumers of user-friendly, meaningful, and actionable information about physician quality and cost of care;
- the collection of both public and private data so that physician performance can be assessed as comprehensively as possible;
- standardized and uniform rules associated with measurement and data collection;
- those submitting data should be accountable for the accuracy and completeness of their data;
- compliance with privacy, confidentiality and other applicable rules, while ensuring that providers, plans, other data contributors, and consumers have necessary and appropriate access to useful information; and
- systems or processes to share, collect, aggregate and report quality, cost of care and patient experience data should be designed to minimize cost and burden.

In conclusion, we greatly appreciate the opportunity to offer recommendations to improving S. 1693. We are very hopeful that the physician community can continue to engage the Committee in a constructive dialogue either prior to Senate floor action or Conference on strengthening this legislation even further. Again, we commend you on your positive efforts and look forward to working with you to assure that HIT legislation is adopted in this congressional session to serve as the starting point for efforts to transform the nation's health care system.

Sincerely,

A handwritten signature in black ink that reads "David C. Dale". The signature is written in a cursive, slightly slanted style.

David C. Dale, MD, FACP
President