ACP
American College of Physicians
INTERNAL MEDICINE | *Doctors for Adults*

STATEMENT OF THE

AMERICAN COLLEGE OF PHYSICIANS-AMERICAN SOCIETY OF INTERNAL MEDICINE

TO THE WAYS AND MEANS HEALTH SUBCOMMITTEE

For the Record of the hearing on legislation to reduce medical errors

September 10, 2002

The American College of Physicians-American Society of Internal Medicine (ACP-ASIM), representing more than 115,000 internal medicine physicians and medical students, is the nation's second largest medical association. The ACP-ASIM commends Chairwoman Nancy L. Johnson for her leadership on the issue of patient safety and for holding this hearing as well as the hearing on March 7.

The findings of the late 1999 Institute of Medicine (IOM) report "To Err is Human: Building a Safer Health System" are as dramatic and unacceptable now as they were two and a half years ago. The number of injuries and deaths from medical errors is open to some dispute, but there is universal agreement that the number is unacceptably high. Since the report was issued, both government and the private sector have made significant efforts to improve safety in the healthcare system, but much remains to be done.

The College accepted the IOM's challenge to the medical profession by undertaking an ambitious effort to provide our members and other physicians with the information and tools they need to create a safer healthcare system.

The ACP-ASIM quickly identified the need to address patient safety in the outpatient setting. Care is increasingly being delivered in ambulatory settings while most of the research has focused on errors in the hospital. The College embarked on a multi-year, multifaceted initiative, "The Other Side of the Quality Equation," to raise physician awareness of quality issues and facilitate physician behavior that is likely to diminish the occurrence of medical errors. The cornerstone of this Agency for Healthcare Research and Quality (AHRQ)-supported program is the development of a patient safety curriculum to teach physicians how to achieve patient safety in the ambulatory setting.

In addition to the courses being given at state chapter scientific meetings, a web-based interactive learning tool, PSILC (the Patient Safety Interactive Learning Community), has been developed for physicians to review courses and participate in discussions online. The effectiveness of these interventions will be measured through surveys addressing awareness, attitudes and reported change in safety behavior.

Beyond the College's efforts to provide physicians with significant patient safety education opportunities, the ACP-ASIM has strongly advocated for confidentiality protections to encourage voluntary reporting. We also support strong national leadership role for the Center for Patient Safety in the development of uniform reporting methods and analysis of patient safety data.

Confidentiality Protections for Voluntary Reporting

The IOM report found that medical errors are the result of problems in the healthcare system, not of individuals. It states "The focus must shift from blaming individuals for past errors to a focus on preventing future errors by designing safety in the system." Medical errors often are complex events resulting from a series of undetected mishaps. To identify, correct and prevent medical errors, collaboration among health care professionals, administrators, and institutions is required. This cannot be done in a system where the fear of litigation is

pervasive. Neither can it be done in a medical culture that discourages discussion of mistakes and the inevitable human error is a source of shame.

The College supports the expansion of peer-review and confidentiality protections to encourage providers and others in the healthcare system to come forward with vital information needed to make improvements. Information that is developed with respect to system shortcomings (root-cause analysis) and subsequent analysis to prevent such errors in the future should not be "discoverable information" used in litigation. However, this privilege should not interfere with disclosure of information that is otherwise available.

The chairman's mark limits protections to civil and administrative proceedings and appropriately excludes criminal proceedings. In addition, disclosures are permissible in a disciplinary proceeding if the disclosure is material to the proceeding, within the public interest and not available from any other source. Since the rules that govern disciplinary hearings vary substantially, it would be useful to address whether this limitation creates a loophole sufficiently large to discourage reporting of medical errors. The challenge is to strike a balance between the need for confidentiality to encourage reporting and the public's right to information that will provide protection from incompetent providers.

A Strong Role for AHRQ in Patient Safety

The legislation establishes a strong role for AHRQ's Center for Patient Safety. The Agency will continue to take the federal lead on research, evaluation and demonstrations on patient safety either directly or through grants. The Center will certify patient safety organizations, defined in the bill as private or public organizations that collect and analyze voluntary reports, and develop and disseminate information on best practices in patient safety. The Center will establish a National Patient Safety Database to collect and analyze non-identifiable data. The Agency has built an impressive record in patient safety and this legislation allows that legacy to continue.

Medical Information Technology Board (MITB)

The bill establishes a new Medical Information Technology Board (MITB) to report on best practices in medical information technology and methods for implementing interoperability (e.g., compatibility of information technology architecture) standardization and records security. The Board is required to report to the Secretary after 30 months and to report each year for two years on advances in information technology, best practices and on private sector efforts to implement interoperability standards.

Advances in medical technology will play an enormous role in improving clinical care and efficiencies in the healthcare system. ACP-ASIM recommends that the Board meet on an ongoing basis beyond the 30 months specified in order to keep pace with the rapidly evolving field of informatics and be evaluated for permanent status after a three-year period.

The bill establishes a diverse board of 17 members, including staff representatives from the Centers for Medicare and Medicaid Services, AHRQ, IOM and public health agencies, and representatives with expertise in informatics from industry and educational institutions. Significantly, the bill also includes "individual and institutional health care clinical providers." We strongly support the inclusion of clinicians who can provide a practical assessment of what is feasible in day-to-day practice. We also suggest that the Board drawn upon the expertise of existing organizations such as the American Medical Informatics Association and Health Level Seven (HL7), an American National Standards Institute-accredited Standards Developing Organization. It would be a significant contribution if the Board could facilitate communication and coordination among myriad organizations in the field of informatics.

Finally, the number one goal among the six enumerated for the Board is to maximize positive outcomes in clinical care, including decision support for diagnosis and care. The College has invested significantly in a decision support tool, the "Physicians' Information and Education Resource (PIER)," and continues to expand the

electronic Web-based resource. Modules are available now on the diagnosis and treatment of diseases such as lymphoma and asthma. Strides in healthcare quality will be realized through medical informatics tools that provide physicians with evidence-based guidance at the point of care.

Conclusion

It would be a significant accomplishment for the Committee to report legislation that could be passed in this Congress. Confidentiality protections for patient safety data and a strong role for AHRQ would result in improved safety and quality in the healthcare system.