



200,000 Physicians Strong

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The Honorable Charles Rangel
U.S. House of Representatives
Washington, DC 20515

The Honorable Dave Camp
U.S. House of Representatives
Washington, DC 20515

The Honorable Henry Waxman
U.S. House of Representatives
Washington, DC 20515

The Honorable Joe Barton
U.S. House of Representatives
Washington, DC 20515

The Honorable Max Baucus
U.S. Senate
Washington DC 20510

The Honorable Chuck Grassley
U.S. Senate
Washington, DC 20510

On behalf of the Alliance of Specialty Medicine, a coalition of 11 medical specialty societies representing nearly 200,000 specialty physicians in the United States, we are writing to express our appreciation and gratitude for your considerable efforts to address the economic crisis challenging America. We agree with you and the President that a dramatic increase in health information technology (HIT) investment is an essential part of the work of the 111th Congress and it holds the promise of improving the quality of health care we applaud your leadership and are very grateful for the opportunity to work on these critical issues with you and your staff.

There are numerous aspects of your language within the current stimulus package that would make a critical difference in the quality of health care delivered to Americans. We are particularly pleased that you recognize the high front end costs of accelerating the adoption of health information technology. Additional payments to physicians to adopt and effectively utilize HIT are critical. Many physician practices, particularly smaller practices, face enormous financial barriers to purchasing HIT systems. Practices that invest in HIT must continue to devote time, resources, and expenses to use their systems to the fullest capacity.

We are concerned that many physicians will not be able to take advantage of the enhanced payments to purchase HIT offered in your bill. First, the timelines within the legislation are quite aggressive. Before a physician can fulfill the requirements of the bonus payments, the Federal government must issue standards, define the appropriate reporting requirements of clinical quality measures and other measures, certify particular products as eligible, clarify any new privacy regulations, and even potentially make a health IT product available for physician purchase. The language seems to imply, too that physicians who already have health IT systems may have to significantly change their systems to comply with the bill's requirements.

We also would like to see clarification of how the standards that have already been developed by the Healthcare Information Technology Standards Panel (HITSP) and Certification Commission for Healthcare Information Technology (CCHIT) would be incorporated into the scope of work of the HIT Committees the legislation seeks to establish. These new committees should build on the standards already established by the HITSP and CCHIT, not contradict them. The physician community must also be involved in the process to provide guidance and advice.

Finally, the incentive payments do not take into account the ongoing cost of implementing health IT infrastructure. CBO's December 2008 report, "Key Issues in Analyzing Major Health Care Proposals," notes "some studies indicate that ... annual costs to operate and maintain a physician's office can average anywhere from \$3,000 to \$9,000 per physician." These ongoing costs are particularly relevant, given that "office-based physicians in particular may see no benefit if they purchase such a product, and they may even suffer financial harm."

We urge you not to create penalties unless your bill ensures that every physician will be able to fully take advantage of the payments to purchase HIT. Our physicians continually strive to provide quality care and we recognize that HIT can play an important role in achieving and maintaining high performance. We cannot support penalizing providers who cannot afford the upfront and ongoing costs associated with adopting HIT, and we urge you to delete this provision.

At a minimum, we recommend that this section be modified to require the Secretary to certify that specific benchmarks are met before each penalty is implemented. The legislation should make clear that penalties would be delayed if the necessary evolution—much of which is spelled out in the bill, including pre-requisites such as standards and processes—fails to occur as mandated.

Finally, in order for Medicare and the health care system to move forward with important system delivery reform, including the implementation of HIT, the Medicare physician payment system and the flawed Sustainable Growth Rate (SGR) formula, which continually threatens large payment cuts, needs to be replaced with a stable mechanism for updating Medicare fees. We look forward to working with you and your staff on these important initiatives.

Thank you for leadership on this issue. Should you need further information, please contact Gordon Wheeler, Chair, Alliance of Specialty Medicine, at 202-728-0610, ext. 3016 or via email (gwheeler@acep.org).

Sincerely,

American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American Gastroenterological Association
American Society of Cataract & Refractive Surgery
American Urological Association
Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons
Heart Rhythm Society
National Association of Spine Specialists