



May 15, 2009

Senator Max Baucus
Chairman,
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, D.C. 20510-6200

Dear Chairman Baucus:

We appreciate the opportunity to submit our comments on the April 29 Finance Committee document "Transforming the Health Care delivery System: Proposals to Improve Patient Care and Reduce Costs". The undersigned groups represent a broad range of interests who applaud your efforts to promote the adoption and use of health information technology (HIT).

We strongly support the American Recovery and Reinvestment Act (ARRA) provisions to provide grants, loans, and Medicare and Medicaid incentives to providers of care to adopt and use HIT. Congress should build on this structure to bring all health care providers that interact clinically with patients into the HIT incentive circle.

The proposal released on April 29 is an excellent start. You propose expanding eligibility for the ARRA Medicare incentive payments to include nurse practitioners and physician assistants (PAs), such as those who practice in settings outside of a physician's office. We believe nurses and physician assistants are critical components of a professional health care practice and the care continuum of patients. They absolutely should be eligible for ARRA incentive payments.

We strongly support your proposal to expand incentive payments to providers of post-acute care, particularly those in skilled nursing facilities who treat the most frail and critically ill patients. HIT can help the frail and critically ill patients in their

care coordination, reduce medical errors, including drug interactions and inappropriate prescriptions, and track patient progress and outcomes.

Finally, you state you are analyzing whether additional HIT incentives are warranted to support the additional care coordination and quality initiatives you are proposing. We believe a fundamental aspect of HIT is that it is a tool to achieve better care outcomes. We absolutely agree that the quality and care coordination initiatives outline need precise information before, during and after a care episode in order to be successful. We recommend you tie current and future incentives for care coordination, quality reporting, and improved outcomes to use of HIT to improve care and better coordinate across disparate providers.

Finally, we urge you to take a more comprehensive view of using Medicare funding streams to incentivize the adoption and use of HIT. Nurses, PAs, and post-acute care providers play an important role. As do dialysis facilities, ambulance providers, pharmacies and pharmacists, Medicare Advantage plans, home health agencies, ambulatory surgery centers and a host of other health and allied professionals that do not receive incentive payments under the current structure.

We encourage you to build a system of care coordination that improves outcomes and drives down costs by leveraging Medicare payments to incent all providers that interact with Medicare beneficiaries to use HIT.

Thank you for the opportunity to submit these recommendations and we look forward to working with you as you seek to improve and reform health care.

Sincerely,

American Academy of Nursing
American Cancer Society Cancer Action Network
American Heart Association/American Stroke Association
American Nurses Association
Consumers for Competitive Choice
Genetic Alliance
HLTH Corporation
Ingenix
Marshfield Clinic
National Alliance for Caregiving
National Association of Chain Drug Stores
National Association of Manufacturers
National Association of Health Underwriters

National Disease Clusters Alliance
National Patient Advocate Foundation
National Retail Federation
Pharmaceutical Care Management Association
PXE International
The Latino Coalition
WebMD Health Corp.
Verizon
Xerox

cc: Members of the Senate Finance Committee

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