

Dear colleagues,

Happy New Year! This first newsletter of 2010 focuses on the brewing controversies setting the backdrop of merging the House and Senate legislative proposals and new developments in Health Information Technology implementation.

The year ended with a flurry of fantastic highlights from around the country – you haven't let the holidays slow your work on health reform. As Congress continues to work, Doctors for America is committed to helping you push for the best bill possible for you, your patients and future physicians in America.

Physicians Making A Difference:

Highlights from the last week

- Dr. Veronica Jordan and Dr. Rachel Friedman (CA) held a phone bank where residents, medical students, and faculty physicians from Santa Rosa Family Medicine and support staff from our made 85 phone calls to their Senators about important elements of health reform.

- Dr. Glenna Tolbert (CA) held a health reform forum, and shared the message from that event in her San Fernando Valley Chapter of Jack and Jill of America's newsletter.

- Dr. Angela Scheuerle and Dr. Winfred Parnell (TX) participated in a healthcare forum with State Representative Mark Veasey for members of his Fort Worth district on December 10th.

-Dr. Zaneb Beams (MD) was interviewed by the Baltimore Business Journal about Health IT and small businesses.

- MS1 students at the Johns Hopkins University School of Medicine (MD) were published in the [Baltimore Sun](#) describing the need for health care reform and tackling issues about physician pay.

- Dr. Meg Sarnecki (MT) discussed her hopes for the public option in a letter to the editor published in the Missoulian on December 14th.

- Dr. Mona Mangat (FL) was interviewed by WFTI Radio's Bob Barnes about the ways Medicare will be improved for Florida's seniors. She also participated in the [Pinella Nurses Forum](#) with Dr. Sultan Rahaman that week.

- Dr. Persharon Dixon (MS) was interviewed by [WLOX-TV Biloxi](#) in reaction to the health care reform bill passing the Senate.

- Dr. Don Nguyen (OH) was interviewed by [WDTN Channel 2 NBC Dayton](#) on day of the Senate Bill's passage about the historic event.

Top 3 Stories

Alex MacGillis in the Washington Post:
[Health bills would shift Medicare money to Mayo and other 'high-value' hospitals](#)

Katherine Baicker, Ph.D., and Amitabh Chandra, Ph.D in the NEJM:
[Uncomfortable Arithmetic — Whom to Cover versus What to Cover](#)

Key Policy Developments

1. Getting to a Final Health Care Reform Bill

House and Senate Leaders have indicated that they will likely bypass a formal conference committee in order to move the bill merging process along more swiftly. This allows the House and Senate Leadership to avoid a series of procedural hurdles that could stall deliberations as they did in November and December. Most likely, the Senate and House leadership (Sens Reid, Baucus, Dodd, Harkin; Reps Pelosi, Hoyer, Waxman, Rangle, Miller), along with the White House (Rahm Emmanuel, Nancy Anne Deparle, Jim Messina, Peter Orszag) will take the lead on merging the Senate and House bills together.

While the bills are largely similar, there are key differences including how the reforms are financed, the level of subsidies to help low and middle income Americans purchase insurance, cost containment mechanisms, and regulation of the insurance industry. House leaders said that they would insist on changes to the Senate's health care legislation to make coverage more affordable for middle-class Americans and to tighten control over the insurance industry. Congress will not formally return to Washington until later in January. Some members of Congress are already gearing up to oppose the final version.

The Congressional timeline is focused on getting the final bill to the president's desk by the State of the Union address. Though the State of the Union date has not been announced, it typically is one of the last weekdays in January. But like every other deadline in this debate - it is likely to drift a bit.

You can read about key differences between the House and Senate bills here: <http://healthcarereform.nejm.org/?p=2723&query=home>

2. Medicare Pilots: Ready for Takeoff?

As the American health reform debate nears its likely resolution, many are focusing on the House and Senate bills' potential for substantive payment reform.

On one side, skeptics posit that the bill lacks any meaningful policy lever to realign financial incentives around value-based health care delivery. Without strong efforts to reduce the cost of health care delivery and eliminate waste within the system, reform will fail to slow the march toward a financial crisis in American health.

On the other side -- administration officials and reform-friendly groups point to the many payment reform initiatives in the legislation. As they note, nearly every major policy proposal from the past decade (such as accountable care organization creation, bundled payments, pay for performance incentive programs and financial penalties for avoidable



Weekly Update

January 7, 2010

Jonathan Cohn in the New Republic:
[House Rules: The Medicaid Two-Fer](#)

What you can do this week

"What is the most important area to fight for in reform?"

We are planning our final campaign to get as much real change into the final bill as possible. Make sure we are reflecting your needs by taking our poll today.

Already took the poll? Share this link with 3 friends!

<http://drsforamerica.org/poll/priorities.php>

medical errors) is in some part of the bills in the form of "pilot" programs. These are the Center for Medicare and Medicaid Services' (CMS') version of laboratory experiments.

As Atul Gawande notes in his recent New Yorker piece, allowing CMS the flexibility to innovate in payment reform will inevitably yield some tangible results. For comparison, he points to the success early 20th-century agricultural pilot programs had in transforming American farming. By allowing for successful institution-level programs to be scaled up to a county, state or federal level, pilot programs may provide the entrepreneurial solution to health care cost control.

Certain CMS pilot programs initiated in recent decades - notably those attempting to reduce hospital-acquired infections - have generated better health outcomes and reductions in overall costs. For each success, however, there have been projects that failed to yield any demonstrable results. As with all pilot programs, patience is required to see what results they yield.

Read more: <http://healthcarereform.nejm.org/?p=2612>

3. Defining "Meaningful Use" of HIT

On December 30, 2009, the Center for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology issued proposed regulations on the definition of meaningful use and the initial set of standards, implementation specifications, and certification criteria for EHR technology.

As part of the Stimulus bill, physicians and hospitals are reward for the meaningful use of qualified, certified EHRs. The Department of Health and Human Services defined meaningful use to further five health care goals: improving the quality, safety, and efficiency of care while reducing disparities; engaging patients and families in their care; promoting public and population health; improving care coordination; and promoting the privacy and security of EHRs. The proposal for defining meaningful use is now open for public comment.

To help overcome financial obstacles, eligible health care professionals can generally earn up to \$44,000 in extra payments between 2011 and 2015 if they become meaningful users of EHRs (Medicaid providers can generally earn as much as \$63,750 between 2011 and 2021).

Read more from Dr. David Blumenthal, Office of the National Coordinator for HIT:

<http://healthcarereform.nejm.org/?p=2669&query=home>

Thank you to all of you who emailed us to let us know what you've been up to. Your e-mails provide the content for the "Physicians Making a Difference" section.

Thank you, also, for your feedback. Let us know how we can [improve](#) this newsletter. Remember, you can share this newsletter via [facebook](#), [twitter](#), or [linkedin](#). You can also download this newsletter as a [PDF](#) or listen to it via [iTunes](#).

Sincerely,

Ali Khan and the Doctors for America Team

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Doctors for America is a grassroots group of over 16,000 physicians and medical students in all 50 states. Together we are committed to building a health system that works better for us and better for our patients. Learn more at <http://www.drsforamerica.org>.