

SAMPLE LETTER FROM NBCH COALITIONS/REGIONAL HEALTHCARE COLLABORATIVES
TO MEMBERS OF THEIR CONGRESSIONAL DELEGATION

January xx, 2009

*Individually Addressed
to Members of the local Congressional Delegation*

Dear Honorable _____:

There is broad agreement that two critical elements of any comprehensive national strategy for improving healthcare quality and affordability are (1) measuring and publishing data on the quality and efficiency of healthcare providers, and (2) using those data to help providers improve care and help consumers select high-quality, efficient providers. We have been the leader in putting these elements in place in *[insert coalition name]*.

We are writing to ask for your help in making our coalition's efforts as successful as possible. There are three critical needs which we feel must be addressed this year: (1) the ability to include Medicare data in regional quality reporting initiatives; (2) authorization for Medicare participation in regional payment and delivery system reform initiatives; and (3) funding to support regional initiatives that promote greater accountability and faster improvement in the quality of American health care.

1. Use of Medicare Data for Regional Public Reporting on Quality and Value.

As you may know, we currently assemble data on the quality of the care provided by *[define providers: hospitals, physician practices, etc.]* in our region. We then disseminate the results to the public and all healthcare providers as a community service to help providers improve the overall quality and value of care and to help consumers select the highest-quality providers. Unfortunately, these reports cannot provide a complete picture of the quality of health care in our region, particularly for senior citizens, because current restrictions in federal law prohibit the use of Medicare claims data by our regional reporting initiative even though it has well-established systems for protecting the confidentiality of patients and providers. The restrictions in current law exceed those governing private third party payers and state Medicaid programs, which here and in many other regions are sharing their claims data to support these public reporting programs. We urge that local and regional reporting programs like ours be given access to Medicare claims data and permission to publicly share standardized measures of the cost and quality performance of providers and practitioners based on those data for non-commercial uses. In light of the extensive experience we have had in using private health plan data for these purposes, our coalition would be happy to help develop appropriate standards for the release of these data to ensure patient level data are protected from public release, and to ensure that only valid and reliable measures on providers are published using transparent methodologies.

2. Medicare Participation in Regionally-Defined Payment and Delivery System Reforms.

Obtaining Medicare data is necessary for the success of coalition's quality improvement efforts, but it is not sufficient. A major cause of both the cost and quality problems in health care today is that payment systems reward providers for delivering more services and penalize them for providing better-quality services and improving health. As a result, many coalitions around the country like ours are working to design reforms to health care payment and delivery systems and to encourage the payers in their region to implement those reforms. However, since Medicare is often one of the largest payers in a region, it is very difficult for health care providers to improve the way they deliver care if private payers improve their payment systems but Medicare does not. Although CMS's current payment reform demonstrations are laudable and should continue, CMS also needs to participate in regionally-defined payment and delivery system reform projects that can present a clear business case for controlling costs as well as improving quality.

3. Funding for Regional Quality Measurement and Improvement Initiatives.

Although improved public reporting and reforms to payment and delivery systems hold significant promise for controlling health care costs and improving quality, we struggle to obtain the funding needed to support these programs, and we receive no direct federal funding for this important transformative work.

If region is a CVE: HHS has recognized the importance of these regional approaches to transparency and quality improvement by chartering our regional organization and twenty-three other such efforts as “Chartered Value Exchanges” or CVEs. We urge that federal funding be provided to coalitions like ours and to regional healthcare collaboratives, through the Agency for Healthcare Research and Quality (AHRQ) or other agencies, to support activities to improve cost and quality, such as generating cost and quality data, publishing those data, using the data to work with providers and practitioners to improve care, and more generally encouraging reforms to payment and delivery systems. We also urge that this funding not come at the expense of the currently inadequate pool of federal funding that supports quality measurement, public reporting, and improvement. We believe that additional funding for quality reporting and improvement programs can be fully offset through reductions in costs for Medicare and private health insurance facilitated by such programs.

We would appreciate your support in obtaining federal assistance in these three areas. We would be happy to meet with you to explain these issues in more detail or provide any additional information that you would find helpful, and our national organization, the National Business Coalition on Health (www.nbch.org), will be happy to meet with your staff in Washington.

Thank you very much for your consideration.

Sincerely,

[Signed by coalition director or head of regional organization]