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Congress of the United States
House of Representatives
Washington, DC 20515

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COMMITTEE ON APPROPRIATIONS

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21ST CENTURY HEALTH CARE CAUCUS

Dear Colleague:

On February 17, 2009, President Barack Obama signed H.R. 1, The American Recovery and Reinvestment Act of 2009 (ARRA) into law.

One of the most important provisions of that law allocates \$19 billion to stimulate the adoption of electronic health record (EHR) systems by hospitals and physicians to create a nationwide healthcare information technology (HIT) infrastructure.

Although that commitment represented a giant step toward advancing the practice of medicine in our country, our work is not yet done. The regulations defining “meaningful use” and the criteria for “certified EHR technology” are critical for the improvement of patient care and quality. If we are to advance the quality of patient care in the United States, EHR technology must be linked to improved patient care, quality, and efficiency. ARRA funds and other support for health care information technology should be focused on improving quality.

Health care in the United States is the most expensive in the world. Unfortunately, it also has the poorest quality among the industrialized nations when you consider the following:

- Life expectancy: It ranks 46th on life expectancy; 42nd on infant mortality;
- Receipt of needed care: Only 59% of patients receive needed care; and
- Medical errors: Approximately 1/3 of patients suffer medical mistakes and in 1999, the Institute of Medicine reported that in the United States approximately 100,000 patients per year die as a result of medical mistakes, yet there has been little improvement since then.

Today, only 10 percent of the 5,000 hospitals in the United States have EHR systems. Most deem them to be too expensive, too complicated, and too time consuming for doctors, nurses, and other health care workers to use. Still others have concerns about interoperability of new systems with the legacy systems within hospitals and with other the systems of other healthcare providers.

The current payment and reimbursement systems compensate physicians and hospitals based on quantity of services (number of patient visits and procedures performed) not the quality of the results of the services. The new paradigm for 21st century health care must encourage and compensate for quality outcomes that shift from curative to preventative and wellness medicine.

In order to accomplish the goals of the ARRA legislation, the official definition of the term “meaningful use” must embody these principles, including strategies such as:

- Setting clear and achievable healthcare quality improvement and cost reduction goals;
- Tying payments tightly to improved patient care and quality results;
- Engaging patients in achieving meaningful use goals;
- Focusing on information use, not technology functions or features;
- Ensuring that standards and certification directly support meaningful use and foster innovation;
- Encouraging technologies that are easy to use and improve efficiencies;
- Providing special incentives for more rapid improvement of patient care and quality; and
- Providing incentives for commercial, “home-grown” and open source technologies.

Please join us in monitoring this matter so that technology development will drive quality outcomes, in addition to simply tracking procedures. Together, we can ensure that “meaningful use” results in meaningful improvements in patient quality, safety, and efficiency for the 21st century.

Sincerely,

A handwritten signature in black ink that reads "Patrick J. Kennedy". The signature is written in a cursive style with a long, sweeping tail on the letter "y".

Patrick J. Kennedy
Member of Congress