February 24, 2009

President Barack Obama
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Re: The Profession of Medicine's Commitment to and Vision for Improving Patient Outcomes and the Efficiency of Health Care Delivery

Dear President Obama:

As leaders in the profession of medicine, we share with the Administration, Congress, and other stakeholders a sense of urgency and responsibility to meet the challenges that we face in creating a sustainable 21st century healthcare system. We are committed to creating a cultural transformation that better supports delivery of the highest quality care for individual patients and communities and which, among other strategies, will allow for a more appropriate allocation of finite resources. These two elements are extremely important, and we hold ourselves accountable to achieve them.

We speak here with one collective voice to share with you our vision for achieving significant, sustainable progress in improving the quality and delivery of healthcare. This vision builds upon the groundwork laid by the profession of medicine and many others with whom the profession have collaborated, including other healthcare professionals, consumer groups, public and private payers, quality organizations, and employers. We seek to advance policy decisions by broadening discussions to include a framework for creating a "patient-centered culture" throughout the health care system, which we believe is integral to achieving both high quality care and high efficiency of healthcare delivery. Recognizing the complexity of the health care challenges we face, and our professional obligations to help our nation meet them, we stand together and are committed to demonstrating progress from our profession and to engaging constructively with you to create the high-performing healthcare system that our patients and our country deserve.

A Vision for Sustainable Quality Improvement and Effective Use of Resources

Within the health care system, sustainable quality improvement and efficient use of resources must be achieved in the context of a "patient-centered culture." Achieving the desired outcomes will require broadening policy discussions beyond measurement and public reporting; these components are necessary but insufficient to the task at hand which requires a transformation of the delivery system. To promote such a transformation, we propose moving from a focus of strictly data aggregation and reporting at the national level to a focus that includes "real time" data availability for decision making, timely review of measurement results to identify leverage points, best practices to improve the quality of care, and incorporation of a broader set of evaluation tools.

We define this new culture as having 10 critical components. We seek to collaborate with the new Administration and Congress and other organizations to develop and carry out action plans to achieve them.

10 Critical Components of a Patient-Centered Culture

1. **Shared Decision Making**─each patient and caregiver and the accountable team of healthcare professionals–physicians and all healthcare professionals–providing care to the patient have a shared understanding of the options for treatment, selected treatment plans, and desired outcomes

2. **Shared Understanding of Quality**─each member of the team understands the core facets of high quality care and has the competencies to practice in a 21st century system, as envisioned by the Institute of Medicine's Crossing the Quality Chasm report

In support of efficiently implementing the plan and achieving good outcomes for the patient, **the team of healthcare professionals**:

3. **has timely access to patient records**, including all relevant tests results to avoid redundancy and risk to the patient

4. **has access to comparative-effectiveness research** information to assist in value-based decision-making at the point of care

5. **is implementing a set of performance measures**—based on clinical evidence and supported by their profession and other stakeholders—and these measures encompass processes, outcomes, and appropriateness of care

6. **enters patient data into an interoperable electronic health record system (EHRS) once**; the EHRS provides decision support; performance measurement results; and the ability to export data to other entities overseeing professional accountability, data aggregation, and public reporting

7. **reviews performance reports** routinely to identify areas for improvement; these reports track variations in care, particularly across patient co-morbidities as well as patient race, ethnicity, primary language and other relevant demographic characteristics

8. **implements best practices** from participation in a Quality Improvement (QI) collaborative—partnership among local and state entities that provide resources, tools, technical assistance, and training on quality improvement techniques

*With input from other stakeholders, **the profession of medicine** in this new culture:*

9. **comes together consistently to set targets; evaluates its progress on improving patient outcomes and effectively managing resources; determines which improvement methodologies have the greatest impact in practice; and monitors unintended consequences**

10. **practices transparency and accountability by reporting findings broadly**

Building on Foundation Pillars of the Profession and Other Key Stakeholders

The foundation for this cultural transformation exists today. Through volunteer hours of practicing physicians and the leadership of professional organizations, and via collaborations with other stakeholders, several pillars are moving into place. That said, there remains tremendous work to do on each of these fronts. We request your support and assistance as we seek to link these pillars, which include:

- Clinical guidelines developed by medical specialty societies that translate the evidence (including experience from practice) into recommendations, with regular updates. More evidence-based guidelines are under development and are beginning to include appropriateness criteria.

- Sets of clinical performance measures developed by the AMA-convened Physician Consortium for Performance Improvement (PCPI) that will now include not only process measures—including measures of overuse—but also measures of outcomes and measures for teams of health care professionals.

- Training for medical students and residents that is starting to include quality and safety strategies and requirements to demonstrate competence in these areas.

- Maintenance of board certification requirements that include self-evaluation of practice using measurements for quality and efficiency as well as a broader set of evaluation tools that assess patient experience and physician characteristics critical at the point of care such as diagnostic acumen, clinical judgment and medical knowledge.

- A discrete number of condition-specific data registries for timely feedback to physicians and external reporting, with plans to build an array of such registries going forward.

- Best practices in integrating performance measures into EHRS, using the data at the point of care, and exporting data from EHRS to a data warehouse for external analysis.

- A coding methodology for tracking variation in care and a schema for providing measure specifications to EHRS vendors.

- Best practices that work in complex practice environments and are beginning to move toward a more high-performing health care system.

Medical Professionalism, Quality Improvement, and Management of Finite Resources

The 10 critical components of a patient-centered culture and the pillars in place toward that culture stem from our medical professionalism. A core, historic principle of the medical profession is that physicians place the interests of patients first, underscoring altruism, competence and advocacy on behalf of patients; this principle is the foundation of our social contract and central to trusting patient-physician relationships. Moreover, every physician should respect patient autonomy and foster informed patient choice; shepherd the fair and equitable distribution of health care resources; and eliminate discrimination in health care.

Achieving these obligations in today's challenging environment as described in the Quality Chasm report—with a proliferation of scientific discoveries, technological innovations, increasing complexity of patient needs, and variable delivery systems—requires that we further delineate and clearly articulate our professional responsibilities. In empowering our patients to make informed choices, we must not only consider treatment options but also what constitutes inappropriate and ineffective care. To shepherd the fair distribution of resources, we must engage patients and the broader community of stakeholders to facilitate value-based decision-making—weighing risk, benefit and cost. To maintain public trust, our self-regulation must be transparent and put continuous quality improvement first. Fulfilling these obligations requires physician action day in, day out, with each patient, at the point of care.

Opportunity for Collaboration

As a profession, our challenge is to work collaboratively with others dedicated to improving quality to expand and link these efforts in support of a new culture. We are positioned to do so and to demonstrate results. For example, the PCPI is inviting additional health care professionals to join in measure development for teams of professionals and has established a purchaser/consumer advisory panel. A number of the certifying boards have aligned their efforts with those of the private plans and CMS focused on facilitating physician collection and reporting of standardized performance measures. The certifying boards–with educational tools from specialty societies and elsewhere–then support physicians in developing and implementing action steps to address identified practice weaknesses. In addition, the medical profession is best positioned to assess which improvement methodologies have the greatest impact on improving quality in practice.

Physicians are committed to the principles of medical professionalism and dedicated to providing the best care possible to each and every patient. To that end, physicians remain committed to delivering high quality care for patients while increasing efficiencies in health care. We are in a unique position to advance a patient-centered culture and therefore must be an integral partner in all national efforts to transform our health care system. We will provide to you in the near future a specific list of our planned action steps and associated deliverables. We look forward to working with Congress, the Administration and other stakeholders to develop the necessary linkages to promote a health care system focused on quality.

From:

Christine Cassel MD, President and CEO, American Board of Internal Medicine
John Crosby JD, Executive Director, American Osteopathic Association
Douglas Henley MD, Executive Vice-president, American Academy of Family Physicians
Norman Kahn MD, Executive Vice-president and CEO, Council of Medical Specialty Societies
Frank Lewis, Executive Director, American Board of Surgery
Nancy Nielsen MD, President, American Medical Association
James Puffer MD, President and CEO, American Board of Family Medicine
Bernard Rosof MD, Chair, Physicians Consortium for Performance Improvement
Thomas Russell MD, Executive Director, American College of Surgeons
John Tooker MD, Executive Vice-president and CEO, American College of Physicians

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American Medical Association. Code of Medical Ethics. Chicago, IL. 2008.

Medical Professionalism in the New Millennium: A Physician Charter. ABIM Foundation, ACP Foundation, European Federation of Internal Medicine. *Annals of Int Med.* 2002;136:243-246. Available at: http://www.annals.org/cgi/content/full/136/3/243

Identical letters sent to:
The Honorable Max S. Baucus
The Honorable Joe Barton
The Honorable David L. Camp
The Honorable John N. Deal
The Honorable Michael B. Enzi
The Honorable Charles E. Grassley
The Honorable Walter W. Herger, Jr.
The Honorable Edward M. Kennedy
The Honorable Frank J. Pallone
The Honorable Charles D. Rangel
The Honorable Fortney H. Stark, Jr.
The Honorable Henry A. Waxman