



S E N T A R A [™]

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CVP & President

September 29, 2011

The Honorable Ben Cline
Chairman
The Joint Commission on Health Care
PO Box 1322
Richmond, VA 23218

Dear Mr. Chairman:

I write to you on behalf of Sentara Medical Group (SMG), a practice of more than 650 primary care and specialty physicians and advanced practice clinicians (nurse practitioners and physician assistants) serving Hampton Roads as well as Harrisonburg, Charlottesville and the exurbs of Northern Virginia. I wish to voice our strong support for the development of an All-Payer Claims Database (APCD) in Virginia.

We all know that health care costs are too great and growing too quickly. However, we cannot improve what we cannot measure and assess. The informatics and analysis made possible by an APCD will significantly advance the Commonwealth's, businesses', consumers', health care providers' and payers' ability to make critical improvements in health care quality as well as control the growth of health care costs.

The lack of widely available health care cost information is astounding, especially given the amount of data that is actually generated. While physicians at SMG know the outcomes of the individual patients we treat, it has only been through a concerted effort on the part of the practice and Sentara Healthcare as a whole that we are able to truly quantify the quality of the care we provide and to make targeted improvements based on that information. We post this quality information online and at the entrance to each of our facilities. This is a step in the right direction, but it is still not enough. Like all providers around the state, we can and must do more. We need better data to do so.

Patients receive care from a variety of sources and move between insurance plans regularly. Quality varies between providers and even between different facilities of the same provider. Trends in utilization, outcome and payment are impossible to discern because we lack comprehensive, accessible information. As a result, we cannot make all of the substantive improvements in quality and costs that we should. An APCD in Virginia will provide a wealth of data that can facilitate care quality improvement and cost reduction.

Like any worthy innovation, APCDs raise questions. Other states have implemented APCDs in various ways, and Virginia can draw several lessons from our counterparts:

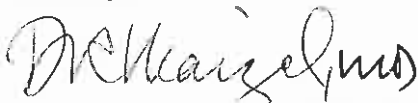
- Confidentiality and security of data has been a primary concern in every state and through the careful application of technology, it can be sustained.
- Many states have created their APCDs as an adjunct to existing inpatient discharge databases. Virginia Health Information has done an admirable job of stewarding these data for more than a decade; an APCD is a natural extension of their current charge.

The largest question left to be answered is how to present claims data in a manner that is meaningful to all users without creating instability in the system. Several models exist, and the General Assembly, the Board of Health and the governing board of VHI (which includes strong representation from stakeholder organizations) are certainly capable of making these data use decisions in a manner that best suits the needs of Virginia's consumers, businesses, providers and payers, and the Commonwealth itself.

We need to improve health care quality and reduce costs in Virginia. We've all talked about this issue as a matter of public policy. Many of us have talked about it at the kitchen table because it impacts our families. It's time to take the next step on the path to improvement. Establishing an APCD is not a panacea, but represents an important tool to make sorely needed progress. There are details left to be worked through, but we must move forward and establish an APCD in Virginia.

Thank you for your attention to this important issue.

Sincerely,



David R. Maizel, M.D. ABFP, FAAFP
CVP & President

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