

Medicare's Berwick Faces Senators on the Hill

BY ALICIA AULT

FROM A HEARING OF THE
SENATE FINANCE COMMITTEE

WASHINGTON – Dr. Donald Berwick, administrator of the Centers for Medicare and Medicaid Services, largely escaped criticism from Republican senators during his first official appearance on Capitol Hill on Nov. 17, but several senators vowed that they would ensure that he answered all their questions in writing or at another hearing.

Dr. Berwick was appointed by President Obama in July while Congress was in recess. Thus, Dr. Berwick was never subject to confirmation hearings, leaving most Republicans and some Democrats saying that the legislative authority to confirm high-level executive branch appointments had been bypassed.

Speaking before the Finance

committee on Nov. 17, Dr. Berwick tried to soothe his potential critics by discussing the potential he sees in addressing the wrongs of the American health care system.

"I feel incredibly lucky to be able to join CMS at a historic time, a time of enormous promise for the future of our nation's health care," he said. He added that he thought the federal government "should aim for three goals simultaneously: better care for individuals, better health for the American people, and lower costs through improvement."

The Affordable Care Act (ACA) is "the best opportunity we've had in a generation or more to make progress," said Dr. Berwick.

The hearing was led by Chairman Max Baucus (D-Mont.), who scheduled 1 hour for open-

ing statements, testimony, and questioning – an unusually short duration for any congressional committee hearing.

Democratic members of the panel used their allotted 5 minutes of questioning to express enthusiasm for various parts of the ACA and to give Dr. Berwick the opportunity to do the same. Republicans mainly expressed concern that they did not have the ability to properly question Dr. Berwick, given the hearing's tight timeline.

During his turn to question the CMS administrator, the committee's ranking minority member, Sen. Chuck Grassley (R-Iowa), wanted to know whether Dr. Berwick supported the conclusions of an April report issued by Rick Foster, the Medicare Chief Actuary. According to Sen. Grassley, that report said that the reductions envisioned in the

ACA would threaten beneficiaries' access to care.

Dr. Berwick countered that Mr. Foster's estimates were just that – estimates based on his best judgment. "Our intention is to increase access to care," he told Sen. Grassley. Beneficiaries will "find themselves in better shape after implementation of this act is fully engaged," he added.

Sen. Orrin Hatch (R-Utah) also asked Dr. Berwick about the actuary's report. But he used most of his time to complain that the CMS Administrator – in charge of a budget larger than the Pentagon's, as he noted – had not been available until that day.

"Obviously, asking us to cover all of our concerns in this hour-long hearing with only 5 minutes...per person, is like asking us to drain the Pacific Ocean with a thimble," Sen. Hatch said.

He said that he hoped that Dr.

Berwick would answer any and all questions put to him in writing and that the administration would allow him to fully answer the queries.

Sen. Hatch and Sen. Grassley and other Republicans asked for additional hearings with Dr. Berwick after the Thanksgiving break, but Chairman Baucus was noncommittal about scheduling such an event.

That prompted a blunt assessment from Sen. Jim Bunning (R-Ky.), who is not returning for the next Congress.

"I can assure you that you will not get special treatment next year," when Republicans hold the majority in the House. "I suspect that you will be spending a lot of time testifying before the House of Representatives, partly because we in the Senate have been shut out," Sen. Bunning said. ■

Web Tool Lets Medicare, VA Patients Access Medical Records

BY DENISE NAPOLI

Since the launch of the new "blue button" on the Medicare and Veterans Affairs patient Web sites this summer, tens of thousands of patients have downloaded their personal health records to computers, flash drives, and disks – including claims data, test results, and more.

Now, physicians' groups and patients are calling for this practice to be commonplace for all.

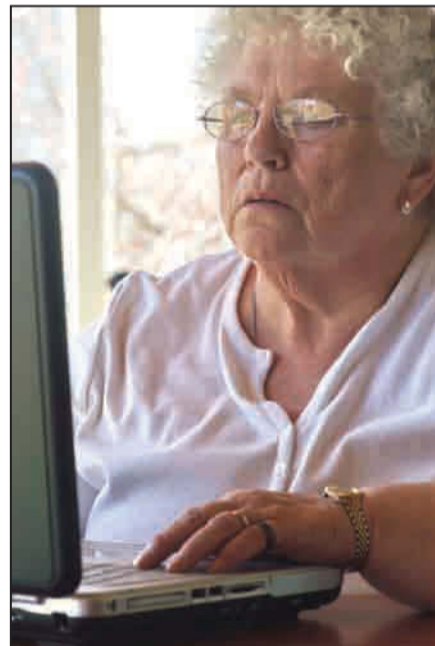
"If the patient has access to his or her [personal health] information, they become part of the decision-making process, they are more engaged in their care, and they're empowered to make better decisions," said Dr. Steven Waldren, director of the American Academy of Family Physicians' Center for Health Information Technology. "The blue button initiative is saying, 'Let's get started.'"

The blue button, developed jointly by Veterans Affairs, the Centers for Medicare and Medicaid Services, and the Defense Department, is a "a Web-based feature through which patients may easily download their health information and share it with health care providers, caregivers, and others they trust," according to Todd Park, chief technology officer at the Health and Human Services department, writing in a post on the White House's Office of Science and Technology blog.

The blue button went live in August on www.mymedicare.gov and www.myhealth.va.gov. Since then, more than 60,000 vets and more than 5,000 Medicare beneficiaries have made use of the feature, according to Mr. Park.

"This new option will help veterans and Medicare beneficiaries save their information on individual computers and

portable storage devices or print that information in hard copy," Mr. Park wrote. "Having ready access to personal health information from Medicare claims can help beneficiaries understand their medical history and partner more effectively with providers."



Patients who can access their records "are more engaged in their care."

Now, many physicians and physician groups want to see the concept of downloadable personal health records extended to all of their patients.

A policy paper on the topic published by the nonprofit Markle Foundation aims to promote the use of the blue button by calling on "organizations that display personal health information electronically to individuals in Web browsers to include an option for individuals to download the information."

Additionally, the paper recommended

making the download capability a "core procurement requirement for federal- and state-sponsored health [information technology] grants and projects" that come about as a result of the American Recovery and Reinvestment Act of 2009, which allocated billions of dollars for the development of health care technology.

Dr. Waldren was a member of the work group that reviewed the foundation's paper; he and more than a dozen physicians and other stakeholders endorsed it, including Dr. Jack Lewin, CEO of the American College of Cardiology, Dr. Brian F. Keaton, past president of the American College of Emergency Physicians, and Dr. Allan Korn, chief medical officer for the Blue Cross and Blue Shield Association.

Patients, too, seem to embrace the concept of downloadable personal health records. In an online survey commissioned by Markle, 70% of almost 1,600 adult respondents agreed that they should be able to download and keep copies of their personal health information.

The real benefit, however, lies in the potential of Internet and mobile phone-based "apps" (applications), which can access the data and increase its usefulness for patients and physicians alike.

For example, said Dr. Waldren, imagine a tool that parses through all of a patient's downloaded health data, highlighting all potential and actual medical problems, making lists of all prescribed medications and doses, assessing them for drug-drug interactions and communicating that information to the physician at every visit.

He went on to say that such a smart app also could scan resource Web sites to find new scientific data and government findings that affect patient care. "Those are the things that can start to happen,"

with blue button technology, Dr. Waldren said.

Despite the myriad possible benefits of downloadable records, however, privacy remains a concern, for patients and physicians alike.

According to the Markle Foundation paper, "Any online download capability for personal health information must be provided via secure access. That means the identity of each individual given credentials to access their own data must be proofed to an acceptable level of accuracy, and the individual must present those credentials or some acceptable token of those credentials upon login in order to get access to the data for download."

Dr. Waldren agreed. "There's no question that privacy and security are real issues," he said. And that means not only keeping the site secure, but educating patients, too.

"Every time the patient clicks on that blue button, they need to be reminded, 'You're doing something that puts your information at risk,'" he said.

But he added that privacy concerns should not be something that keeps technology like the blue button moving forward.

"I personally view privacy as a balance between benefit and risk. We could put your records in an encrypted format or in a safety deposit box that no one could get to. It would be highly secure and I would bet it would never be released inappropriately," he said. "But it's never available to actually help make sure you get good care. And missing data can cause a lot of morbidity and mortality."

The Markle Foundation's paper, "The Download Capability," is available at www.markle.org/downloadable_assets/20100831_dlcapability.pdf. ■