



October 3, 2011

Honorable Patty Murray  
U.S. Senate

Honorable Jeb Hensarling  
U.S. House of Representatives

Honorable Max Baucus  
U.S. Senate

Honorable Dave Camp  
U.S. House of Representatives

Honorable John Kerry  
U.S. Senate

Honorable Fred Upton  
U.S. House of Representatives

Honorable John Kyl  
U.S. Senate

Honorable James Clyburn  
U.S. House of Representatives

Honorable Rob Portman  
U.S. Senate

Honorable Chris Van Hollen  
U.S. House of Representatives

Honorable Patrick Toomey  
U.S. Senate

Honorable Xavier Becerra  
U.S. House of Representatives

Dear Members of the Joint Select Committee on Deficit Reduction:

There is no question that the cost of health care must be reduced. The only question is whether we reduce those costs by helping our patients or by hurting our patients. The National Physicians Alliance was founded in 2005 to restore trust and dignity to the profession of medicine, and to advocate first and foremost for our patients. Rather than cost-shifting onto vulnerable individuals and strapped state Medicaid budgets, we believe that the path forward must focus on approaches that will maximize the health of the American people while simultaneously saving money: paying for quality over volume of services, focusing payments on cost-effective services, and investing in prevention services that will reduce the costly societal burdens of diseases such as obesity and tobacco use.

The NPA and its members have led the development of proposals and pilots that would help physicians work together with their patients to more effectively steward limited financial resources, as well as decrease the influence of pharmaceutical marketing on medical education and physician prescribing. We ask you to consider the following ideas to contain costs within Medicare and Medicaid.

**Encourage the delivery of evidence-based care:** In August, 2011, the NPA published the “Top 5 Lists in Primary Care”, in the *Archives of Internal Medicine* (1). These evidence-based lists, developed by practicing physicians, describe tests and treatments that physicians *should avoid*. By avoiding such overused tests and treatments, patient care is safer and costs less. On October 1st, the *Archives of Internal Medicine* published a research letter that conservatively estimates **\$6.7 billion** in annual savings if the recommendations in the Top 5 Lists were followed (2). We recommend that CMS create payment policies that strongly discourage the use of treatments or tests determined to be of no significant benefit to patients. Patients, however, could still elect to pursue marginal treatments at higher levels of cost-sharing.

**Incentives to Help Promote Prevention and Behavior Change:** The NPA believes that preventive health services, access to healthy food, and a clean environment are fundamental building blocks to the health of our nation. We strongly oppose any cuts to the Prevention and Public Health Fund created by the PPACA.

**Researching and Disseminating Comparative Effectiveness Studies:** Clinicians are faced with clinical dilemmas each day that call for more study and the development of evidence-based, best practice guidelines whenever possible. NPA robustly supports the efforts to increase this field of research through the Patient-Centered Outcomes Research Institute as well as ongoing support for the Agency for Health Care Quality and Research.

**Prescription Drugs:** While the Medicare Part D program has helped provide prescription drug coverage for seniors who otherwise could not afford their medicines, the program's costs could be significantly lower. Rebates for dual eligible Medicare beneficiaries should be restored and consideration should be given to the same approach for low-income subsidy recipients. The use of generic drug prescriptions (when equally efficacious and safe) should be strongly encouraged.

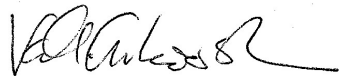
**Rewarding Quality over Volume through Shared Savings Programs:** We strongly support the Center for Medicare and Medicaid Innovation, and recommend robust funding for its research and dissemination efforts, so that successful pilot programs are emulated across the nation. The National Health Workforce Commission must be funded so that it can carry out its critical mission of providing recommendations on aligning national needs with Federal health care workforce resources.

**Improved End-of-Life Care and Planning:** As clinicians, we understand that many patients have tests and procedures done in their late stages of life that they would not necessarily have chosen themselves in advance. We recommend meaningful, ongoing dialog with patients and their families about end-of-life issues and the importance of health care power-of-attorney documents and plans for "last wishes". Reimbursement from Medicare and Medicaid to physicians provides one way of encouraging this discussion, thereby reducing unnecessary costs and suffering.

**Improving the Medical Malpractice Climate and Reducing "Defensive Medicine":** The NPA supports comprehensive safety-focused malpractice reforms, such as the creation of no-fault medical injury compensation funds administered through health courts that compensate injured patients and encourage providers to actively participate in error reduction strategies.

**Conclusion:** The NPA believes it is our professional duty to improve the evidence-based, safe care of our patients, which will result in reduced health care costs, so that we might all have access to affordable, high quality health care. We urge the Committee to reject any voucher type of approach and preserve eligibility levels. We must not reduce access to care for vulnerable seniors, children, and the disabled. We can achieve these goals with a collaborative effort between physicians and our patients, along with aligned incentives in Medicare and Medicaid.

Sincerely,



Valerie A. Arkoosh, MD, MPH  
President

References:

1. The Good Stewardship Working Group of the National Physicians Alliance. The "Top 5" Lists in Primary Care: Meeting the Responsibility of Professionalism. *Arch Intern Med.* 2011;171(15):1385-1390.
2. "Top 5" Lists Top \$5 Billion. *Arch Intern Med.* <http://archinte.ama-assn.org/cgi/content/full/archinternmed.2011.501>