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Dear Senators,

On behalf of National Patient Advocate Foundation (NPAF), I respectfully request you consider the following issues and their impact on patients when finalizing the Medicare package. As you know, NPAF is a non-profit organization dedicated to improving access to healthcare services through policy reform. The advocacy activities of NPAF are informed by the experience of patients who receive counseling and case management services from our companion organization, Patient Advocate Foundation (PAF). Last year, PAF received more than 6 million contacts from patients throughout the United States seeking assistance for access to care issues resulting from diagnoses of a chronic, debilitating or life-threatening disease. Of those, 39,780 became full patient cases involving communications made by PAF staff on behalf of a patient in order to reach positive resolution.

I. Health Information Technology

NPAF supports widespread adoption of health information technology (HIT) to help control costs and improve quality and coordination of care in the healthcare system; however, NPAF believes there are several issues that need to be addressed before providers can be required to adopt HIT. NPAF believes that any action taken by Congress on HIT needs to include the following core principles: development of a public-private process to establish HIT standards; establishment of federal grants/reimbursement to physicians and hospital to adopt HIT; patient education for use of HIT; and creation of federal and state roles to resolve HIT issues. NPAF would like to emphasize the importance of incentives to providers, particularly those that serve underserved populations and may find it most difficult to adopt these systems. NPAF looks forward to supporting legislation which includes these HIT principles.

II. Mandated E-Prescribing

An issue related to HIT, e-prescribing, is cost-effective, provides immediate access to information, improves medication management and provides for safer care. NPAF supports mandating e-prescribing under Medicare. NPAF encourages the Finance Committee to consider recommendations made by the American Health Information Community (AHIC) related to e-prescribing. Flexibility must be maintained if mandating e-prescribing and prior to implementation the following requirements must be met: participation by all pharmacies and PBMs: assurance of easily transmissible prescriptions; development of certification process including interoperability and safety standards; and establishment of incentives for providers to adopt e-prescribing technology. Again, NPAF would like to emphasize the importance of incentives to providers, especially those serving underserved populations, who may

struggle to adopt this system. Patient issues and concerns should also be monitored and addressed during implementation.

III. Cuts to Medical Imaging Services

Another issue that greatly impacts patients' access to necessary care is cuts to medical imaging services. Under the Deficit Reduction Act (DRA) reimbursement for medical imaging was cut \$13 billion effective January 1 of this year. Medical imaging services, such as ultrasound, x-ray, CT scans, and MRIs, are essential tools that help detect, stage and treat life-threatening and debilitating diseases like cancer, stroke and heart disease. Medical imaging provides less-invasive evaluation and treatment protocols which often enhance the recovery process for patients. NPAF is also concerned that cuts to medical imaging services disproportionately impact access to care for patients living in rural and underserved urban communities. The impact of these cuts on patients will be immediate and harmful. NPAF strongly opposes any new cuts to medical imaging and urges Congress not to include additional imaging cuts in the Medicare package.

IV. Comparative Effectiveness Research

NPAF supports the use of this research as a means to guide best practices and to encourage educated health care decisions between patients and their treating physicians. For this reason, NPAF believes a patient-centric approach to comparative effectiveness research is paramount. Too often, this type of research compares the average results of one therapy to another, within the given study population. These types of reviews do not take into account differences in patients, including co-morbidities and genetic factors, among others, and tend to overlook a variety of individual patient needs and preferences, creating a "one-size-fits-all" approach. In short, decisions regarding the most appropriate care should be made between the patient and their treating physician.


Comparative effectiveness research should be developed and conducted in consideration of the needs of individual patients, recognizing the unique nature of targeted therapies and interventions, to advance the goals of personalized medicine. The research should focus not on the cost-effectiveness of any product or procedure, but the value of the intervention to the patient and their best interests. Finally, NPAF would encourage a transparent process involving all relevant stakeholders from the earliest stages of research planning, through to the translation and dissemination of results.

V. Physician Fee Schedule

In 2006, almost one-third of patients contacting PAF were insured through Medicare. Because PAF serves such a high number of Medicare beneficiaries, the 10.1% cut in physician reimbursements is especially troubling since decreased reimbursement to physicians will ultimately lead to decreased access to necessary care for patients. NPAF urges Congress to fix the flawed SGR formula and adopt a pay-for-performance or similar system which would provide more value for patients; in the meantime, NPAF urges Congress to delay this scheduled reimbursement cut so that patient access is not hindered.

I would like to thank you for your efforts on behalf of patients. Again, I urge you to consider these issues in the context of the Medicare package. If you have questions, or if we may provide you with additional information, please feel free to contact me, or Amy Boivin, at 202-347-8009.

Respectfully submitted,



President & CEO