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ONE HUNDRED THIRTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–6115
Majority (202) 225–2927
Minority (202) 225–3641

June 26, 2013

Dr. Thomas Foels
Chief Medical Officer
Independent Health
511 Farber Lakes Drive
Williamsville, NY 14221

Dear Dr. Foels:

Thank you for appearing before the Subcommittee on Health on Wednesday, June 5, 2013, to testify at the hearing entitled "Reforming SGR: Prioritizing Quality in a Modernized Physician Payment System."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests by the close of business on Friday, July 12, 2013. Your responses should be mailed to Sydne Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to **Sydne.Harwick@mail.house.gov**.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,

Joseph R. Pitts

Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Frank Pallone, Jr., Ranking Member, Subcommittee on Health

Attachments

Attachment 1—Additional Questions for the Record

The Honorable Joseph R. Pitts

1. From a payer perspective, Independent Health grapples with many of the same issues as CMS does with the Medicare program (albeit on a different scale). From the perspective of someone who has endeavored in such work with providers in New York, do you believe the types of measurement and model programs envisioned under the Committee's legislative framework to be of benefit to the Medicare program?

2. You state in your testimony that one of the guiding principles of IHA are "substantive and sustainable improvement in quality and affordability of the American health care system will require movement away from traditional FFS reimbursement systems. Would you explain why FFS Medicare undercuts quality and affordability in our health care system?

3. You state in your testimony that primary care plays a pivotal and foundational role in the transformation to a high quality affordable health care system. I also know that primary care is uniquely positioned in the health care market place to impact cost and quality. With the committee's legislative framework in mind, do you believe it possible to incentivize primary care differently as a way of encouraging even greater quality and affordability in the system? For instance, maybe constructing different types of measures or performance benchmarks could lead to additional benefits in Medicare and patients?

4. The legislative framework envisions a system in which providers might identify themselves for the purposes of measures. Do you think that such a system of quality benchmarks and measurements could also be applied to disease states such as diabetes or cancer?

5. You mention in your testimony that no singular payment system is sufficient to simultaneously promote quality, efficiency, and effectiveness. Do you believe that entities like independent health can help Medicare develop and implement new and innovative payment mechanisms?

6. While primary care and some specialty groups have a long standing history of measure development and performance, others unfortunately lag behind. Do you believe that all provider groups adopting a system of quality measurement will be good for the provision of care in this country, and do you believe that provider specialties that are advanced in these areas might be able to help those who lag behind?

7. How important is meaningful, timely feedback on performance for such a system to work?

The Honorable John Shimkus

1. Your testimony touches on one such model the "Primary Connections" practice. You state that shared savings models such as Primary Connections "have fostered greater collaborative efforts between primary care and specialty providers." Would you tell me what types of benefits providers, patients, and taxpayers might enjoy should this committee be successful and encourage broad adoption of shared savings and other alternative payment models in Medicare?

2. Page 21 of the legislative framework released last week calls for the development of a "process by which physicians, medical societies, health care provider organizations, and other entities may propose" Alternative Payment Models for adoption and use in the Medicare program. Do you believe that model development from private payers and providers like those at Independent Health can lead to reforms that could benefit patients, providers, and taxpayers?

The Honorable Gus Bilirakis

1. How much of these quality measures should be developed for the physician in general or should we have measures for specific diseases? How do we develop quality measures for rare diseases? These are hard to diagnose diseases with small populations. If we do develop metrics for specific conditions, how do we responsibly develop measurements for these conditions when research may be more limited?

2. How much input should patient groups have and what type of input into the process should they have when determining these measures?

3. Should the system evolve to allow a direct feedback loop to the doctor? For example, the physician would know that they were paid X because they did or did not do Y to patient Z. Do we want that granular a system, or should the information and payment be done on a more aggregate level?

4. Is it possible to use physician quality measures to encourage patients to better follow doctor's plan to manage diseases? For example, a newly diagnose diabetic getting a follow up call by the doctor reminding them to check their blood sugar or reminding them to schedule an appointment with a nutritionist. Should these metrics be limited to what is done inside the physician's office?

5. Should the quality measures be weighted? If there are 10 things that a doctor can do to increase their performance measure, should they be rated equally for payment bonuses or weighted to account for time or difficulty?

Attachment 2—Member Requests for the Record

During the hearing, Members asked you to provide additional information for the record, and you indicated that you would provide that information. For your convenience, descriptions of the requested information are provided below.

The Honorable John D. Dingell

1. During the hearing, you agreed that Congress should look at the innovations and changes being made in the private sector when considering reforms to SGR. Would you please list some suggestions of what you feel might be useful?