



July 28, 2008

The Honorable Ron Kind
U.S. House of Representatives
Washington, DC 20515

Dear Representative Kind:

On behalf of the Wisconsin Collaborative for Healthcare Quality, Rural Wisconsin Healthcare Cooperative and the Wisconsin Hospital Association, we are writing to express our *serious concerns* with legislation pending before the House Ways & Means Committee.

A late arriving amendment (in Energy and Commerce) to the legislation, HR 6357, *Protecting Records, Optimizing Treatment, and Easing Communication through Healthcare Technology Act [PRO(TECH)T Act] of 2008*, has the potential for creating a **massive step backwards with respect to Wisconsin's nationally recognized leadership efforts on quality and patient safety improvement and would place a significant obstacle in the way of advancing electronic medical records.**

HR 6357 requires that providers utilizing an electronic medical record receive consent to use that information for health care operations or payment. Costs of implementing and maintaining electronic medical records are consistently recognized as a significant barrier to adoption of electronic medical records and this requirement will increase administrative costs and create an even more ominous barrier to adoption of electronic medical records. **The expenditures to implement such administrative requirements could be better spent on providing direct bedside care to patients.**

HR 6357 also requires that providers utilizing an electronic medical record must account for disclosures for treatment, payment, and health care operations. Worth noting is that earlier this year, and at the recommendation of Governor Doyle's multi-stakeholder eHealth Care Quality and Patient Safety Board, **Wisconsin repealed a similar state accounting requirement in order to reduce barriers to electronic medical record adoption in Wisconsin.** The Governor's eHealth Board recommended this repeal after it identified the requirement as an onerous burden on healthcare providers. HR 6357 would put that barrier to electronic medical records adoption back in place.

Finally, HR 6357 requires that providers utilizing an electronic medical record receive consent to use information for health care operations. This creates a barrier to quality improvement activities, including public reporting initiatives. Through internal quality improvement committees, external quality improvement organizations such as MetaStar, and quality and patient safety public reporting initiatives such as those sponsored by

WHA and WCHQ, Wisconsin is a leader in advancing evidenced-based improvements in health care quality and safety. However, all of these efforts are dependent on complete data. The validity and usefulness of quality improvement data will be reduced if patients can self-select out of such quality improvement analyses. Self-selection would particularly be a problem for adverse events reviews and analyses if a patient could prohibit a provider from conducting such reviews.

As you review HR 6357, we urge you to consider the negative impact this legislation will have on Wisconsin's proactive, nation-leading efforts on quality and patient safety and to stand united with us in opposition to these ill-advised provisions.

Please feel free to contact us with questions.

Sincerely,



Stephen Brenton, President
Wisconsin Hospital Association



Christopher Queram, President/CEO
Wisconsin Collaborative for Healthcare Quality



Tim Size, Executive Director
Rural Wisconsin Health Cooperative