United States Senate
Committee on Finance
Sen. Chuck Grassley · Iowa
Ranking Member
http://finance.senate.gov
Press_Office@finance-rep.senate.gov

Opening Statement of Sen. Chuck Grassley
Committee Hearing: Right Care at the Right Time
Thursday, July 17, 2008

At our health care summit, I made the point that any reform we work on must address three areas.We must increase access for the uninsured. We must address the rate of increases in cost in health care. And we must improve the quality of care we provide. Today's hearing will allow us to focus on the challenge of improving the quality of care we provide in America.

In the April 2008 Dartmouth publication, *Tracking the Care of Patients with Severe Chronic Illness*, the researchers lead with a very stark statement: "In health care, it matters where you get your care." Their report found wide geographic variation in the frequency of primary care visits, visits to specialists and hospitalizations.

If you have a chronic condition, where you live has a significant bearing on the quality of care you receive. That shouldn't be the case. We have the tools to ensure that all Americans get the highest quality of care available. Two of the potential tools we will be discussing today are health information technology and comparative effectiveness. There is widespread agreement on the potential of health information technology to improve quality and control costs. If there was widespread adoption of this powerful tool, then most everyone would be getting the right care and the right time.

Health information technology will play a major role in moving the nation toward being able to compare treatments. If the nation can wire every hospital and every physician's office, it will be that much easier to see what treatments work and what do not work. It will also reduce duplicative testing and enable clinicians to share information about patients. While it is clear that electronic patient records will improve efficiency of health care delivery, the economics have not proven attractive to doctors.

They say that the systems are expensive to install, and that their practices suffer while they get used to having the electronic systems. Savings that result from increased efficiencies accrue to insurers and other payers, not to doctors. So we need to think about how to make adoption of electronic records more attractive to those who will use them.

The other tool we should more fully develop is the use of comparative effectiveness. When a provider makes a diagnosis, what treatment is the most effective? Doctors should not have to

operate in an information vacuum. Comparative effectiveness might also encourage those designing new drugs, devices, and treatments to come up with ones that improve care, and are not just "me too" products. I know there are concerns about comparative effectiveness studies being biased, or addressing the wrong populations. For example, what if a drug only worked on a certain type of people? And what if the study comparing its effectiveness didn't narrow it down to that group? Would the drug be determined to be less effective than another treatment?

Others suggest that by the time studies are done, a given drug or device might be outdated and replaced with something else. But there must be a way to account for these types of concerns in the design of an organization. It stretches belief to think that patients in the United States should continue to get health care without anyone really knowing what treatments work better than other treatments. We can do more to supply providers with updated research and information so they can provide the best care possible. Ultimately, I think that before we will see widespread adoption of electronic health records we will need to reform our payment structures to reward providing high quality care. Today's system merely rewards providers for more care, not better care. Until quality care is explicitly built into the business model and made part of the bottom line, then quality care will continue to get a lot of lip service but not as much action as it really needs. Of course, I'm talking about value-based purchasing, and I am looking forward to a future hearing on delivery system reform where we will explore the issue further.