

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

December 28, 2010

Michael Maves, MD
American Medical Association
515 North State Street
Chicago, IL 60654

Dear Dr. Maves:

In 2011, state medical societies will play an increasingly important role in advocating for members and their patients as states work toward the digitization of patient care at the local level. We urge the American Medical Association to encourage state medical societies to look beyond issues associated with the implementation of Health Information Technology (HIT) and e-prescribing (eRx) technologies and more toward proactive measures to prevent commercial exploitation of technology in the future.

In Maryland, our members are concerned that without sufficient oversight of HIT and eRx, insurance companies and government payers may manipulate HIT to influence and control decisions about patient treatment. During our annual House of Delegates meeting in September, MedChi, the Maryland State Medical Society, became the first state medical society in the nation to pass a resolution calling for state-level legislation to ensure that all HIT, EMR and eRx systems adhere to the following principles:

- Physicians must retain ultimate responsibility for treatment decisions regarding all aspects of patient care;
- Electronic medical record systems should be provided through a neutral and open platform that does not advance the commercial interests of any particular participant (e.g., health insurers, hospitals, pharmaceutical benefits managers, pharmaceutical companies);
- Electronic medical record systems must allow for submission and approval of prior authorization requests electronically; criteria for approval or denial of medical services must be transparent and immediately available to the health care provider at point-of-service;
- Messages transmitted through electronic medical record systems must be sourced from evidence-based third-party or academically published research; information should not be selectively or competitively pushed to the physician and such distribution must not diminish a patient's right to appeal decisions; and
- Patient privacy must be preserved and protected.

In Maryland, we have been encouraging our members and other stakeholders, including other provider and patient advocacy groups, to write and meet with the Maryland Insurance Commissioner about the ongoing and increasing intrusion of health insurers into the patient-provider relationship. We have also urged the same stakeholders to share their experiences with Maryland's Health Care Reform Coordinating Council so the workgroups charged with developing plans to implement federal health reform at the local level can factor these concerns into their decisions.

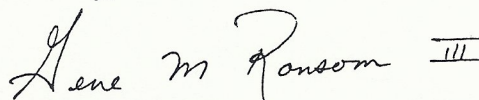
The AMA's recent national survey on prior authorizations reminds us that all states will face similar issues in 2011. As stated in the AMA's recent press release, "Preauthorization policies deliver costly bureaucratic hassles that take time from patient care. Physicians spend 20 hours per week on average just dealing with preauthorizations. Studies show that navigating the managed care maze costs physicians \$23.2 to \$31 billion a year."

We urge the AMA to 1) ask insurers to automate their pre-approval processes; 2) take measures to prevent insurers from leveraging technology to restrict access or advance commercial interests; and, 3) request patient protections be put in place for HIT and eRx.

As such, we will be bringing forward MedChi's recent eRx resolution to the AMA's House of Delegates meeting in April, calling for the AMA to support legislation to ensure that all HIT, EMR and eRx systems protect the patient-physician relationship.

Health information technology offers many opportunities to improve quality and access-to-care and to reduce healthcare costs. These promises will never be realized if third parties are allowed to leverage this technology to interfere with decisions about individual patient care. As HIT and e-prescribing are widely adopted, we have the opportunity to clearly define boundaries around patients and their providers, reinstating providers as the primary decision-makers for their patients' health needs.

Sincerely,

A handwritten signature in cursive script that reads "Gene M. Ransom III". The signature is written in dark ink and is positioned above the typed name.

Gene M. Ransom III
Chief Executive Officer
MedChi, The Maryland State Medical Society