



**A coalition of 12 Medical Societies Representing more than
160,000 Specialty Physicians in the United States.**

For More Information Please Contact:

Ryan Erenhouse
ryan_erenhouse@dc.sba.com
(202) 367-1265

July 14, 2003

The Honorable Judd Gregg
Chairman
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

Dear Chairman Gregg:

Thank you for sharing with us the June 27, 2003, draft of the new Patient Safety and Quality Improvement Act. The Alliance of Specialty Medicine, a coalition of 12 medical organizations representing over 160,000 specialty care physicians in the United States, appreciates this opportunity to submit our comments on the draft legislation.

Specialist physicians strive to provide the best medical care to their patients. As in all other professions, however, errors can occur in the delivery of that care. Creating a health care environment that encourages the development of safety systems and eliminates the culture of blame is essential for improving patient safety. This draft legislation helps to ensure that patient safety data is privileged and confidential.

Voluntary sharing of information promotes and is often a prerequisite to improvements in health care quality at all levels of our complex, interconnected health care delivery system. This draft bill appropriately provides for voluntary, non-identifiable reporting of patient safety data. The sharing of this information may enable qualified researchers to identify specific techniques and processes of care to improve outcomes. To encourage such information exchange, your draft provides appropriate legal protections for health care providers that disclose medical errors.

There are a couple sections of the draft that we believe warrant further clarification. In the section on disclosure not subject to protection, "use or disclosure by a provider or patient safety organization in connection with providing treatment, improving patient safety, health care quality or administrative efficiency, or any other customary activity of the provider or use in obtaining payment" appears rather broad. We understand that this provision is intended to allow for the customary operation of the

healthcare system, so that health care providers may use patient safety information for treatment and internal uses without giving up privilege. However, if patient safety information is used by a health care provider to improve patient care AND the same information is reported to a patient safety organization, the legal protection otherwise afforded to the reporting provider may be questioned.

Under the same section, it is stated that an accrediting body shall not require a provider to report patient safety data as a condition of accreditation. We have some concern over how this may impact the quality improvement survey of health care organizations. If patient safety information is given to an accreditor, the provider of the data should not lose its privilege. Accreditation bodies voluntarily collect sentinel event information for the purpose of improving the quality of health care, this function should not be impeded nor singled out.

Again, we are pleased with how the draft legislation creates a non-punitive environment for reporting adverse outcomes, and includes adequate legal protections for the providers who supply voluntarily such information to patient safety organizations.

We hope this information is helpful to you. The Alliance of Specialty Medicine, whose mission is to improve access to quality medical care for all Americans through the unified voice of specialty physicians promoting sound federal policy, stands ready to assist you on this and other important health care policy issues facing our nation.

Sincerely,

American Academy of Dermatology Association
American Association of Neurological Surgeons/ Congress of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Emergency Physicians
American College of Radiology
American Gastroenterological Association
American Society for Clinical Pathology
American Society of Cataract and Refractive Surgery
American Urological Association
National Association of Spine Specialists
Society of Thoracic Surgeons