



EMORY
UNIVERSITY

Jonathan S. Lewin, M.D., F.A.C.R.

Executive Vice President for Health Affairs

Executive Director, Woodruff Health Sciences Center

President, CEO, and Chairman of the Board, Emory Healthcare

January 4, 2017

The Honorable Tom Price
1211 Longworth House Office Building
Washington, DC 20515-1006

Dear Congressman Price,

On behalf of Emory University and the Woodruff Health Sciences Center, one of our nation's top academic health centers, I congratulate and thank you on the leadership and service you provide for our country and the state of Georgia as the 115th Congress commences. I write today to offer our support and expertise on key policy priorities. We look forward to working with you on each of them. The Woodruff Health Sciences Center includes the Emory School of Medicine, the Rollins School of Public Health, the Nell Hodgson Woodruff School of Nursing, the Yerkes National Primate Research Center, and Emory Healthcare – Georgia's most comprehensive health care system.

Emory and academic health centers (AHCs) across the country are community anchors. We care for the most vulnerable and complex, train the next generation of clinicians and researchers, drive innovation, and catalyze economic growth. Emory is the second largest employer in metropolitan Atlanta. The Woodruff Health Sciences Center was awarded over \$540 million in research funding for FY16, including over \$322 million from the National Institutes of Health. The Woodruff Health Sciences Center employs approximately 25,000 full and part-time employees and provides approximately \$9 billion in economic impact for the state of Georgia each year.

We are also a critical community asset, not just for Atlanta and Georgia, but for our global community as well. For example, we fight, prevent, and cure highly infectious diseases such as Ebola, Zika, and HIV, through exceptional care and discovery. As evidenced in our ability to respond to Ebola in 2014, we are integral to national preparedness, and timely emergency response to natural disaster and mass casualty situations. Our community service continues outside extraordinary times through a commitment to charity and care of the most medically complex and underserved patients. Indeed, over the past several years, Emory has provided \$400M or more each year in community benefit and charity care. In



summary, we are dedicated to providing and improving the health and well-being of all of our communities. Thus, we offer our support and expertise to help you in your deliberations to ensure that we, and AHCs across the country, can continue to deliver on our missions and commitment.

While the list below does not include all of our policy goals, we appreciate your attention to these priorities in particular:

1. Engage on changes to the health care system

As the prospect of repealing the Affordable Care Act (ACA) moves closer to a reality, it is vitally important that Emory engage with you, as our sister AHCs should engage with their respective delegations, to review and assess consequences of repeal, as well as the critical timing and components that replacement legislation must address. Changes to the ACA will not only have significant impacts upon Emory and our sister AHCs, but to all citizens and health systems in Georgia and across the country. We are confident that an opportunity to discuss ACA repeal and replacement issues with you will be helpful, not just to minimize any negative consequences of repeal, but also to ensure that replacement legislations will support our continued success in advancing our three-part missions of patient care, education, and research to improve the lives of Georgians and citizens of the US and around the world.

2. Enhance Graduate Medical Education (GME)

As you know, our teaching hospitals educate the next generation of physicians through essential GME programs. In the face of an impending physician shortage, both in primary and specialty care, we and many other leading AHCs are using our own resources to train medical residents above the Medicare resident funding cap. Please consider increasing this cap, and enhancing the GME program. Cuts to GME funding jeopardize the ability of our medical schools and teaching hospitals to train physicians, nurses, and other health care providers, as well as limit critical services to our patients.

3. Invest in health care infrastructure

We commend Congress for its repeated declarations of support for investing in our nation's infrastructure, including the health care sector. We urge you to include targeted investment in health and biomedical research in any infrastructure package in order to save lives. Investment in these areas is critical to America's economic vitality, to our international leadership in healthcare delivery and discovery, and to our rural and urban AHCs alike. Specifically, we recommend investments in:

a. Biomedical research

Researchers at Emory and our sister AHC institutions are at the leading edge of biomedical science, advancing cures, engineering new diagnostics and devices and developing novel therapies to save and improve the quality of human life. We commend the 114th Congress on passage of the 21st Century Cures Act. Those efforts, while laudatory, cannot represent a one-time commitment. It is critically

important Congress remain committed to steady and sustainable increases in research funding, trainee support, and potentially ground breaking projects such as the Precision Medicine Initiative.

b. Hospital preparedness

Provide the necessary authority and funding for the Hospital Preparedness Program. Sustainable funding is critical to ensure our hospitals are prepared in advance of the next epidemic, possess the necessary resources, which at times can be considerable, and are ready to answer the call when needed to treat the individuals we are asked to provide care for during public health emergencies, such Ebola, Zika and other pandemic threats.

c. Telehealth infrastructure

Authorize additional mechanisms to promote telehealth and further incent stakeholder investment in a truly interoperable health care delivery system.

d. Workforce investment

Our hospitals provide good-paying jobs across the economic spectrum: from janitors to administrators, lab technicians to nurses, and facilities maintenance to medical professionals. Our community and country benefit greatly from these jobs, as well as the services they provide. Our ability to continue to serve this economic role relies on a steady, reliable partnership with the federal government.

4. Reform regulatory processes

We are deeply appreciative of the progress made in the 21st Century Cures Act to address the regulatory burden on our researchers. Studies show that 42% of a researcher's time is spent on administrative work, much of which is redundant. We look forward to continuing to work with you to tackle this problem by streamlining administrative requirements for scientists and recipients of research grants, such as effort reporting. By breaking down barriers that get in the way of medical progress, together we can help ensure that our country's innovators are able to focus on achieving the lifesaving breakthroughs that so many patients and families are hoping to see.

5. Improve quality measures for hospitals

We look forward to working with you to overhaul the Hospital Compare Star Ratings program being advanced by the Centers for Medicare and Medicaid Services. Ratings of this type offer an incomplete picture of hospital performance and use a flawed methodology which disproportionately penalizes major teaching hospitals treating poorer and sicker patients. We encourage Congress to deliver the message to the next administration that Hospital Compare Star Ratings should be suspended until they can demonstrate that they are valid and properly risk-adjusted. We share your concern that if the Star Ratings methodology is unreliable, it is of no use to consumers, could be confusing and/or misleading, and may cause harm.

6. Promote health care delivery innovation

Emory and our broader community of AHCs value the opportunity to innovate. We represent a wide variety of providers with a diverse patient population, and we recognize that there is no one solution to the challenging health care issues confronting us. We are committed to working with the next Administration and Congress on continued progress towards achieving value-based payment. Emory and other AHC institutions have invested considerable time, energy, and resources in advanced payment reforms. We represent some of the earliest volunteer adopters of payment bundles, accountable care organization models and other shared risk mechanisms designed to drive quality, reduce cost, and provide efficient care. As part of our core values, we are committed to seeking continued improvement and the delivery of the highest quality patient care. For example, we encourage you to consider the benefits and opportunities of the Center for Medicare and Medicaid Innovation (CMMI), a program that allows Emory, Georgia, and other states and health systems to innovate in care delivery and cost control.

7. Advance chronic care coordination

A new study published in the Journal of the American Medical Association confirms that chronic diseases, including diabetes, heart disease, and back and neck pain, are a significant driver of health spending. We have appreciated Senator Isakson's work to advance chronic care legislation and pleased to continue as a resource and supporter of the effort to advance this important legislation.

Thank you for your consideration of these issues. We look forward to working with you, and welcome the opportunity to sit down with you and your staff to discuss these and any additional issues you may be considering soon.

Sincerely,



Jonathan S. Lewin, MD
Executive Vice President for Health Affairs, Emory University
Executive Director, Woodruff Health Sciences Center
President, CEO and Chairman of the Board, Emory Healthcare