

June 29, 2010

The Honorable Max Baucus
Chairman, Senate Finance Committee
United States Senate
Washington, DC 20510

Dear Chairman Baucus:

As representatives of consumers, patients, employers, clinicians, health plans, and other health care providers, we write in strong support of the nomination of Don Berwick, M.D., to the position of Administrator of the Centers for Medicare and Medicaid Services (CMS). We urge Congress to act quickly to confirm Dr. Berwick to this important position.

Congress took a major step forward this year in helping to close the “quality chasm” through the passage of the Patient Protection and Affordable Care Act (ACA). The ACA charges CMS with leading the transformation of the health care delivery system through the creation of new Medicare and Medicaid payment models, new demonstration and pilot projects, the establishment of the Center for Medicare and Medicaid Innovation, and other important initiatives.

These new tools will more closely link payment to the quality outcomes patients and providers seek – thereby helping to ensure greater value for the health care dollar. Dr. Berwick’s proven experience in leading health care delivery system transformations makes him uniquely suited for the CMS Administrator’s role in implementing the ACA.

Dr. Berwick is also one of the nation's leading authorities on health care quality and improvement. He has dedicated his professional career to closing what the Institute of Medicine has called the “quality chasm”; that is, the enormous gap between the health care we have and the health care we should have.

As President of the Institute for Healthcare Improvement (IHI), he led the successful *100,000 Lives Campaign* that dramatically reduced preventable mortality in American health care. Under his leadership, IHI recruited and partnered with more than 3,000 hospitals across the country to adopt and implement proven best practices to reducing unnecessary death. In 18 short months, an estimated 122,300 lives were saved.

Building on this success, he launched the *Protecting 5 Million Lives From Harm* campaign to reduce preventable harm from surgical complications, MRSA infections, pressure ulcers and other avoidable risks. These groundbreaking initiatives are the hallmark of Dr. Berwick’s work and the type of innovative leadership CMS needs.

Unfortunately, some of Dr. Berwick’s speeches and writings have been quoted in ways that misrepresent his beliefs. Specifically, it has been suggested that Dr. Berwick is an

advocate of health care rationing and that he in some way supports the government making health care decisions that should be made by patients and their doctors.

This misrepresentation does a disservice to Dr. Berwick who has a long history as a leader in promoting patient-centered care. Dr. Berwick has consistently prioritized patients' needs and preferences not only through his best practice initiatives, but also by teaching health professionals how to put patients at the center of health care decision-making through IHI's health professions training work. In short, Dr. Berwick's commitment to patient-centered care is about putting control of health care decisions in the hands of informed patients and their families, working in partnership with their physicians. This vision makes Dr. Berwick exactly the right person to lead CMS at this critical time.

We are not alone in our assessment. Health care leaders from across the political spectrum agree. Dr. Berwick's nomination has been hailed by physician and hospital leaders, patient advocates, and a wide range of thought leaders. As former CMS Administrator under President George W. Bush, Thomas Scully, has said, "You're not going to do any better."

Dr. Berwick is the right leader, at the right time, to make health care reform work for patients and their families. The time for distractions and misleading rhetoric has passed. We urge you to confirm Dr. Berwick.

Sincerely,

Businesses

Buyers Health Care Action Group; Group Insurance Commission, Commonwealth of MA; Health Action Council Ohio; HealthCare 21 Business Coalition; HEREIU Welfare Fund; Midwest Business Group on Health; National Business Coalition on Health; National Business Group on Health; New Jersey Health Care Quality Institute; New York Business Group on Health; Pacific Business Group on Health (PBGH); Puget Sound Health Alliance; St. Louis Area Business Health Coalition; The Alliance; Wal-mart Stores Inc.

Clinicians

American Academy of Family Physicians (AAFP); American Academy of Nursing; American Academy of Pediatrics (AAP); American Association of Homes & Services for the Aging (AAHSA); American Board of Internal Medicine (ABIM)/American Board of Internal Medicine Foundation (ABIMF); American Board of Medical Specialties (ABMS); American College of Cardiology (ACC); American College of Physicians; American Geriatrics Society; American Osteopathic Association (AOA); American Society of Consultant Pharmacists; Doctors for America; National Association of Social Workers; PHI – Quality Care through Quality Jobs

Plans

Alliance of Community Health Plans; Capital District Physicians' Health Plan (CDPHP); Capital Health Plan; CareOregon; Emblem Health; Fallon Community Health Plan; Group Health Cooperative; HealthPartners; Independent Health Association; Kaiser Foundation Health Plan; Martin's Point Health Care; Presbyterian Health Plan; Security Health Plan; Tufts Health Plan; UCare

Consumers/Patients

AFL-CIO; AFSCME; Alliance for Retired Americans; Alzheimer's Association; American Association of People with Disabilities; American Hospice Foundation; Asian and Pacific Islander American Health Forum; Caring From a Distance (CFAD); Center for Medical Consumers; Center for Medicare Advocacy, Inc.; Coalition of Wisconsin Aging Groups (CWAG); Community Catalyst; Consumer Coalition for Quality Health Care; Consumers Advancing Patient Safety (CAPS); Consumers for Affordable Health Care Foundation; Consumers Union; Empowered Patient Coalition; Department for Professional Employees, AFL-CIO; Families USA; Health Care for All; Healthwise; Informed Patient Institute; Maine Center for Economic Policy; Maine Council of Senior Citizens-Alliance for Retired Americans; Medicare Rights Center; MomsRising; Mothers Against Medical Error; National Alliance for Caregiving; National Asian Pacific Center on Aging (NAPCA); National Center on Caregiving, Family Caregiver Alliance; National Coalition for Cancer Survivorship; National Committee to Preserve and Protect Social Security and Medicare; National Council on Aging; National Family Caregivers Association; National Health Law Program (NHeLP); National PACE Association; National Partnership for Women & Families; National Patient Safety Foundation; North Carolina Justice Center; OWL - The Voice of Midlife and Older Women; People for the American Way; Service Employees International Union (SEIU); The Leadership Conference on Civil and Human Rights; The National Consumer Voice for Quality Long-Term Care; UHCAN Ohio; Well Spouse Association