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Congress of the United States
House of Representatives
Washington, DC 20515

May 13, 2009

Rahm Emanuel
Chief of Staff
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20016

Dear Mr. Emanuel:

Good seeing you this morning. In follow-up to our conversation on healthcare reform, I've outlined below just a few areas we touched on. It is my belief that we can find savings in the system ten to twenty times more than what is currently being proposed. In doing so, we could effect change in the healthcare system that would save billions of wasted dollars, but more importantly, we will save lives and improve the delivery of healthcare for all Americans. For example:

- Establish Standards of Clinical Excellence developed by clinicians, university researchers and healthcare providers for doctors to reference in determining delivery of care for patients. The wide variability nationwide in treatments and medication use is often below clinical efficacy. This accounts for billions in wasted dollars. Standards of Clinical Excellence would be updated regularly and be part of what doctors can easily access in an "intelligent" electronic medical records and could be applied as models of care, but doctors would have the authority to tailor the treatment to the unique needs of the patients.
- Allow doctors and specialty care practitioners to volunteer their time at Community Health Centers and be covered under the Federal Torts Claims Act. In addition, nurse practitioners or doctors at Centers can provide the after-hours urgent care to keep non-emergencies out of emergency rooms. Addressing workforce shortage and giving patients options for treatment for non-emergencies at Community Health Centers will provide for savings in the billions and direct access for millions who can use the centers as their health care home.
- Require pharmacy review for any patient on certain classes of drugs or on multiple drugs. Purpose: avoid pharmacy errors and preventable complications. Medicare and Medicaid could pay just \$5.00 for a pharmacist review and save billions in medication errors.

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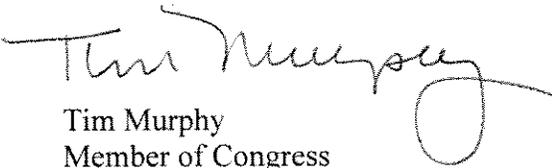
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- Establish standards for disease management for the top five chronic diseases (heart disease, cancer, stroke, chronic obstructive pulmonary disease and diabetes) that account for 75% of health care dollars and diseases that are often mismanaged. Medicare and Medicaid should be required to pay for some level of management for defined types of cases.
- Require transparency for identifiable problems such as hospital-acquired infections. And reward hospitals with good records. The mean total hospital charge for patients with a hospital-acquired infection was \$191,872, while the mean for those patients without such infections was \$35,168. The median total hospital charge for patients with a hospital-acquired infection was \$87,655, while the median for those patients without such infections was \$19,748.
- Initiate a “blue ribbon” non-political review of Medicare and Medicaid in to identify every single bureaucratic barrier and inefficiency in Medicare and Medicaid. Identifying and fixing these inefficiencies would allow more money to be dedicated to improved care, not simply payment for services rendered.

These are just a few areas that we can review. I look forward to meeting to discuss further as we work together on meaningful healthcare reforms. Please have your appropriate staff member contact my Chief of Staff, Susan Mosychuk, at (202) 225-2301 at your earliest convenience to arrange.

Sincerely,



Tim Murphy
Member of Congress