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To the Editor:

We at Johns Hopkins believe it is extremely important to make progress on health care reform in the current Congress. We agree with the Sun ("Unhealthy Compromise," editorial, Aug. 3) that "we shouldn't let the perfect be the enemy of the good." But let's make sure that reform is at least "good."

The editorial suggested that – in order to eliminate incentives to perform unnecessary tests and procedures – we model our health care system on hospitals, such as the Mayo and Cleveland clinics, that pay doctors flat salaries rather than compensation based on services provided. Johns Hopkins doctors are also largely paid based on a salary. However, it is not simply the compensation model that will drive change.

Indeed, even under a salary model, provider organizations are still paid by insurance companies on a fee-for-service, encounter-based basis. Reform must be founded on changes to the way insurers pay -- and thereby incent -- physician behavior. New payment models that are no longer tied to fee for service but are associated with outcomes and value are essential to truly achieve improved quality at reduced costs.

Significant reform can and should go forward. We know that there are savings to be realized through health information technology that would simplify insurance submissions and make patient records easily available to all providers. Recent research shows that money can be saved – and outcomes improved – through adoption of quality improvement measures as simple as a checklist.

Ultimately, policy decisions should be focused and fully researched. We strongly endorse a study of the causes of geographic variations in care. We urge Congress and the president to wait until these causes are fully understood before enacting policies based on geographic cost variations that might have a serious negative impact on the provision of health care in regions such as Baltimore and some rural areas of Maryland, where health care costs can be impacted by the presence of large numbers of lower income residents.

No matter what bill emerges from Congress this year, we encourage legislators to authorize demonstration projects that test such new alternatives to the traditional system including capitation, shared risk, and global payment models.

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