

An open letter to Congress: September 2009

To All Members of Congress:

ON BEHALF OF THE UNDERSIGNED LEADERS OF ACADEMIC MEDICINE we commend your ongoing effort to craft comprehensive health care reform. Being on the front lines, we see the toll that living without health insurance, and therefore without reasonable access to health care, takes on the lives of so many people. Knowing that we will be on the front lines implementing your efforts, we feel compelled to wade into the debate.

Of particular concern is the idea that geographical disparities in Medicare spending are an indicator of efficiency or quality as described in the Dartmouth Atlas of Health Care. Some have seized on these findings to suggest that lower-cost areas are more efficient than higher-cost areas and therefore resources should be reallocated to impose discipline on the higher-cost areas.

As health care leaders with decades of experience, we disagree with such simplistic conclusions. Variations in a number of key factors such as income and education level, employment history, insurance or access to care, and average age are not given appropriate consideration.

Also missing from this debate is any consideration of the additional costs and tremendous societal benefits inherent in academic medical centers (AMCs). AMCs pioneer cutting-edge treatments and breakthroughs—which can initially cost more to provide than existing treatments. Any arbitrary attempt to reduce Medicare spending in higher-cost areas without a more careful examination of why those costs are higher runs the risk of stifling innovation and threatening future health care advances.

For these reasons, we urge Congress to explore and understand *why* regional differences exist before arbitrarily ending them. An ill-advised policy change would create more problems for the very people—the sickest and most vulnerable patients—that health care reform is trying to help.

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