Ensuring Patient Safety Through Evidence-Based Medicine

Speaker Biographies

Representative Ami Bera, M.D. (D-CA)

Congressman Ami Bera represents California’s 7th Congressional District in the U.S. House of Representatives. A first-generation American born and raised in California, Bera is guided by a desire to serve his community. It’s that commitment to service that led him to become a doctor and later run for Congress.

During Congressman Bera’s twenty-year medical career, he worked to improve the availability, quality, and affordability of healthcare. After graduating from medical school in 1991, he did his residency in internal medicine at California Pacific Medical Center, eventually becoming chief resident. He went on to practice medicine in the Sacramento area, serving in various leadership roles for MedClinic Medical Group. Chief among his contributions was improving the clinical efficiency of the practice. He then served as medical director of care management for Mercy Healthcare, where he developed and implemented a comprehensive care strategy for the seven-hospital system.

In Congress, Bera uses the skills he learned as a doctor to put people ahead of politics to move our country forward. His priority is to work alongside people in both parties to address our nation’s most pressing challenges and make government work. Bera is the former Co-Chair of the Congressional Problem Solvers Caucus, the only bipartisan group of its kind in Washington, where both Republicans and Democrats can find common ground on the crucial challenges we all face. By working with people in both parties, he’s helped secure important achievements such as the 21st Century Health Care for Heroes Act to modernize and streamline health care for veterans and to reduce the VA backlog.

Congressman Bera is also a member of the New Democrat Coalition, a group of legislators dedicated to maintaining America’s standing as the world’s strongest, most successful nation. His work with the New Dems is focused on finding ways to foster and harness American creativity and ingenuity so that it leads to new American jobs, greater economic prosperity, and a safer and more secure future for our country.

Congressman Bera is the longest-serving Indian American currently serving in Congress. He has lived in Elk Grove, California for 20 years with his wife Janine, who is also a medical doctor. They are proud parents to their daughter, Sydra.
David Kendall  
Senior Fellow for Health and Fiscal Policy  
Third Way

As a Hill staffer in the early 1990’s, Dave crafted health care reform legislation known as managed competition. While health reform under President Clinton failed, that legislation formed the essential architecture for President Obama’s successful effort 15 years later. As such, Dave understands that public policy requires talent and patience.

Dave leads Third Way’s health policy work with a focus on fiscal impact. As part of this work, he is creating a fresh approach to restraining health care costs. This approach combines traditional and behavioral economics to create new policy tools that anticipate the potential irrationality.

Dave creates new policy ideas, develops communications strategies to win support for them, and builds political alliances that can lead to their enactment. Dave also works to achieve universal coverage by building on the success of the Affordable Care Act. He has helped in the fight against repealing the landmark legislation and works on new ways to ensure that every American has affordable coverage and access to quality care.

Prior to working on Capitol Hill for Congressmen Michael Andrews and James R. Jones, Dave studied public affairs at the University of Chicago. He has achieved a unique work-life balance by living in Montana with his wife and two sons while commuting regularly to Washington, DC.
Ensuring Patient Safety Through Evidence-Based Medicine

This luncheon briefing highlights how evidence-based medicine, as adopted through clinical practice guidelines, promises to improve quality of care, value, and patient safety. Experts will explain how steady, systemic improvement in clinical standards of care, based on the best research, improves our health system. Bipartisan legislation that incentivizes development, promulgation, and integration into medical practice will be discussed.

Speakers:

Representative Ami Bera, M.D. (D-CA)
Mary Grealy, President, Healthcare Leadership Council
Dave Kendall, Senior Fellow for Health and Fiscal Policy, Third Way

Tuesday, July 17
Noon - 1:00 p.m.
Rayburn HOB Room 2226
(Lunch will be served)

Please share with any interested parties and R.S.V.P. to Megan Lydon at commintern@hlc.org
February 13, 2017

The Honorable Andy Barr
The Honorable Henry Cuellar
1427 Longworth House Office Building 2209 Rayburn House Office Building
Washington, D.C. 20515 Washington, D.C. 20515

Dear Representative Barr and Cuellar:

The Healthcare Leadership Council (HLC), a coalition of chief executives from all disciplines of the American healthcare system, strongly supports the “Saving Lives, Saving Costs Act.” We appreciate your bipartisan cooperation for the advancement of common-sense, scientifically grounded medicine.

This legislation promotes the development, dissemination, and maintenance of evidence-based clinical practice guidelines and encourages providers’ adherence to those guidelines by establishing reasonable safe harbors in any related liability claims.

HLC advocates continuous quality improvement in our health system. This depends in part on guidance from evidence-based medicine. While medicine is both an art and a science, some of the variation in medical practice may put some patients at heightened risk and contribute to unnecessary procedures or tests. Clinical practices that lack a sound evidentiary basis also add to healthcare costs.

Likewise, the chances of liability lawsuits drive most medical professionals to practice defensive medicine, ordering medically unnecessary tests, diagnostics, and procedures. This is understandable given that three out of every four doctors are likely to be named in a liability suit, and tort litigation will loom for 51 months of the average physician’s career.


The Healthcare Leadership Council commends the “Saving Lives, Saving Costs Act” and appreciates your leadership with this forward-thinking measure. This bill offers a tangible solution in a manner that deserves broad, bipartisan support.

Sincerely,

Mary R. Grealy
President
May 8, 2017

The Honorable Andy Barr
1427 Longworth HOB
Washington, D.C. 20515

The Honorable Henry Cuellar
2209 Rayburn HOB
Washington, D.C. 20515

Dear Representatives Barr and Cuellar:

Third Way is pleased to support the Saving Lives, Saving Costs Act. We believe it is a critical step in reducing the cost of defensive medicine and moving the health care payment system away from fee-for-service to pay-for-value.

The Saving Lives, Saving Costs Act would support doctors and other clinicians who use evidence-based practice guidelines in delivering care. Practice guidelines help clinicians provide the best care for each patient based on the most current research. They take complex and extensive research findings and turn them into actionable knowledge. They help end wasteful care that is outmoded and might not have been necessary in the first place.

The Saving Lives, Saving Costs Act would help protect clinicians from lawsuits when they use practice guidelines. Today, clinicians sometimes provide unnecessary care to protect themselves in the event of a lawsuit, which is known as defensive medicine. The Savings Lives, Saving Costs Act would establish independent medical panels to advise federal courts about whether clinicians have used federally recognized practice guidelines appropriately and whether a failure to use them probably caused a patient's injury. If the courts relied consistently on clear standards for medical practice, then clinicians would be less concerned about being sued unfairly and could reduce defensive medicine. Independent medical panels would also give injured patients access to a faster review of medical evidence than under the current legal process.

It is important to note that a broader set of policy changes involved in shifting from fee-for-service to pay-for-value payments will also help reduce defensive medicine. Clinicians have stronger incentives to eliminate unnecessary care under pay-for-value because they can no longer bill the extra costs of defensive medicine to health insurers. But unless medical lawsuits are
adjudicated without the expectation of defensive medicine, clinicians will face conflicting incentives under pay-for-value. The legal system will push them towards defensive medicine, and the payment system will push them away from it. Congress should align clinicians' legal imperatives with their economic incentives.

Third Way looks forward to working with your offices in support of the Saving Lives, Saving Costs Act.

Sincerely,

David Kendall
Senior Fellow for Health and Fiscal Policy