



**May 21, 2013**

Chairman Camp, Chairman Brady and committee members,

Greenway Medical supports almost 14,000 primary care and specialty providers nationwide through an integrated healthcare information technology and business services platform.

These provider-customers are currently embracing an array of care coordination programs based on quality and value over episodic or procedural care. As you have repeatedly heard in direct testimony, this approach toward a preventive, evidence-based and truly sustainable delivery system is the ultimate goal of the committee's initiative to repeal the Sustainable Growth Rate (SGR), enact payment stability away from Medicare Fee-For-Service and continue to improve value-based medicine initiatives.

Greenway's mission is to provide caregivers with data exchange, reporting and analysis solutions as the foundation for standardizing the metrics and measurements of reportable care coordination.

Providers utilizing these solutions - along with those of patient engagement, clinical decision support, revenue cycle management and more – are currently practicing within CMS Shared Savings (MSSP), patient-centered medical home (PCMH), meaningful use, PQRS, e-prescribing and various private payer accountable care programs.

Through our close collaborations with providers to fulfill their delivery needs through our platform, we have seen first-hand their uncertainty concerning current and future payment landscapes and how to reconcile changes with a long-term commitment to technology deployments that can deliver usable functions keeping pace with the future.

We applaud and urge Congress success in establishing a definable future within the Medicare structure that can continue to be a foundation for public and private care models within a system further stretched as approximately 10,000 Americans become Medicare-eligible on a daily basis.

Currently shouldering 21 percent of national healthcare expenditures, Medicare is the critical mass driver that can shape a smarter healthcare system and a behavioral change among our nation's providers. Of the many programmatic proposals in a post-SGR/FFS horizon, Greenway supports the spirit and the details put forth in the Bipartisan Policy Center's April, 2013 report, [Bipartisan Rx for Patient-Centered Care and System-Wide Cost Containment](#).

Within it, for example, BPC outlines a Medicare Network approach that would strengthen MSSPs in part by allowing providers the freedom to adopt different care models within a given network and by sharing savings with beneficiaries to engage patients, both as tenets not currently available within MSSPs.

In line with a system-wide recipe for change, Greenway also supports continued investigations of how all metrics and programs underway within the umbrella of care coordination initiatives can be harmonized toward increasingly national standards.

Greater harmonization of clinical quality measures (CQMs), for example, and reporting requirements across care coordination and incentive programs would reduce the burden on care providers challenged with complying with multiple programs. That harmonization can merge with the introduction of the payment stability advances the committee is undertaking to align what is measured, how it is reported and how it is paid for.

Additionally, this harmonization of programs can also address the sources of newly aligned and measurable data metrics such as data from claims, patient charts or that being pulled from electronic health records, as another means to address any alignment within reporting or registry architecture.

The healthcare information technology industry itself is continuing to advance its own collaborative marketplace standards to further aid caregivers in the pursuit of a streamlined and community-based approach to patient care, aided by interoperable technology standards and secure, actionable data.

Collaborations such as the CommonWell Health Alliance, the Electronic Health Record Association (EHRA) and longstanding memberships within the Healthcare Information Management & Systems Society (HIMSS), are a few examples of technology provider organizations that regularly work with CMS and the Office of the National Coordinator for Health Information Technology (ONC) on standards and certifications directly in line with delivery and payment advances. Greenway's additional membership within the Bipartisan Policy Center referenced above is a further example of technology partners understanding the mutual benefits of the collaborative approach to policy.

Together, and with the continued unfettered ability to provide innovative health IT platforms, the greater movement toward national care coordination built from shared, risk-based or quality payment structures further harmonized through programmatic and measurable means, will benefit our nation's physical and economic health.

Thank you and Greenway stands ready to provide any assistance needed throughout this oversight process.

Sincerely,

A handwritten signature in black ink, appearing to read 'JTB', with a large, stylized flourish that loops around the letters.

Justin T. Barnes  
Vice President, Industry & Government Affairs  
Greenway Medical Technologies, Inc.