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John C. Lewin, M.D.

July 3, 2007

The Honorable Debbie Stabenow  
133 Hart Senate Office Building  
Washington, D.C. 20510

Dear Senator Stabenow,

On behalf of the 34,000 members of the American College of Cardiology (ACC), I am writing to express support for your legislation, the Health Information Technology Act of 2007 (S. 1408).

Studies show that the use of health information technology (HIT) would save the nation billions of dollars each year and have a positive impact on patient safety and quality. Yet by current estimates, only a quarter of the nation's physicians use HIT, and only approximately 10 percent use HIT in a more comprehensive manner. It is clear that in this era of declining reimbursement and the lack of uniform standards, physician practices – particularly small practices - are reluctant to make the commitment to adopting HIT considering the large cost burden and little immediate return on investment.

Federal financial assistance, such as the strong investment provided by your legislation, is critically necessary to jumpstart physicians' acquisition and implementation of HIT.

My practice in Illinois is one of the early adopters of HIT. We use electronic medical records that are integrated with a quality improvement tool that helps physicians adhere to quality metrics. Using the tool, we can monitor and adjust medications, thus decreasing the chances for prescribing error. We can easily access laboratory and test results, which helps reduce the duplication of tests and studies. Another important feature is patient instructions for smoking cessation, diet and exercise therapy. If the patient has not received this information, the electronic quality improvement tool alerts the physician and staff that this information needs to be provided. It also allows physicians to evaluate their performance regarding adherence to guidelines and performance measures and to compare their performance with other physicians in the practice and, eventually, with national benchmarks.



Moving to a fully interoperable, nationwide health information infrastructure will require a significant commitment from the federal government and all sectors of the health care industry, but will result in a substantial benefit for quality, outcomes and patient safety. Thank you for your leadership on this important issue. If the ACC can be of assistance, please contact Jennifer Brunelle on the ACC Advocacy staff at [jbrunell@acc.org](mailto:jbrunell@acc.org) or (202) 375-6477.

Sincerely,



James Dove, M.D., F.A.C.C.  
President, American College of Cardiology

Cc Jack Lewin, M.D.  
CEO, American College of Cardiology