



January 7, 2009

Parag V. Mehta  
Office of the Public Liaison  
Presidential Transition Team

Dear Parag,

I want to thank you and the other members of the Transition Team for last evening's call. It was a superb forum to share our views as you formulate the Administration's HIV/AIDS policy. I want to share my perspective as a primary care physician, Senior Vice President at Maimonides Medical Center in Brooklyn, NY, and Board Chair of Housing Works. Specifically, I want to make explicit what is perhaps implicit in the broad range of laudable goals presented by the Transition Team, that is, the importance of developing an information technology infrastructure to support health information exchange. To be effective, this infrastructure must (1) provide access to clinical guidelines for practitioners, (2) permit sharing of clinical data among service providers to support care transitions, and (3) support a care management process to ensure that patients get the services they require.

First, the dissemination of evidence-based practice guidelines is critical to the care of persons living with HIV/AIDS. The science and practice of medicine are changing rapidly, and it is virtually impossible for an individual practitioner to maintain currency on all aspects of care without the support of real-time artificial intelligence based on clinical evidence. A standardized clinical data repository is essential to that end. It will enhance research efforts and facilitate their translation into the clinical arena. Moreover, the ability to process clinical data and subject the data to evidence based decision rules will enhance the quality and efficiency of care.

Persons living with HIV/AIDS require resources from a broad spectrum of service providers ranging from medical care (preventive, acute, and long-term) and counseling to social supports, job training, and housing. The provision of adequate actionable and timely patient information among these providers is critical to ensure the smooth transition of care through these systems.

Finally, there must be recognition of the importance of the care coordination process, itself, and a funding stream to support it. Navigating the health care system and accessing necessary social support programs requires extraordinary effort and sophistication - often beyond the scope of a single patient or provider. Yet it is precisely the management of care in this interstitial space among organizations where problems occur that result in needless morbidity and cost. Creating a health information exchange and devoting appropriate resources to care management will provide an infrastructure to tie together the component pieces necessary to achieve a coordinated strategy for HIV/AIDS. Moreover, it will provide a platform for the care of all patients with chronic disease.

I want to thank you again for this opportunity to share my views with the Transition Team and to applaud the process.

Sincerely,  
David I. Cohen, M.D., M.Sc.