

STAND FOR QUALITY

in Health Care

January 8, 2010

The Honorable Nancy Pelosi
Speaker of the House of Representatives
Washington, DC 20515

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, DC 20510

Re: Need for Strong Quality Provisions in Final Health Care Reform Legislation

Dear Madam Speaker and Majority Leader,

Stand for Quality, a coalition of more than 200 organizations focused on improving the quality and affordability of health care, commends you for your efforts and commitment to improve the health care quality for all Americans. We are encouraged that both the Affordable Health Care Act (HR 3962) and the Patient Protection and Affordable Health Care Act (HR 3590) include specific proposals for measuring and improving health care quality – key foundations to any meaningful health care delivery reform. The Stand for Quality coalition is pleased to support key quality provisions in both HR 3590 and HR 3962.

As you begin the work of crafting a final bill, the Stand for Quality Steering Committee recommends that final provisions pertaining to measuring and improving the quality of America's health care quality be comprehensive and sufficiently detailed to provide unambiguous guidance for their implementation. The final legislation must:

1. Provide for the development of national priorities and a strategy to improve care against those priorities;
2. Support the development of new quality performance measures where gaps exist to drive improved patient care;
3. Create a role for public-private partnerships to provide consultation on the use of performance measures in public reporting and payment programs;
4. Develop mechanisms to disseminate proven quality improvement systems and to train those implementing the improvements; and
5. Create nationally consistent strategies and approaches for necessary data collection, aggregation and reporting.

In general, we believe that the principles and practices listed above, and discussed more fully below, should be applied and specifically incorporated in all of the many provisions relating to the development, collection and public reporting of performance information for clinicians and providers. In addition, we believe that there needs to be focused attention to streamline and coordinate these various quality provisions in the bill and ensure that these provisions are subject to generally accepted safeguards.

We provide detailed comments and recommendations below to ensure that the final bill effectively reflects these premises. Key aspects that must be retained are summarized below, including, where applicable, recommendations for enhancement based on language in either the House or Senate bills.

(1) Provide for the development of national priorities and a strategy to improve care against those priorities.

It is critical that the final bill retain Sec. 3011 of the Senate bill (HR 3590), requiring the Secretary to establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health. In support of that effort, the Secretary shall collaborate, coordinate, and consult among others with key stakeholders as well as state agencies administering Medicaid and CHIP. The plan shall address coordination among relevant agencies; identify strategies to align public and private payers with regard to quality and patient safety efforts, and incorporate quality improvement and measurement in the strategic plan for health information technology required by the ARRA of 2009. By January 1, 2011 the Secretary will submit to Congress the national strategy and thereafter update it annually

(2) Support the development of new quality performance measures where gaps exist to drive improved patient care.

We support the provisions of Sec. 3013 of the Senate bill that directs the Secretary, in conjunction with AHRQ and CMS, and in consultation with key stakeholders to identify gaps in quality measures and needed improvement to current measures. The Secretary shall give priority to developing needed measures on health outcomes, functional status, coordination of care, efficiency, meaningful use of HIT, and other areas. The Secretary shall fund the development and improvement of the quality measures identified at \$75M for each FY 2010-2014.

Recommendations for Clarification: We strongly recommend that AHRQ be given the lead role on measure development, with the ability to distribute funds to CMS. Currently, AHRQ plays a leading role in engaging experts in developing needed performance measures. Placing the measure development provisions in the Public Health Service Act, with AHRQ as the “lead” agency, is consistent with this existing framework. We believe CMS can and should continue to foster measure development and CMS should have access to a portion of measure development funding. But we also believe the majority of measure development resources should be distributed to measure developers outside the federal government, and strongly support the provision in both the House and Senate bills which calls for the measures developed being available free of charge to users of such measures.

(3) Create a role for public-private partnerships to provide consultation on the use of performance measures in public reporting and payment programs.

We support the language in Sec. 3014 of the Senate bill directing the Secretary to collaborate with an entity holding a contract under Section 1890 of the Social Security Act (currently the National Quality Forum) to convene multi-stakeholder groups to

provide input to the Secretary on the selection of quality measures for use in public reporting and public health care programs. By March 1, 2012 and at least every three years thereafter, the Secretary shall make public an assessment of the impact of the use of the endorsed measures. We support funding of \$20M for each FY 2010-2014.

Recommendations for incorporating House provisions and enhancements: Both HR 3590 and 3962 reference the need for public reporting and payment provisions in multiple sections of the bill, the need for stakeholder input and consultation should be referenced consistently in the final bill at each of these provisions.

(4) Develop mechanisms to disseminate proven quality improvement systems and to train those implementing the improvements.

We support Secs. 3501 and 3508 of the Senate bill requiring the Center for Quality Improvement and Patient Safety at AHRQ to conduct or support research and development of best practices for quality improvement, and to translate those into practice. AHRQ is to support a Quality Improvement Network Research Program for the purpose of testing, scaling, and disseminating interventions to improve quality and efficiency in health care. A grant program is called for to provide technical assistance to health care providers with limited infrastructure and financial resources to support quality improvement activities. While significant funding is provided for Sec. 3501, none is included for Sec. 3508. Finally, a demonstration program is to be established for the development and implementation of academic curricula that integrates quality improvement and patient safety in education of health professionals.

(5) Create nationally consistent strategies and approaches for necessary data collection, aggregation and reporting.

We support Sec. 3015 of the Senate bill directing the Secretary to develop a strategic framework for data collection and aggregation to support the wide availability of performance information to improve care. The Secretary shall award grants/contracts to eligible entities for data-collection and aggregation. Data collection shall increasingly rely on IT systems supporting health care delivery and be aligned with the expansion of HIT across the health care system.

Recommendations for incorporating House provisions and enhancements: HR 3590 does not allocate a specific amount to support these critical activities. HR 3962 (Secs. 2402-3) allocates \$300,000,000 out of the Public Health Investment Fund for each FY 2010-14 to support data collection and aggregation for key indicators. The final bill should specifically allocate an appropriate amount to support data collection and aggregation, which we recommend to be \$75M for each FY 2010-14 to support HR3590, Sec. 3015. The need for increased capacity of CMS to collect and aggregate performance information should also be addressed in the final bill.

We commend and thank you for your strong leadership in assuring that this landmark legislation includes provisions that create a workable quality infrastructure which can improve quality patient care. We stand prepared and eager to help you as you continue to work to strengthen the important issue of improved quality health care in our country.

Respectfully,

The Stand for Quality Steering Committee

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