



CAMPAIGN FOR Better Care

October 15, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
c/o Agency for Healthcare Research and Quality
540 Gaither Road; Room 3216
Rockville, MD 20850
Attention: Nancy Wilson

RE: National Health Care Quality Strategy and Plan

Dear Secretary Sebelius:

Successfully reforming health care requires putting patients first and improving how their care is delivered. This is particularly important for people with multiple chronic conditions who make heaviest use of the health care system, at the highest cost, but with the poorest outcomes. While these complex patients exist in every age group, they are heavily concentrated among older adults. There is no population for whom improvements in health care quality are more desperately needed.

The Campaign for Better Care (CBC) is a broad-based coalition of more than 150 consumer organizations committed to ensuring that the needs of these individuals and their family caregivers are front and center in the delivery of health care and, specifically, that vulnerable older adults with multiple health conditions get the comprehensive, coordinated, and patient- and family-centered health care they want and deserve. If we can make the health care delivery system work for these individuals, we can make it work for everyone.

We applaud and strongly support your initiative to create a National Health Care Quality Strategy and Plan (National Quality Strategy) for improving health care quality in the United States. Federal leadership in establishing a clear vision and a concrete set of goals and strategies has the power to inspire change and catalyze dramatic improvements in the way we pay for and deliver care.

We welcome the opportunity to share our perspective on the development of the National Quality Strategy. Our comments respond to the questions identified in the draft document released by the Department of Health and Human Services (HHS) on September 9, 2010.

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The Campaign for Better Care is led by the National Partnership for Women & Families, Community Catalyst, and the National Health Law Program and funded by The Atlantic Philanthropies.

We begin with what we believe is the fundamental question posed by HHS with respect to the draft document:

Is the proposed Framework for the National Strategy sound and easily understood? Does the Framework set the right initial direction for the National Health Care Quality Strategy and Plan? How can it be improved?

We strongly believe that the National Quality Strategy should be visionary and inspire leaders from across the health care spectrum to action. This requires greater clarity in the way the National Quality Strategy is organized and communicated. The current structure (Principles, Framework, Priorities, Goals, and Measures), could be improved by beginning instead with the three clear goals articulated in the Strategy – “Better Care, Affordable Care, and Healthy People/Healthy Communities.”

As HHS notes in its overview document, the National Quality Strategy needs to identify specific priorities that will serve as its primary objectives. We suggest that each of the three goals identified in the National Quality Strategy have a defined set of objectives informed by the legislative criteria for selecting priorities, as well as by the public input you are seeking through this process. The National Quality Strategy should identify the best available measures of progress for each objective.

In other words, the suggested structure would be:

- Goals
- Objectives/Priorities
- Measures

GOALS

We suggest that the National Quality Strategy clearly identify the “Triple Aim” as its goals. These are the goals we should be aiming for in all of our quality-focused efforts, and they should be clearly articulated in the National Quality Strategy so that all stakeholders understand what the strategy is intended to achieve. A well-defined set of goals will help ensure that the National Quality Strategy is easily conveyed to key audiences and that all action plans are linked to a meaningful structure.

We suggest the following modifications to strengthen and enhance the explanation of each goal in the National Quality Strategy. Our suggestions are underlined to help better identify our proposed changes.

- **Better Care:** Person-centered care that works for patients, their family caregivers, and providers. Better care should expressly address the quality, safety, access, timeliness, equity, effectiveness, and reliability of how care is delivered, as well as the experience of individuals in receiving that care; active engagement of patients, families, and caregivers; coordination of care across care settings; and the best possible care at all stages of health and disease.

- **Affordable Care:** Care is more affordable because it eliminates unnecessary costs that fail to produce value for patients, families, government, and the private sector.
- **Healthy People/Healthy Communities:** Improving health and wellness at all levels for all populations through a commitment to chronic disease prevention and management and strong partnerships between health care providers, individuals, family caregivers, and community resources.

OBJECTIVES/PRIORITIES

Feedback question number 4 asks about aspirational goals for the National Quality Strategy. As we have said, we believe the goals should be the triple aim. Each goal of the triple aim should have a clearly defined set of objectives/priorities for action to help shape national, state, and local activities and investments in quality improvement.

I. BETTER CARE

To achieve better care, the National Quality Strategy should focus on the following objectives/priorities over the next five years:

- All patients and family caregivers are informed and engaged in making decisions about their treatment options, and their needs and preferences are solicited and valued by all health care providers;
- All patients and their appropriate caregivers are asked for feedback on their experience of care, and all health care providers and organizations use this information to improve care delivery on a routine basis;
- All health care providers and organizations adopt recognized best practices for both coordinating care and effectively managing transitions across providers and settings;
- Patients with complex chronic illnesses have a care team that coordinates their care including access to palliative and hospice care, and shares accountability for patients' clinical outcomes and experience of care;
- All health care providers actively collaborate with patients to develop shared care plans;
- A stable primary care workforce, including additional clinicians, is trained and competent to provide geriatric care;
- All eligible clinicians are "meaningful users" of health IT;
- Avoidable hospital readmissions are reduced by 50%;
- Avoidable adverse medication interactions are reduced by 50%;
- Health care-associated infections are reduced by 75%; and

- Health care disparities are reduced by 50% in the top chronic conditions that have the most impact on underserved patients.

Many of these objectives (e.g., better care coordination) also serve as critical strategies for achieving other objectives (e.g., reducing hospital readmissions by half require dramatic improvements in care coordination). Given the persistent challenges we face in improving care delivery and achieving truly patient-centered care, we encourage HHS to develop both clear and aspirational end-state objectives, and to prioritize a number of key process strategies that can significantly accelerate progress toward achieving those objectives.

II. AFFORDABLE CARE

To achieve affordable care, the National Quality Strategy should focus on the following objectives/priorities:

- All Americans have access to affordable coverage and care; and
- All health care providers and organizations deliver appropriate care that eliminates unnecessary costs for patients and payers, including duplicative tests and procedures and inappropriate prescribing.

In addition, many of the objectives/priorities we suggest above (reducing preventable readmissions, reducing medication errors, reducing disparities) will also accelerate the achievement of this aim.

Patient-centered care, when done right, can be less expensive and therefore more affordable. Patient-centered care also is more effective; honors patients' values (which are often more conservative than providers understand); and improves patients' experience with care, which research shows leads to better outcomes. These are key messages that HHS has an opportunity to reinforce in the framing of this aim and its objectives.

III. HEALTHY PEOPLE/HEALTHY COMMUNITIES

To achieve healthy people/healthy communities, the National Quality Strategy should focus on the following objectives/priorities:

- All Americans have access, without cost-sharing, to the preventive services identified under Section 2713 of Affordable Care Act (ACA);
- Patients with complex chronic illnesses are connected to community resources to help maintain or improve their health and functional status; and
- All health care providers collect and analyze data on the quality of care they provide to underserved populations, stratified by race, ethnicity, preferred language, gender, and disability status.

MEASURES

Feedback question number five asks about the availability of existing, well-established, and widely used measures that can be used or adapted to assess progress on the National Quality Strategy. Below we suggest where measures exist and where measures can be improved in response to the National Quality Strategy. We also make a general comment about the importance of additional investments in this area.

I. BETTER CARE

- Measures of patient experience of care include the CAHPS (Consumer Assessment of Healthcare Providers and Systems) surveys and other validated instruments. CAHPS instruments assess patient experience of care in both inpatient and outpatient hospital settings, clinician and group-based ambulatory care settings, health care facilities, and health plans. There are also a number of qualitative strategies for gathering patient and caregiver experience data, such as those included in the latest proposed NCQA medical home qualification criteria.
- Measures of hospital readmission rates include the existing 30-day readmission rate measures for heart failure, Acute Myocardial Infarctions (AMI), and pneumonia.
- While there are some existing measures that assess processes related to care coordination (e.g., transmitting patient records from hospital to other sites of care), the development of measures in this area should be a priority for HHS as it implements the ACA. Care coordination is an essential component of many of the health care delivery system reforms included in ACA and our ability to evaluate these new models will be contingent on having robust measures of effective care coordination across all health care settings.
- Measures of patients being informed of their treatment options include the existing National Quality Forum-endorsed shared-decision making measure. This measure assesses the percentage of patients with whom a physician or other clinician has reviewed the range of treatment options and documented the discussion in the patient record. (Although we prefer measures that go beyond mere documentation, we believe this measure will help call attention to the importance of shared-decision making.) Measures of decision quality are also necessary.
- Measures to assess progress on reducing disparities depend on data collection regarding patient race, ethnicity, primary language, gender, and disability status. HHS should use the National Quality Strategy to help better standardize and drive data collection for evaluating and measuring progress on reducing disparities. Every quality measure that becomes part of the National Quality Strategy should be stratified by these variables so that disparities can be identified and ultimately eliminated.

II. AFFORDABLE CARE

- Measures of health care coverage include regular U.S. Census data on health insurance rates. Various measures of affordability have been developed, including by the Commonwealth Fund.
- The National Quality Forum has endorsed measures of overuse related to imaging tests, and has a number of additional imaging efficiency measures currently in the pipeline. These measures are considered useful proxies for determining overuse of high-volume, high-cost procedures that evidence shows are contributing to much of the waste in the system. They also address issues of patient safety, given the link between imaging radiation levels and patient safety concerns.

III. HEALTHY PEOPLE/HEALTHY COMMUNITIES

- Several measures of preventive services are included in the existing HEDIS® (Healthcare Effectiveness Data and Information Set).
- Population health surveys, particularly related to the pediatric population, are in the National Quality Forum measure endorsement pipeline, and can provide important information for use in developing population health policies.
- Disparities and shared-decision making measurement issues are discussed above.

While we note the availability of measures in many areas, we also know that our current measurement capacity needs to be accelerated. ACA calls for investments in developing, improving, updating, and expanding quality measures – investments that are desperately needed, regardless of whether Congress appropriates this year the amounts it authorized in ACA. We strongly urge HHS to identify ways to make additional investments in the short- and medium-term.

Particular attention should be given to the development and enhancement of evidence-based measures in the following areas that are key to improving care for patients with chronic conditions:

- Clinical outcomes;
- Functional status;
- Patient and caregiver experience of care;
- Care coordination;
- Episodes of care;
- Efficiency and effectiveness of care; and
- Quality of life.

In addition, it is critical to note that for older adults with multiple chronic conditions, we currently understand comparatively little about how best to measure quality for these complex patients. In many cases, evidence-based treatment protocols for one chronic condition interact directly with those of another chronic condition. We urge HHS to make immediate investments in the research and development necessary to better understand effective strategies for measuring quality for these patients for whom improving quality is not just an imperative for better care, but also for affordable care across the entire health care system.

However, the need to enhance our measurement capacity (both broadly and for patients with multiple chronic conditions) should not delay action on the National Quality Strategy. Instead, as we develop the next generation of measures, we also should be expanding our current measurement strategies. For example, we should strengthen the Medicare physician quality reporting initiative (PQRI) by requiring the reporting of patient experience of care measures in order for physicians to receive PQRI bonuses. Research shows that improving patients' experience with care – which goes well beyond “patient satisfaction” – leads to direct improvements in outcomes. We should also continue to advance the required use of measures that rely on clinical data and are health IT-enabled, rather than those that rely simply on claims data, as well as those that drive improvements in the way we measure and improve care coordination and functional status.

ADDITIONAL COMMENTS ON THE HHS DOCUMENT

In addition to setting the goals, objectives, and measures for the National Quality Strategy, the HHS draft identifies several current federal, state, and private sector quality-related strategic initiatives (Table 1) that can inform the development of the National Quality Strategy. We urge you to include in this list two additional ongoing efforts:

- The HHS Strategic Framework on Multiple Chronic Conditions, under development through the work of the HHS Interagency Workgroup on Multiple Chronic Conditions; and
- The National Prevention, Health Promotion, and Public Health Strategy, which is required under the Affordable Care Act (ACA) and in development through the work of the National Prevention, Health Promotion, and Public Health Council.

The HHS document also identifies an initial set of potential “core principles” to underpin the National Quality Strategy and to inform the development of its goals and targets.

Feedback question number 1 seeks input on the proposed principles. Below, we suggest modifications to the proposed principles as well as make recommendations for the inclusion of new principles. Our modifications and new principles are underlined to help better identify our suggested changes.

- Person-centeredness and family engagement, including eliciting and valuing patient preferences, will guide all strategies, goals, and improvement efforts.
- The strategy and goals will address all ages, populations, service locations, treatment interventions, and sources of coverage. They will prioritize strengthening primary care as the foundation for better care, and will recognize the challenges faced by particularly vulnerable populations, including older Americans with multiple health conditions.

- Eliminating disparities in care – including but not limited to those based on race, ethnicity, gender, age, disability, socioeconomic status, geography, language, sexual orientation and gender identity, and source of payment for care – will be integral to all strategies and goals.
- The design and implementation of the strategy will consistently seek to align the efforts of public and private sectors.
- The strategy and goals will prioritize transparency and ensure that the public is engaged in efforts to improve health care quality.
- Accountability to patients and caregivers will be a central feature of all strategies, goals, and quality improvement initiatives.
- The strategy and goals will be designed to drive continuous quality improvement through rapid cycle learning and innovation.

The HHS draft also notes that ACA identifies certain criteria to be used to guide the selection of priorities for the National Quality Strategy. HHS can enhance these criteria in the execution of the National Quality Strategy and, as such, we suggest the following additional criteria to be used in identifying priorities:

- Leverages investments under the American Recovery and Reinvestment Act to foster an information-enabled health care system through interoperable health IT;
- Promotes multi-payer alignment of financial incentives and frameworks;
- Advances community capacity to track and improve health care quality; and
- Promotes a stable and well-trained workforce to ensure that patients have access to high quality health care.

ADDITIONAL FEEDBACK QUESTIONS

Feedback Question:

- 6. *The success of the National Health Care Quality Strategy and Plan is, in large part, dependent on the ability of diverse stakeholders across both the public and private sectors to work together. Do you have recommendations on how key entities, sectors, or stakeholders can best be engaged to drive progress based on the National Health Care Quality Strategy and Plan?***

The Campaign for Better Care has consistently supported a multi-stakeholder consultative process to inform the development and implementation of the National Quality Strategy. We believe that the public-private quality infrastructure that has evolved in recent years is a valuable mechanism for maintaining and expanding public-private quality collaboration. The existing public-private quality infrastructure has:

- Enabled consumer and purchaser voices to play a major role in shaping and driving the measurement agenda;
- Required diverse stakeholders to engage with each other, which has helped to balance the diversity of interests, generate meaningful dialogue, and produce better results; and
- Encouraged stakeholder “buy-in” to the measurement, quality improvement, and efficiency agenda.

Key among the public-private partnership efforts already underway is the National Quality Forum and the National Priorities Partnership it convenes. The National Quality Strategy should leverage these multi-stakeholder forums rather than attempt to replicate them.

Further, HHS should maximize all of the outreach tools it has at its disposal to directly engage patients, family caregivers, providers, employers, states, and other stakeholders across the country. It should utilize regional meetings, listening sessions, open door forums, comment periods, and other public mechanisms to solicit feedback and to update the public on progress on the plan. It should make this information publicly available through its website to create a continuous feedback loop as plan implementation moves forward. HHS also should develop annual reports and updates on national progress (including the private sector) and individual states’ progress in implementing the National Quality Strategy.

Feedback Question:

7. Given the role that States can play in organizing health care delivery for vulnerable populations, do the Principles and Framework address the needs and issues of these populations?

In the discussion of the principles for the National Quality Strategy in feedback question number 1 above, we suggest amending the draft principle that currently reads:

- The strategy and goals will address all ages, populations, service locations, and sources of coverage.

To, instead, read as follows:

- The strategy and goals will address all ages, populations, service locations, *treatment interventions*, and sources of coverage. *They will prioritize strengthening primary care as the foundation for better care, and will recognize the challenges faced by particularly vulnerable populations, including older Americans with multiple health conditions.*

We strongly believe that amending this key principle will help to better integrate the care needs of the vulnerable elderly, who also depend heavily on primary care, into the National Quality Strategy.

Further, we have suggested objectives/priorities for the National Quality Strategy that include vast improvements in improving care coordination, honoring patient preferences, and increasing patients’ positive experience of care. Setting meaningful objectives in these areas will ensure that the National Quality Strategy best serves the vulnerable elderly.

While we believe that the goals and measures should be consistent to ensure that we set the same standard for high quality care for all Americans, we urge HHS to recognize that portions of the health care system that serve vulnerable populations will need additional supports and assistance to reach these goals, particularly given the persistence of health disparities. HHS should be prepared to hold providers accountable for providing the best care possible to all patients, and give them the tools they need to effectively accommodate complex patients and make significant progress toward eliminating health disparities across all populations.

Feedback Question:

8. Are there priorities and goals that should be considered to specifically address State needs?

Care coordination priorities should involve better aligning all payers' quality strategies across providers and care settings. Medicare, Medicaid, state employee health benefit programs, and private payers should be working together to incentivize care coordination and the other key priorities of the National Quality Strategy. Bringing federal data and capacity to the table can help states better leverage their data and resources to improve action on these quality priorities.

Further, HHS should develop broader efforts to encourage all-payer platforms for aligning quality improvement strategies and payment incentives. Such efforts would improve state and private payers' opportunities and abilities to advance the goals of the National Quality Strategy.

Feedback Question:

9. What measures or measure sets should be considered to reflect States' activities, priorities, and concerns?

To the extent feasible, measure sets should be consistent to allow for comparisons across states. Variations in population health may create different challenges in different states; however, the National Quality Strategy should set a single standard that recognizes that all Americans are entitled to the same high quality health care, and all clinicians have a role in achieving this goal. Technical assistance and other resources and support should be available to help states with varying levels of quality improvement capacity reach the National Quality Strategy's goals.

Feedback Question:

10. What are some key recommendations on how to engage with States and ensure continued alignment with the National Quality Strategy?

HHS should consider the following recommendations to engage with states and to ensure alignment with the National Quality Strategy:

- Encourage states to designate a Chief Quality Officer to coordinate with federal efforts, private sector initiatives, and other states on the National Quality Strategy.

- Leverage the quality-related Health Insurance Exchange requirement in ACA to engage states on the National Quality Strategy. Specifically, ACA requires the Secretary, by regulation, to establish certain criteria for health plans to be certified as qualified health plans for the Exchanges, including being accredited with respect to local performance on clinical quality measures, patient experience ratings, and other factors. As each state determines how to operationalize this function in its Exchanges, the National Quality Strategy framework should inform that work.
- Provide technical assistance to states on the National Quality Strategy and its implementation.
- Assist states in identifying, developing, and potentially coordinating efforts to assess patient experience in Medicaid and other state-run benefit programs such as the state employee benefit program.
- Develop annual state-specific reports assessing progress on the National Quality Strategy. These reports could be integrated into AHRQ's existing annual report on quality.
- As a partner with states in the financing of health care through the Medicaid program and, in the near future, as the financier of premium tax credits for low- and moderate-income state residents through the new Health Insurance Exchanges, the federal government should use this leverage and work with States to identify three objectives in the National Quality Strategy and develop their own state-specific version of the National Quality Strategy to implement these objectives. States should be required to submit their quality plan to the Secretary for review and report to the Secretary on an annual basis on progress on their objectives. Once states surpass a quality performance threshold developed by the Secretary for a specific objective, they should be required to identify additional objectives for state action.
- Consider opportunities to help address state resource needs to implement the National Quality Strategy.

Thank you for the opportunity to share our views on the development of the National Quality Strategy. We are encouraged by and appreciative of your continued efforts to engage stakeholders in this work. We look forward to working with you on the next stages of the Strategy's development and implementation.

Sincerely,

AARP
 Advocacy for Patients with Chronic Illness, Inc.
 AFL-CIO
 Alabama Arise
 American Cancer Society Cancer Action Network (ACS CAN)
 American Hospice Foundation
 Center for Medical Consumers
 Center for Medicare Advocacy
 Coalition of Wisconsin Aging Groups (CWAG)

Community Catalyst
Consumer Coalition for Quality Health Care
Consumer Health Coalition
Consumers Advancing Patient Safety (CAPS)
Consumers for Affordable Health Care
Families USA
Family Caregiver Alliance
Health Care for All (MA)
Kentucky Voices for Health
Maine Council of Senior Citizens-Alliance for Retired Americans
Maine Equal Justice Partners
Maine Family Voices
Maine Parent Federation
Medicare Rights Center
Mississippi Coalition for Citizens with Disabilities
National Academy of Elder Law Attorneys (NAELA)
National Alliance for Caregiving
National Asian Pacific Center on Aging (NAPCA)
National Coalition for Cancer Survivorship (NCCS)
National Council of Jewish Women
National Council on Aging
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SEIU
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The Leadership Conference on Civil and Human Rights
Universal Health Care Action Network of Ohio (UHCAN Ohio)
U.S. PIRG
Well Spouse™ Association