



NATIONAL QUALITY FORUM

1030 15TH STREET, NW, SUITE 800
WASHINGTON, DC 20005
202 783-1300 MAIN 783-3434 FAX

June 22, 2015

The Honorable Orrin G. Hatch
Chairman
Committee on Finance, United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance, United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Johnny Isakson
131 Russell Senate Office Building
Washington, DC 20510

The Honorable Mark R. Warner
475 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

The National Quality Forum (NQF) applauds your efforts to pursue bipartisan legislation to reduce the costs and improve the quality of care for the vast majority of Medicare beneficiaries who have multiple chronic conditions. This is a critical imperative for 2015 that should not wait until a new Administration and Congress is in place in 2017.

As you have noted in your letter dated May 22nd, the Senate Finance Committee (SFC) working group intends to pursue Medicare chronic care policy that aligns with and builds upon effective private sector efforts. As a membership organization of 430 diverse healthcare stakeholders, NQF works across the public and private sectors and promotes use of measurement to drive performance improvement in healthcare. We are pleased to provide input into your early chronic care policy formulation and look forward to contributing to the implementation of future legislation.

What follows are some ideas that respond specifically to the challenges you raise in your letter. In large part, our recommendations for achieving the goals you seek relate to the development and use of better healthcare performance measures, which when publicly reported and linked to payment, can facilitate changes in care delivery and underlying health information technology. These changes can drive better coordination of care and improve care transitions, fostering more efficient care processes. They can also facilitate increased

provider attention to patient engagement regarding decisions about their health and help patients manage their chronic conditions. In short, performance measurement is bedrock for many of the changes you seek to improve chronic care. In addition, we offer recommendations on how to best leverage measurement to drive the kinds of changes in health information technology that are needed to accelerate urgently needed improvements in chronic care.

Better, More Aligned Quality Measures

Medicare should accelerate the development and use of outcome measures in its programs to facilitate changes in payment and in the care delivery systems. Medicare also needs to put a greater emphasis on measures that can work across conditions and settings of care so that patients, particularly the chronically ill, can be tracked longitudinally and their care can be managed across time and space. Simultaneously, Medicare should rid the program of process measures that do not add value, as well as “look alike” measures across providers and settings of care that only add excess burden without benefit.

This focus should be a priority in the performance measurement development plan that CMS is required to develop by January 1, 2016 for clinician-related measures (Pub. Law No. 114-10, Sec. 102) and, more broadly, as the agency structures contracts for development of measures used to assess other types of providers and settings of care.

Such an approach would spur development of “measures that matter” or measures that have strong significance to both patients and providers alike, such as patient experience with care, health outcomes (including patient-reported outcomes of health and functional status), care coordination, patient and family engagement and self-management, as well as measures that cross multiple chronic conditions. To improve chronic care, the field needs measures that indicate which providers/programs are successful in supporting increased patient engagement and how to effectively collect and adjust measures based on patient-reported outcomes.

Another critical area that needs further support is alignment of measures across the public and private sectors, including measures most germane to chronic care. If public and private payers can agree upon a uniform, targeted, and high-value set of measures, it will reduce redundant, burdensome data collection and reporting. Simultaneously, alignment of measures sends a strong signal to providers about what are the most important areas to improve.

The Quality Measure Alignment Act of 2015 (S.1427) would add a new duty to the role of the Consensus Based Entity (currently NQF) in facilitating measure alignment across the public and private sectors without incurring additional costs. We hope that Congress will support the bill’s passage.

Supporting the Advancement of Measurement Science

In order to more quickly achieve a uniform set of high-value outcome measures that can drive the kind of improvements in chronic care the SFC is seeking, a number of issues related to measurement science should be addressed.

These include better risk adjustment of measures to account for patient acuity and personal characteristics of patients related to socioeconomic/demographic factors; figuring out how to attribute responsibility for care among various team members and settings—an even more complicated endeavor for patients with multiple chronic conditions—and facilitating the linkage of cost and quality measures so that public and private programs can assess value. More specifically:

- Medicare’s readmissions program is spurring hospitals to improve handoffs upon discharge and to make connections in the community so that health needs, particularly for those with chronic conditions, can ideally be addressed at home, rather than in the hospital. The Medicare 30-day readmissions rate has fallen from 19.5% in 2011 to 17.5% in 2013 over just a two year period.¹ NQF recently endorsed readmission measures for skilled nursing facilities, inpatient rehabilitation facilities, and long term care hospitals so that the healthcare system can assume collective responsibility for better coordination of patient care when they discharge patients. Yet these measures are not perfect, and many policymakers have called for these measures to account for differences in patient populations based on socioeconomic (SES) and other demographic factors that may have an effect on the measure result. NQF has launched a two year pilot that will allow adjustment of SES and other demographic factors for NQF-endorsed measures when there are both conceptual and empirical reasons to do so. The goal is to have comparable measures across hospitals and other settings with full transparency of the population differences, while not diminishing the quality of care for vulnerable populations.
- Measures that reflect care delivered to patients with one or more multiple chronic conditions need to consider the contributions of many varied providers across different settings of care and timeframes. Yet, our measurement system is largely time bound and focused on single conditions, individual providers, and settings of care. In addition to addressing the lack of health information technology systems that could seamlessly transfer information across providers and settings, the field has not figured out how to attribute responsibility for care across the many providers who care for individuals with multiple chronic conditions. NQF has a keen interest in continuing our work on this issue of attribution so that it can build on our previous efforts to consider how to [measure the quality of care for those with multiple chronic conditions](#).
- As both public and private payers move toward value-based payment, they are increasingly confronted with the challenge of how to link cost and quality measures. NQF’s initial work in this area focused on [approaches to link cost and quality](#), but much more is necessary to inform public and private programs based on value.

¹ Department of Health and Human Services. <http://www.hhs.gov/news/press/2014pres/05/20140507a.html>. May 7, 2014. Last accessed June 2015.

As noted in the recent paper by Berenson, Pronovost, and Krumholz for the Robert Wood Johnson Foundation, there is a clear need to invest in the basic science of performance measurement and to achieve consensus on some of the key issues detailed above as well as others that impede the field's progress to getting to the measures that matter². Identifying additional funding is always challenging but worthy of serious consideration as stakeholders, including both public and private payers, wholly embrace value-based purchasing but lack some of the basic performance measurement building blocks to achieve this aspirational policy.

Using Measurement to Accelerate Health Information Technology Innovations that Improve Chronic Care

The impact of health information technology—and particularly eHealth tools—needs to be accelerated to realize significant gains in improving the quality of care provided to a person with chronic conditions and, simultaneously, in reducing related costs. Accelerated efforts are needed to complete the transition from claims-based measures to measures derived from electronic health records and registries in order to facilitate integrated and coordinated care across settings and time, which are critical to improved chronic care.

There has also been innovation in telehealth—particularly for rural communities in management of chronic conditions—and use of patient-centered technologies such as social network platforms and technologies that empower individuals to self-monitor and self-manage health/wellness and, increasingly, chronic conditions.

One important, yet missing driver that could accelerate the effectiveness of telehealth and patient-centered technologies is a standardized way to assess their prevalence, key elements to assure success (e.g., health literacy), and, ultimately, a way to gauge their value vis a vis desired health outcomes. More specifically:

- Over the last 15 years, telehealth has increasingly been used to provide care to an aging population in rural America for whom chronic conditions are increasingly prevalent. Simply put, telehealth involves the remote exchange of information between a patient and a clinician as part of diagnosis and ongoing management of a condition. Telehealth tools—including those that facilitate self-monitoring, better self-management of conditions, and alerts to clinicians—have been shown to improve quality of care, enhance quality of life, and reduce use of healthcare services such as emergency room visits. Better measures are needed to assess the effects of telehealth in the management and treatment of chronic disease among rural populations. Particular conditions could also be a focus; for example, access to quality cancer care is often unavailable in rural communities and teleoncology could help close this gap in care.

² Berenson, Robert A., Pronovost, Peter J., Krumholz, Harlan M. *Achieving the Potential of Health Care Performance Measures: Timely Analysis of Immediate Health Policy Issues*. Robert Wood Johnson Foundation; May 2015. Available at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf406195. Last accessed June 2015.

- There is an increasing amount of health-related data being generated by patient-centered technologies (e.g., such as Fitbit, Garmin, social networks). Yet these data sources—which are beginning to be leveraged to enhance health—have limited connection to healthcare providers or to performance measurement. As a first step, there need to be some key metrics that track these efforts and assess their effectiveness in improving care, to determine their potential future applicability for Medicare beneficiaries with chronic conditions.
- Telehealth or use of patient-centered electronic tools will be of little value if patients lack the skills to engage them, including how to seek, find, understand, and appraise electronic health information and apply the knowledge and insights gained to addressing or managing health conditions. This is particularly true for Medicare beneficiaries who are not digital natives and for those who have complex chronic conditions. Measures of eHealth literacy are critical for the developers of these tools so that their intended users have the skills to take advantage of their offerings, but they are also important indicators for providers and communities seeking to facilitate and support more care at home.

We applaud the critical work of the bipartisan working group to improve care for those with multiple chronic conditions. Measurement is a critical element of improvement strategies. Through the use of better, more aligned measures, we can better understand care through a patient-centered lens. Measurement science, including a focus on issues such as risk adjustment and attribution, will be key in your efforts to push the envelope on innovative changes in our healthcare system. The time is right to address these challenges, and we stand ready to move your ideas forward.

Sincerely,



Christine K. Cassel, MD
President and CEO
National Quality Forum