NATIONAL QUALITY FORUM

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

January 29, 2016

Re: Chronic Care Working Group Policy Brief

The Honorable Orrin Hatch
U.S. Senate Finance Committee
Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
U.S. Senate Finance Committee
Dirksen Senate Office Building
Washington, DC 20510

The Honorable Johnny Isakson
U.S. Senate Finance Committee
Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
U.S. Senate Finance Committee
Dirksen Senate Office Building
Washington, DC 20510

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

I am pleased to share the National Quality Forum's response to the Senate Finance Committee Chronic Care Working Group's (CCWG) Policy Options brief released on December 18, 2015. We appreciate the opportunity to provide feedback and look forward to continuing to work together as you advance chronic care legislation this year. Given the importance of this topic, we strongly urge action be taken in the 114th Congress.

National Quality Forum (NQF) is a not-for-profit membership organization that works to catalyze quality improvements in health and healthcare through measurement. Starting in 2008, NQF has had a formal role in endorsing and recommending quality measures for use in the Medicare program. As a membership organization of over 430 diverse healthcare stakeholders, including physicians, health plans, patients, employers, innovators, providers, and others, NQF works across the public and private sectors utilizing a multistakeholder consensus process to promote the use of measurement to drive performance improvement in health and healthcare.

We applaud the incredible efforts of the CCWG to address improving chronic care which is highly complex and costly. Our comments below focus on the proposed CCWG policies that relate to healthcare quality measurement. Specifically, we recommend the following:

- Development and inclusion on measures focused on nonmedical services in tandem with measures focused on medical services for those in the Independence at Home Model;

- Implementing existing standardized measures across diverse settings delivering renal care to assure that all care centers are held to similar quality standards and provide Medicare beneficiaries equitable options for where they receive their care ;
- Development of a measurement framework and related measures to assess the comparative performance of services provided via telehealth versus face to face encounters, including measures the assess the quality, costs, and efficiency of telehealth; and,
- Identification of existing measures and development of new that can aid the working group in its goal of measurement-driven approaches to improving chronic care.

Expanding the Independence at Home (IAH) Model of Care

The Working Group proposes to expand the IAH demonstration model into a permanent, nationwide program. As part of this expansion, the CCWG is contemplating and seeking feedback on additional quality performance measures for the program.

The IAH program allows patients to receive care in the environment that is most comforting and accessible to them, in the home and community. Understanding and accounting for the many players involved in providing home and community-based services (HCBS), how their roles contribute to patient outcomes and satisfaction, and factoring in the goals and preferences of patients receiving this care is multifaceted and complex. These factors contribute to considerable gaps in the quality measures that are available, tested, and considered reliable for use in evaluating HCBS services.

In the 2015 NQF report currently out for public comment, *Addressing Performance Measures Gaps in Home and Community-Based Services to Support Community Living: Synthesis of Evidence and Environmental Scan*, the convened multistakeholder committee developed a prioritized list of measurement gaps for Home and Community-Based Services (HCBS). The committee found the majority of existing HCBS measures in the domains of Service Delivery, System Performance, Effectiveness/Quality of Services, Choice and Control, and Health and Well-Being. However, no or very few HCBS measures were found in the domains of Consumer Voice, Equity, Community Inclusion and Caregiver Support.

In addition to the domains above, development of HCBS measures needs to extend beyond measures that reflect medical care and include measures that reflect nonmedical services. Services in the community and home are often provided by nonmedical professionals and other workers on a daily basis. Nonmedical staff is often involved in providing care related to activities of daily living, and many have close, working relationship with patients and families. Often they are in the best position to understand the goals and preferences of the patients they serve. As the field begins to develop quality measures for home and community-based services, the NQF committee recommended that developers do so with a wide lens that reflects the many services provided by nonmedical staff in the very environments where patients thrive, the home and community.

The NQF multistakeholder committee also considered state-level quality measurement

focused on home and community-based services. Washington State is currently developing two measure sets to assess a variety of consumer outcomes, such as improved health status and improved satisfaction with quality of life. Oregon and Minnesota are currently piloting new instruments to better evaluate HCBS consumer experience. These state efforts and experiences can provide valuable information on how to focus future HCBS quality measurement development and use in programs to reflect patient-identified outcomes and an emphasis on quality of life.

Expanding Access to Renal Care

The CCWG is considering expanding the definition of a qualified originating site for hemodialysis to include home and free standing dialysis facilities and is also considering allowing beneficiaries with end-stage renal disease to enroll in Medicare Advantage plans. In light of these proposals under consideration, NQF's renal care quality measure portfolio is quite robust.

Starting in March 2008, NQF has been convening multistakeholder committees to evaluate measures used to treat renal disease, including end-stage renal disease (ESRD) ensuring that best-in-class measures are endorsed on the basis of importance, scientific validity and reliability, feasibility, and usability. Our renal committees have strongly encouraged through their reports that the measures be setting agnostic, including home dialysis.

As we look to the continued expansion of dialysis treatment in the home, it is important to maintain the highest level of quality of dialysis services rendered, regardless of location. Providers and the care they give should be held to the same standard regardless of location—to ensure that patients can freely and confidently choose the setting of care without concern for variations in quality.

Increasing Convenience for Medicare Advantage Enrollees through Telehealth and Providing ACOs the Ability to Expand Telehealth

As the CCWG looks to expand the definition of what is covered for telehealth services as well as where those services are provided, it is important to understand the affect that telehealth has on health outcomes and not solely the measurement of outcomes achieved through telehealth.

While the provision of telehealth services has existed for more than a decade, there is increasing use of telehealth, particularly for treating chronic conditions for patients who otherwise might not be able to readily access treatment. Now policymakers are considering expanding telehealth for beneficiaries in Medicare Advantage plans and Accountable Care Organizations (ACOs).

As this technology advances and more providers and patients use telehealth services, it is

vital that we understand the quality, costs, and efficacy of services rendered outside of face-to-face encounters, supported by technology. Given this potential expansion of coverage, it is critical that we develop a measurement framework and measures that can assess the comparative performance of services provided via telehealth. Measures that assess how well interventions used in face-to-face encounters translate into a telehealth context have yet to be developed and can provide insight into the efficacy of telehealth.

If the consensus-based entity is charged with this function, NQF stands ready to convene a multistakeholder panel, including representation of the telehealth community, to develop a framework for measurement and prioritized measure concepts of the quality, costs, and efficiency of telehealth. The framework might include an emphasis on process and structural measures that focus on overuse/underuse of care, technical capacity, diagnostic accuracy and impact, therapeutic impact, access to care, cost-benefit and cost-effectiveness, use in rural populations, and resource utilization. This approach builds upon existing clinical outcome measures and focuses on process and structure to better understand the efficacy of telehealth services.

While the access that telehealth can provide is an important opportunity for individuals in Medicare Advantage plans or those receiving care via ACOs—particularly those who might otherwise go without care or face higher cost and inconvenience to receive needed care—it is critical for beneficiaries and the Medicare program to be assured that the care provided through this pathway is of the highest quality and is providing value for beneficiaries and the Medicare program alike.

Developing Quality Measures for Chronic Conditions

The CCWG seeks to require that CMS include a plan for quality measurement development that focuses on health outcomes for individuals with chronic disease. NQF's work has identified both gap areas that need further development as well as existing measures (previously submitted to the CCWG) that could aid the working group in its goal of measurement-driven approaches to improving chronic care.

Convened by NQF, the Measure Applications Partnership conducts an annual review of measures under consideration for inclusion in 20 plus federal programs and simultaneously identifies measure gaps in the process. The MAP Coordinating Committee will embark on a process to prioritize Core Concepts, those key gaps in particular programs and those that cross multiple programs. A report is expected from the MAP Coordinating Committee in the first half of 2016. We will send it to the CCWG upon release.

MAP will build its Core Concepts around the CMS Quality Strategy to ensure alignment based on a shared framework. The MAP Core Concepts/CMS Quality Strategy will focus on three of the categories called out as significant to fill by the CCWG. These are quality measurement gaps that have persisted for years and need increased public and private investment to fill.

- Strengthening person and family engagement;
- Promoting effective communication and coordination of care;

- Working with communities to promote best practices.

Other areas that the Core Concepts will address include making care safer, promoting effective prevention and treatment, and making care affordable.

The Core Concepts and Areas of Focus will serve as a tool to evaluate measures under consideration and identify gaps going forward. A measure under consideration will be more likely to gain MAP's support if it addresses an area of focus. A measurement gap exists where there is no current measure to address an applicable area of focus for a program or across programs. MAP can propose that existing measures be expanded to fill gaps, or more precisely focus on the underlying reasons why gaps persist and hopefully spur measure development to fill them.

Measurement Areas of Particular Focus

Based on proposals from the CCWG and NQF's own work, there are five gap areas that we would like to call out further, namely measures related to hospice care, measures related to costs, patient-reported outcome measures, measures related to goal-based care, and measures related to care provided by rural and low-volume providers. Developing measures in these gap areas is critical to the working group's goal of improving care for chronically ill beneficiaries.

Hospice Care. There are limited measures for hospice care. Those available include screening measures for pain at the time of admission for hospice services, dyspnea screening and treatment, and the percentage of patients who have chart documentation for life sustaining preferences. As Congress considers having hospice care provided under risk-based models, it will be important to ensure that there are measures in place to guard against a more robust range of hospice care related issues, including stinting of care, family/caregiver overall satisfaction, and documentation of adequate support for family/caregivers. CMS should focus on development of such measures with due haste. NQF will review both new and existing measure related to hospice and palliative care in 2016.

Measuring Value. In addition to the critical areas called out by the CCWG in its Policy Options Brief, I would also recommend further development of measures related to the costs of providing chronic care services. Cost measures are among the ones most challenging to develop, and many that are in use in the private sector are proprietary. CMS has supported the development of cost and resource use measures, and we would recommend that they continue to do so in order to build out the portfolio. The success of value-based purchasing is predicated on having robust quality *and* cost measures. NQF's prior work on linking cost and quality provides a variety of approaches that can be used to assess the value of chronic care.

Patient-Reported Outcome Measures (PROs). PROs provide direct input from patients about key aspects of care, including function and symptoms, which are often overlooked, but important to patients. NQF issued a report on the development and use of PROs in performance measurement. Developing and implementing PROs has proven to be challenging. Progress has been made—including the endorsement of patient-reported outcome measures for hip and knee surgery in 2015—but the development process needs to

be accelerated.

NQF's new Measure Incubator hopes to facilitate more efficient development and testing of needed, innovative measures through collaboration. The Incubator connects groups interested in particular measurement concepts with measure development experts, financial and technical resources, and data sets needed to iteratively test and develop measures. In short, NQF will convene the key organizations involved in measure development but will not develop measures itself. Many of the measures expected to be incubated in 2016 are PROs.

Goal-Based Care. Goal-based care has the potential to support personalized, individualized care to patients, meaningfully incorporating the individuals' goals, values, and preferences into care planning. The focus on disease states and clinical indicators remains important, but needs to be informed by the goals and preferences of patients.

NQF recently received funding from the Moore Foundation to advance goal-based care through national standards for decision aids and measurement of decision quality. With the support of the Moore Foundation, NQF will:

1) Bring stakeholders together to build consensus around national standards, criteria, and the process for national certification of decision aids; and,
2) Identify approaches to measure the quality of decisionmaking, including appropriateness, effectiveness, and outcomes, and provide guidance to support the development of measures that can assess impact of shared decisionmaking, including use of decision aids.

We hope that this work will lead to more patients having a feeling of empowerment in their own healthcare decisions—leading toward more patient-centered outcomes and guiding care in the direction of patient goals and preferences.

Low-Volume and Rural Providers. Given that 23 percent of Medicare beneficiaries live in rural areas, the CCWG may also wish to consider efforts to improve quality of care provided by low-volume and rural providers. An expert panel convened by NQF considered the particular challenges for reporting and payment programs focused on these kinds of providers in a recent report. This report offers guidance about how to address the relevant measurement challenges and recommends that policymakers move in a stepwise fashion over a number of years to extend accountability programs to rural and low-volume providers, starting with incentives for public reporting.

With over 47 million Medicare beneficiaries, the vast majority living with multiple chronic conditions, improvement of chronic care is an imperative. In particular, the desire of the Chronic Care Working Group to address the quality and care coordination issues facing this population is needed and timely. Now is the moment to advance comprehensive chronic care legislation. It is my privilege to assist in any way we can to help achieve this vitally important goal.

If we can be of any additional assistance, please do not hesitate to contact me at cassel@qualityforum.org or NQF's Vice President of Public Affairs, Ann Greiner at

agreiner@qualityforum.org.

Sincerely,

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

[MM]
Enclosures: [0]