October 15, 2010

Submitted electronically via: http://www.national_quality_strategy@hhs.gov

Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850
Attn: Nancy Wilson – Room 3216

RE: The Development of a National Health Care Quality Strategy and Plan

To Whom It May Concern:

The U.S. Chamber of Commerce (the “Chamber”) is submitting these comments in response to the request for comments on all aspects of the proposed structure, principles, conceptualization and specific details of the National Health Care Quality Strategy and Plan, published on September 9, 2010. The Department of Health and Human Services is seeking input in response primarily to the statutory language of §399H of the Public Health Service Act’s Title III, as added by §3011 of the Patient Protection and Affordable Care Act (the “Affordable Care Act”).

The Chamber is the world's largest business federation, representing the interests of more than three million businesses and organizations of every size, sector and region, with substantial membership in all 50 states. These comments have been developed with the input of member companies with an interest in improving the health care system.

OVERVIEW

For nearly a decade, the Chamber has focused on improving access to quality measures of providers in the health care system and realigning reimbursement incentives to support value-based purchasing. Through a number of quality initiatives, the Chamber continues to represent employers as purchasers of health care services by advocating for this important priority.

The Chamber has long served as a member of the Hospital Quality Alliance (HQA), a public-private collaboration of hospitals, government agencies, quality experts, purchasers, consumer groups and other health care organizations. The Chamber joined HQA to develop a shared national strategy for hospital quality measurement and remains committed to advancing quality of care. The Chamber helped design the Hospital Compare website, a voluntary program designed to collect and report data on a robust set of standardized and easy-to-understand

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3 www.HospitalCompare.hhs.gov
hospital quality measures. We firmly believe that public and private stakeholders must work
together to improve our health care system by focusing on a broader, national quality strategy.

The Chamber also serves on the Quality Alliance Steering Committee\(^4\), a Committee that
actively supports the implementation and use of standard health care performance information
for: performance improvement directly by providers; public reporting and more informed
consumer decision-making; and effective public policies, payment policies, and consumer
incentives that reward or foster better provider performance.

**COMMENTS SOLICITED**

The Department of Health and Human Services have requested answers to “feedback questions”
regarding the initial set of potential “core principles,” the proposed framework, possible national
priorities, and preliminarily articulated goals (the “outline”).

The proposed outline is generally consistent with the goals of the Chamber and our members, as
consumers and purchasers of health care services. We appreciate the challenges in tackling such
a tremendous objective and would respectfully suggest the following additions. Our comments
address a narrow set of the proposed questions asked.

**Feedback Question 1:**
One core principle that is critical to advance the goal of improving quality is the realignment of
financial incentives. The current healthcare system provides perverse incentives by paying
providers for each service they perform (“fee for service”) rather than rewarding quality, safety,
and efficiency (“pay for performance”). The Chamber supports public reporting and incentives
that reward better provider performance; we believe that a value-based purchasing model will
reduce poor medical care, and spur the movement towards a consumer-directed healthcare
system by making it easier for consumers and purchasers to compare quality among the provider
community. Providers who deliver superior care should be rewarded financially. Incorporating
the principle of “value-based purchasing” will help advance the goals and improve the likelihood
of success of the National Health Care Quality Strategy and Plan.

**Feedback Question 6:**
The performance measures for clinical quality are being developed by several different groups,
including AQA Alliance,\(^5\) Bridges to Excellence,\(^6\) The Joint Commission,\(^7\) the National

\(^{4}\) The Quality Alliance Steering Committee website: [http://www.healthqualityalliance.org/](http://www.healthqualityalliance.org/) The Quality Alliance Steering Committee (QASC) is a
 collaborative effort aimed at implementing measures to improve the quality and efficiency of health care across the United States. The QASC is comprised of existing and emerging sector-specific quality alliances, as well as leaders among physicians, nurses, hospitals, health insurers, consumers, accrediting agencies and the public sector. Together, all of these stakeholders are working to ensure that quality measures are constructed and reported in a clear, consistent, and person-focused way to inform both consumer and employer decision-making, as well as the efforts of practitioners to improve care that is delivered.

\(^{5}\) AQA Alliance website: [http://www.aqaalliance.org/about.htm](http://www.aqaalliance.org/about.htm) The AQA Alliance (AQA) is a diverse group of healthcare stakeholders including the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), the American Medical Association (AMA), America’s Health Insurance Plans (AHIP), the Centers for Medicare and Medicaid Services (CMS), and the Agency for Healthcare Research and Quality (AHRQ), along with insurers, and other employer groups. The alliance seeks to reach a consensus on a common set of quality performance measures for consumers, physicians, and employers to use for all areas of physician practice. See attached for description of approved quality measures.

\(^{6}\) Bridges to Excellence website: [http://www.bridgestoequality.org/](http://www.bridgestoequality.org/) Employers, physicians, healthcare researchers and other industry experts
developed Bridges to Excellence (BTE) to measure physician quality and offer financial incentives to physicians who meet or exceed performance targets in their treatment of diabetes, cardiac and spinal care. Bridges to Excellence also established Physician Office Link, which enables physician offices to qualify for bonuses based on their implementation of specific processes to reduce errors and increase quality.
Committee for Quality Improvement, The Leapfrog Group, the National Quality Forum, National Committee for Quality Assurance (HEDIS), and the American Medical Association’s Physician Consortium for Performance Improvement. Some common performance measures include but are not limited to hospital actions and clinical outcomes after these medical occurrences: Acute Myocardial Infarction, Heart Failure, Pneumonia, and Surgical Infections. These performance measures would further the goal of improving the management of chronic conditions.

CONCLUSION

We appreciate the opportunity to comment and are available to discuss any of our comments informally, or by way of testimony in hearings conducted by the Departments. The Chamber concurs with the “core principles,” the proposed framework, possible national priorities, and preliminarily articulated goals of the National Health Care Quality Strategy and Plan. We also respectfully request that the National Health Care Quality Strategy and Plan reflect the need to transition from a fee-for-service model to a pay-for-performance system. By realigning financial incentives to reward health care quality instead of the mere quantity of services rendered, value-based purchasing will reward high-quality practitioners and lead to overall improved patient care. We look forward to working with the Department, as the National Health Care Quality Strategy and Plan is being implemented.

Sincerely,

Randel K. Johnson
Senior Vice President
Labor, Immigration & Employee Benefits
U.S. Chamber of Commerce

Katie Mahoney
Director
Health Care Regulations
U.S. Chamber of Commerce

7 The Joint Commission website: http://www.jointcommission.org/ The Joint Commission is governed by a 29 member Board of Commissioners that includes nurses, physicians, consumers, medical directors, administrators, providers, employers, a labor representative, health plan leaders, quality experts, ethicists, a health insurance administrator and educators.

8 The Leapfrog Group website: http://www.leapfroggroup.org/ Leapfrog compares, recognizes and rewards hospitals that adopt these four quality practices: a computerized entry system that tracks and monitors the ordering of medications; evidence-based hospital referrals which ensure that patients with high-risk conditions are treated at hospitals with characteristics shown to be associated with better outcomes; the staffing of intensive care units with physicians who have special training in critical care medicine; and the use of safety practices endorsed by the National Quality Forum.

9 National Quality Forum website: http://www.qualityforum.org/ The National Quality Forum (NQF) is a private, not-for profit, open membership organization whose mission is to improve American healthcare through the endorsement of consensus-based national standards for measurement and public reporting of healthcare performance data that provides meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable, and efficient.

10 NCQA HEDIS and Quality Measurement website: http://web.ncqa.org/tabid/59/Default.aspx The National Committee for Quality Assurance is an independent, non-profit organization whose mission is to improve health care quality by primarily evaluating managed care plans for consumers. The National Committee for Quality Assurance sponsors, supports, and maintains the Health Plan Employer Data and Information Sheet (HEDIS). NCQA also is responsible for provider recognition programs essential to pay for performance programs. The Healthcare Effectiveness Data and Information Sheet (HEDIS) is a set of standardized performance measures that specifies how health plans collect, audit and report on their performance in important areas ranging from breast cancer screening to helping patients control their cholesterol to customer satisfaction. Purchasers and others use HEDIS data to compare plan performance.