

March 22, 2005

Kenneth Kizer, MD, MPH
President and CEO
National Quality Forum
601 Thirteenth Street, NW
Suite 500 North
Washington, DC 20005

Dear Dr. Kizer:

On behalf of the American Hospital Association's (AHA) 4,700 member hospitals and health care systems and our 31,000 individual members, the AHA appreciates this opportunity to comment on the National Quality Forum's (NQF) draft report on "Standardizing a Measure of Patients' Perspectives of Their Hospital Care Experience." We believe the work of the Review Committee was thorough and thoughtful, and we are in favor of moving the HCAHPS instrument forward to the NQF membership for a vote.

We do, however, have a significant question about the process that was used in developing this draft product and a couple of suggested modifications that we believe will improve the overall report.

It is our understanding from reading the NQF's Consensus Development Process, version 1.7, that the Review Committee is an advisory body to the NQF members and staff, and that a Review Committee recommendation must go through a full NQF review and voting process. In this case, the Review Committee recommended minor changes to the language of several of the questions and reinstating two questions that the Centers for Medicare & Medicaid Services (CMS), working with the Agency for Healthcare Research and Quality, had deleted before the survey was sent to the NQF. We believe in this case and in future cases that the full NQF membership should have the opportunity to consider Review Committee recommendations.

We urge that the report be rewritten to present the NQF members with the options recommended by the Review Committee. We believe the members will overwhelmingly approve of those changes, but it is important that improvements to the measures be made based on the input of the full membership.



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Suggested Modifications to the NQF Report

The process for administering the HCAHPS can be time-consuming and costly for hospitals. We strongly urge that the NQF report add a recommendation for on-going research on how to ensure minimal burden while ensuring the collection and reporting of data. Specifically, we would like to see further work done to determine the sample sizes that are truly necessary to give an accurate assessment of patients' perceptions and work done to ascertain the value of repeated mailings in improving the accuracy of the data collected.

Second, we suggest that work is needed to better understand how to portray these perception measures along side more traditional clinical measures to create an accurate and understandable picture of quality for the public. We urge the NQF to include a recommendation for further research on this issue.

Finally, the survey specifications refer to a "case-mix adjustment" that would be used to account for differences among patient populations on factors found to be associated with differences in how patients report on their hospital experiences. While we support the need for such adjustments, the term "case-mix adjustment" has a specific connotation in the world of clinical quality measurement, and the factors that will be taken into account to adjust the HCAHPS scores are different than those used to adjust clinical measures. To minimize confusion, we recommend that the term used in relation to HCAHPS be "patient-mix adjustment."

If you need further information, please contact Nancy Foster, our vice president for quality and patient safety policy, at (202) 626-2337.

Sincerely,

Carmela Coyle
Senior Vice President

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