



**American Hospital
Association**

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March 1, 2010

Carolyn Clancy, M.D.
Director
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

Charlene Frizzera
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

RE: CMS-2474-NC, Medicaid and CHIP Programs; Initial Core Set of Children's Health Care Quality Measures for Voluntary Use by Medicaid and CHIP Programs; Notice (Vol. 74, No. 284), December 29, 2009

Dear Dr. Clancy and Ms. Frizzera:

On behalf of our more than 5,000 member hospitals, health systems and other health care organizations, and our 40,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the Agency for Healthcare Research and Quality's (AHRQ) and the Centers for Medicare & Medicaid Services' (CMS) joint notice of the Initial Core Set of Children's Health Care Quality Measures.

We are committed to providing the highest level of quality care to all patients and are pleased to see this special recognition of one of our most vulnerable populations. Our detailed comments are attached. If you have any questions, please contact me or Lisa Grabert, senior associate director for policy, at (202) 626-2305 or lgrabert@aha.org.

Sincerely,

Rick Pollack
Executive Vice President

Cc: Marilyn Tavenner
Principal Deputy Administrator



AHA'S DETAILED COMMENTS

On February 4, 2009, the President Obama signed *The Children's Health Insurance Program Reauthorization Act* (CHIPRA) into law. CHIPRA requires the Secretary of the Department of Health and Human Services to identify and publish, for general comment, a recommended core set of child health care quality measures. Public reporting of the core measure set at the state level must begin by September 30, 2010. CHIPRA requires the Secretary to consider the following when selecting the core measure set:

- Duration of child's health insurance coverage over a 12-month period;
- Availability and effectiveness of a full range of preventive services treatments, and services for acute conditions;
- Availability of care in a range of ambulatory and inpatient health care settings; and
- Types of measures that can be used to estimate the overall national quality of health care for children.

On December 29, 2009, AHRQ and CMS jointly published a proposed set of core children's health care quality measures, compiled from "existing quality of care measures for children that are in use under public and private programs or that are part of reporting systems that measure both the presence and duration of health insurance coverage over time." Twenty-four quality measures were included in the recommended core measure set.

While we believe the proposal marks a positive step toward measuring quality for child health care, we are concerned that AHRQ and CMS have recommended quality measures based only on the criteria of what can feasibly be collected and what the agencies are capable of accepting. Rather, the quality measures selected for public reporting purposes also should be driven by a common set of national priorities for quality improvement and public reporting. These priorities exist in the work of the National Quality Forum's (NQF) National Priority Partners in which AHRQ, CMS, and other federal agencies participate.

We encourage AHRQ and CMS to look to the Partners' goals as a framework for the types of measures that should be included in the public reporting program. The goal of the national priorities is to engage all stakeholders in a shared effort to make quality improvements in the most important areas of patient care. The National Priority Partners provides a mechanism for focusing on valuable quality measures, which increases the likelihood of significant improvement in health care delivery.

In December 2002, America's hospitals joined consumer representatives, physician and nursing organizations, employers and payers, oversight organizations and government agencies to launch the Hospital Quality Alliance (HQA). The HQA is a national public-private collaboration that is committed to making meaningful, relevant, and easily understood information about hospital performance accessible to the public and to informing and encouraging efforts to improve quality.

A cornerstone of the HQA's collaboration is *Hospital Compare* (www.HospitalCompare.hhs.gov), which publicly reports hospital performance in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals. **We encourage AHRQ and CMS to look to the quality measures adopted by the HQA when considering measures for the recommended child health care quality measure set for the hospital setting.** The HQA agrees that the NQF's National Priority Partners' goals should provide a foundation for its future work. It would benefit AHRQ and CMS to follow these national goals as well. Moreover, we encourage AHRQ and CMS to engage with the HQA on future potential measures being considered for child healthcare quality.

Proposed Quality Measures. Through the NQF, health care stakeholders come together to choose measures that are useful for quality improvement and public reporting. However, the NQF has endorsed only seven of the 24 children's health care measures proposed by AHRQ and CMS. **AHRQ and CMS should consider recommending only measures that been endorsed by the NQF.**

In addition, HQA's public and private partners come together to identify areas that are critical to hospitalized patients and, from among the NQF-endorsed measures, select those that best assess quality in those priority areas. However, the HQA has adopted two of the seven NQF-endorsed measures that are within the proposed children's health care measure set. **AHRQ and CMS should only consider recommending measures, for hospitals, that have been adopted by the HQA.** The two NQF-endorsed and HQA-approved measures that the AHA supports are **measure #4:** Cesarean rate for low-risk first birth women [NQF 0471] and **measure #18:** pediatric catheter-associated blood stream infection rates [NQF 0139]. These measures have been through the rigorous, consensus-based assessment processes of both the NQF and the HQA.

Because they have not been endorsed by the NQF, the AHA does **not** support including the following recommended children's health care quality measures – 1, 2, 3, 6, 8, 10, 11, 12, 13, 15, 16, 17, 19, 21, 22, 23, and 24.

Measures 10 to 12 focus on a set of well-child care visits. Since they have not been endorsed by the NQF or adopted by the HQA, the AHA cannot support them. However, we want to make clear our preference for using measure sets, rather than isolated measures. It would be best if these measures were reviewed and endorsed by NQF so that the set of well-child measures could be included. Measure sets offer economies of scale from a data collection standpoint. Because they provide the necessary quality data needed to drive performance improvement, while also minimizing the burden of reporting, the AHA recommends that AHRQ and CMS focus on measure sets when considering the most appropriate measures to capture the quality of child healthcare.

Public Reporting. Public reporting of a small and actionable set of measures leads to a significant investment of provider resources in collecting data and improving performance. Therefore, the measures chosen for public reporting should accurately and reliably assess meaningful aspects of care. It is incumbent on AHRQ and CMS to choose the best possible

measures for this purpose. AHRQ and CMS should follow a clear set of criteria to determine the most scientifically sound measures. We suggest that AHRQ and CMS look to criteria recently developed by The Joint Commission, which spent time examining what makes some measures better than others. The Joint Commission concluded that the best measures are those for which there is a large volume of research linking them to improved outcomes; the measure accurately assesses the relevant clinical process; and implementing the measure has minimal unintended consequences. The AHA agrees with these criteria.

Once AHRQ and CMS have chosen important measures, the results should be communicated on a widely used Web site. Though AHRQ and CMS did not explicitly solicit comments on where the children's health care measures should be publicly reported, **the AHA supports public reporting of the following measures on *Hospital Compare* measure #4: Cesarean rate for low-risk first birth women [NQF 0471] and measure #18: pediatric catheter-associated blood stream infection rates [NQF 0139].** Both measure #4 and measure #18 have been adopted by the HQA. The AHA strongly recommends using resources other than *Hospital Compare* for the public reporting of measures that have not been adopted by the HQA.

The AHA looks forward to working with AHRQ and CMS as they develop program requirements for implementing the child health care quality measures. We look forward to identifying the best ways to leverage the existing quality measure programs that are currently in place for hospitals as AHRQ and CMS implement the child healthcare quality measures.