



**American Hospital  
Association**

Liberty Place, Suite 700  
325 Seventh Street, NW  
Washington, DC 20004-2802  
(202) 638-1100 Phone  
www.aha.org

October 14, 2010

The Honorable Kathleen Sebelius  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Sebelius:

On behalf of our more than 5,000 member hospitals and health systems, the American Hospital Association (AHA) is delighted to provide ideas to the Department of Health and Human Services (HHS) for your consideration as the department embarks on developing the nation's first national set of strategic priorities for health care quality. We believe that patients will benefit enormously from a broad array of providers, policymakers, payers and others working cohesively to improve critical aspects of health care. We are pleased to have this opportunity to contribute toward the department's thinking about these priorities.

The AHA was fortunate to be able to take advantage of previously planned meetings to gather comments from a large number of our members about what the priorities should be. A summary of our findings follows.

### **PRINCIPLES FOR ESTABLISHING THE PRIORITIES**

As part of the Hospital Quality Alliance (HQA), we have been delighted with the improvements in hospital care that have resulted from focusing attention on clear and credible quality measures. Through the HQA process, the hospital field has learned many important lessons: specifically, that the selection of the right principles is critical to guiding the choice of areas on which to focus. Based on that experience, we believe the following principles should be included in the national strategic priorities:

- The chosen priorities should help to achieve not just one, but all three of the aims articulated in the draft framework. The nation needs improvements in health and health care, as well as in the affordability of health care. We can no longer afford to focus on improving health or health care and ignore the cost of those improvements, or to seek opportunities to reduce cost by putting barriers between individuals and the care they need. Instead, we should be seeking to identify priorities that will aid in the achievement of all three or, as Dr. Berwick has called it, achieving the "Triple Aim."



- The choice of priorities should facilitate immediate action. The priorities selected must be associated with evidence-based practices that will lead to improvements. Clearly, injury and disease cause a great deal of suffering in America – suffering we all would like to eliminate. However, for many diseases and disorders, our knowledge of exactly what strategies or changes could be put in place to yield a better outcome for patients is limited. We believe it is critically important that there be a clear opportunity to make a compelling difference in the care and wellbeing of individuals affected by the selected priorities. This will help to prove that the opportunity created through the National Quality Strategy is meaningful and worthy of continued support. It will engage providers, payers, policymakers and patients in making a difference now and in the future. In addition, we believe it would be worthwhile for you to identify conditions or aspects of care and health that are important, but not yet ready for adoption as priorities. The identification of potential future priorities, especially if accompanied by a clear articulation of what kept them from being named as current priorities, would spur research and activity to make them ready for adoption in the future.
- All stakeholders have a role to play in achieving these priorities. The substantial improvements in health, health care and affordability that the nation seeks will be achievable only if all relevant stakeholders are engaged. We know that health care providers and public health officials will be integral to the improvements, and we are ready to join with you in working to achieve the priorities you set. However, individuals often have a much more important role to play in maintaining their own health, and in the process of recovering from illness or injury. Further, engaging employers, payers, policymakers, school and community leaders, and others will be essential in these efforts.
- While it is important to select priorities and measurable goals for improvement, it is equally important to establish an infrastructure for monitoring progress and identifying successes, barriers to success and unexpected results. This infrastructure is needed to provide feedback to those working to improve outcomes so that they know what works, what does not and what impediments need to be addressed to achieve success. It also is important that on-going monitoring be able to identify emerging evidence of any unanticipated and undesirable effects of the adopted changes to protect patients and the public from unintended consequences.

## **SUGGESTED PRIORITIES**

We considered a number of possible topics that could be selected as priorities, paying particular attention to identifying issues that would help to achieve improvements in Better Health, Better Care and Improving Affordability, and to choosing topics for which there is at least preliminary evidence. We urge you to establish the following issues as national priorities for the first years of this effort:

- **Reduction in Obesity** – As reported in the national news, obesity is a growing problem, one that contributes to the incidence of many, many diseases including diabetes, heart disease, joint problems and depression. Obesity is too prevalent among children as well as teenagers and adults. It is an issue that is best solved through prevention and early intervention, and hospitals understand they have an important role to play as community health leaders, large employers and as the organizations that eventually care for the many consequences of obesity. Hospitals and health systems would expect to be a part of a national effort to reduce obesity, but many, many others have important roles in this effort. For example, civic leaders may emulate the First Lady in advocating better nutrition and increased activity for youth. Perhaps the President's Physical Fitness Campaign that was initiated during the Kennedy administration can be rejuvenated and school systems can emphasize physical activity for children. Employers can support their employees in exercising and eating more healthfully. Supermarkets, restaurants and others in the food industry could contribute significantly by improving their menus and limiting portion size. Many opportunities exist.
- **Improvement in Diabetes Care** – Reducing obesity would likely have a significant impact on the incidence of Type II diabetes, which would be a welcome benefit. However, additional steps are needed to limit the impact of diabetes on the population. For example, clinicians should be more consistent in performing the retinal exams and foot exams that are supposed to be part of routine screenings for diabetics. Patients can be encouraged to maintain tighter control of their blood sugar levels and blood pressures. When diabetic patients are hospitalized, particularly when they are undergoing surgery, hospitals can be more attentive to maintaining the proper blood glucose levels as an important strategy for preventing infections and other complications in these patients.
- **Improved Safety in the Care Delivery System** – Patient safety has been at the forefront of national attention since the Institute of Medicine issued its report, *To Err is Human*, more than a decade ago. While significant progress has been made, our system is not as safe as it should be. The work led by HHS Assistant Secretary Donald Wright provides an important roadmap for eliminating healthcare-associated infections. Hospitals' work on reducing central line-associated blood stream infections, which has been supported by the Agency for Healthcare Research and Quality, provides a template for effective action. Establishing safety and, in particular, the elimination of infections as a priority would provide additional impetus for this important work and give others the opportunity to contribute ideas, strategies and solutions.

In addition, several other patient safety events can be eliminated through the unceasing application of safe practices. For example, wrong site surgeries can be virtually eliminated through the rigorous use of pre-surgical safety checklists, sign-the-site programs and other such protocols. Where such practices exist that can

virtually eliminate a potential harm, the HHS priorities should set the elimination of that harm as a national goal.

- **Greater Self-determination in End-of-life Care** – The growing body of literature on end-of-life care clearly documents that we provide many, many services to patients at the end of life, often without express knowledge of what the patient would choose for him or herself. Further, when patients have been enrolled in a palliative care or hospice program, they and their families often express greater satisfaction with their care. This suggests that there is great room for improvement. Tools exist that can help providers know and carry out the wishes of patients at the end of life. Advance directives and health care powers of attorney are well known strategies. Other effective tools include Physician Orders for Life Sustaining Treatment, which are developed by physicians in consultation with patients and their family members. These are good tools, but the ultimate goal is to find a way for patients and their families to have a greater voice in determining what services the patient will be given when he or she has a terminal condition – care on their own terms at this crucial phase of life. Good research shows that patients are more likely to choose a conservative, less costly course of care during the last phases of their lives than clinicians would chose for them when they do not have an explicit expression of the patients' wishes.

On behalf of our members, thank you for this opportunity to comment on the national health care priorities. Please contact me or Nancy Foster on my staff if we can provide further clarification. We can both be reached at (202) 638-1100.

Sincerely,

Rich Umbdenstock  
President and CEO