

February 17, 2011

The Honorable Kathleen Sebelius  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Madam Secretary:

Re: Aligning Quality Measurement with Needs of Health Reform

The National Committee on Vital and Health Statistics (NCVHS) is the Department of Health and Human Services' (HHS) statutory public advisory body on health data, statistics, and national health information policy. A key focus area for NCVHS is to assess, evaluate, and identify key strategies to develop a quality measurement roadmap for "meaningful measurement" of individual and population health status using data from electronic health records (EHRs) and other electronic data sources. Measurement has been shown to play a key role in shaping the performance of our health care system. It is therefore critical to ensure that our quality measurement strategy is both aligned with the goals of health reform and leverages our national investment in health information technology.

On October 18-19, 2010, the NCVHS Subcommittee on Quality heard testimony from stakeholders representing perspectives from across the spectrum of health care, including: consumers, providers, professional organizations, regulators, payers, and purchasers to assess the alignment of current measurement strategies with their needs (Please see Appendices for hearing questions and agenda). Overall, the testimony highlighted the dissonance between currently available quality measures, the needs of key health care stakeholders, and the vision of health reform. While health reform highlights patient-centered and coordinated care, current measurement is provider-centric and heavily weighted toward institutional care for cardiovascular and surgical conditions. Consumers, a focal point of reform, neither have nor use measures that reflect their interests, needs, functional status, or social and financial preferences.

There is an urgent need for a shift in the way that measures are focused and developed to better support the needs of all health care stakeholders and the vision and goals of health reform. While opportunities exist to obtain more relevant quality measures from current and emerging sources of electronically available data, it is critical to re-align measurement strategies with these growing electronic capabilities. Failing to correct the current course in our quality measurement strategy will likely result in an excessive expenditure of resources on a measurement model that does not provide a good barometer of progress toward health reform and is neither used nor useful in supporting needed improvements in assessing health care quality, system performance, and value.

To support anticipated medium term (3-5 year) information and measurement needs of health care stakeholders, NCVHS recommends the following four actions based on our observations:

### Observation 1: Focus on the Consumer's Perspective

The testimonies focused on the consumers' desire for information that is relevant to their personal health needs and their preferences in a way that is easy to access and understand. Since patient engagement is crucial to their participation in managing their health, we recommend that the paradigm be shifted to focus on the consumer's perspective. Currently, most quality measures are directed toward providers and are not as useful to consumers. In addition, they generally do not encompass population health, which is central in emerging models of care delivery. Consumers currently do not use available quality reports. Information on patient experiences, or outcomes for the "average" patient, is not useful or actionable by consumers. Consumers want to know about the impact of health care interventions for themselves – as unique individuals.

#### **Recommendation 1: Prioritize and fund development of measures that are meaningful to consumers.**

NCVHS recommends building on current measure development activities to specifically focus on the needs of consumers as they make health care decisions in partnership with their health care team. This calls for a measurement roadmap that identifies a pathway to address information needed to support the consumer as a central actor in an interactive relationship with the health care team. Measurement areas would include: patient experience, patient activation, patient-specific outcomes (outcomes that are stratified, not risk adjusted), functional outcomes, access, patient preference-sensitive measures and measures incorporating patient-generated data.

### Observation 2: Focus on Health Care Value

There was a consistent theme in testimony, across all stakeholder groups, of the challenges in measurement of health care value (quality per unit cost). Consumers want

information and transparency about cost and quality to inform their health care decision-making. Costs include not only the cost of the procedure or visit, but also include costs of work days lost, travel, childcare and caregiver time. Providers need to collect and use information and measures required to assess evidence-based decision-making, continuously improve the quality of care, and optimize health care costs. Regulators need measures across sites and episodes of care to assess the performance of care teams and the overall health care delivery system. Payers need methods to assess the value of health care services and health care system efficiency. There are inconsistent definitions and methods used to assess value, and a lack of consensus on how to measure true costs of care. Cost information needs to be transparent, but also needs to be shared within the context of quality, across the continuum of care.

**Recommendation 2: Fund research and development of improved assessments of the value of health care based on measures and information about cost and quality that are relevant to all health care stakeholders.**

To enable all health care stakeholders to effectively perform their roles in the health care system, information about the value of health care is needed. Standardized approaches to measuring cost, at a given level of quality (i.e., value), are required. Methods for measurement of cost, locally and across the continuum of care, need to be developed and customized for various stakeholder groups' needs. For example, consumers are primarily concerned with out-of-pocket costs for specific treatment decisions and indirect costs. Quality and cost must be assessed across settings of care with improved data consistency to provide accurate measures that can be used by all stakeholders to determine how well the health system is performing for the consumer. Consumers want, and care teams need, information that is relevant to their unique condition, including the financial and social determinants of health. Care teams need to be able to assess their own organization's performance and the performance of their referral networks to increase accountability across sites and episodes of care with information that is also useful to consumers who want to choose care teams based upon their level of coordination and knowledge.

**Observation 3: Focus on Accountability and Care Coordination**

New measures and information are needed to hold the health care system accountable for the things that are important to consumers. Patients are often transferred between providers without complete information. Patients themselves often do not have complete understanding of their treatment plans or follow-up instructions. This results in inadequate follow up, excessive utilization, and suboptimal outcomes. There is a need for a core set of measures that can be consistently used to compare performance of health care systems and accountable care organizations. If systems, providers, or accountable care organizations are to be held responsible for the health and wellness of a cohort of patients, a reliable and transparent method must exist to track patients,

respecting patient privacy and confidentiality, across delivery settings and episodes of care.

**Recommendation 3: Fund research and development to provide information and measures that enhance the ability to assess accountability and care coordination in health care.**

Accountable care organizations and new models of care delivery will be important under health reform. There is a need to develop measures of accountability for both providers and accountable care organizations that are useful to consumers, providers, regulators, and payers. Accountability and care coordination must be assessed across the continuum of care with improved and consistent data to provide accurate measures that can be used by all stakeholders to determine how well the health system is performing.

**Observation 4: Coordinate Development and Assessment of Quality Measures**

The lack of measure coordination reduces the comparability of quality reports and increases the measurement burden on providers. Coordinated measurement activities would allow providers to collect health care data once to support multiple uses – including care delivery, quality improvement, public reporting, pay for performance, maintenance of certification, and other activities.

**Recommendation 4: Convene quality measurement stakeholders to formulate a strategy to coordinate development of quality measures using standard metadata (i.e. names, definitions, and representations) that improve the efficiency of data reuse.**

With proper attention paid to privacy considerations, data collected for use in patient care can be used for other authorized, legitimate purposes – such as regulation, accreditation, and quality improvement - to reduce reporting burden and increase speed and accuracy of data collection and dissemination adhering to the adage “collect once, use often”. Regulators, certifying organizations, and payers should be actively involved in the coordination of information requirements to support creation of measures and data systems that assess quality, efficiency, and competency, and to ensure that they meet both the consumer and provider information needs, and their own goals in overseeing the health care system.

Health care organizations are confronted with rapidly escalating requirements to support quality measurement activities using health IT systems. These four recommendations build on three prior recommendations by NCVHS to improve the ability of providers to support quality measurement with EHR systems (“Meaningful Measurement of Quality Health Care Using Electronic Health Records”: letter to the Secretary Dated December 1, 2009, <http://www.ncvhs.hhs.gov/091201lt.pdf>):

1. Promotion of National Coordination of Quality and Performance Measurement
2. Establishment of a Quality and Performance Reporting Specifications Library
3. Alignment of EHR Certification with Quality Reporting Requirements

Quality measurement activities hold tremendous potential to improve health and health care. Re-orienting quality measurement in ways that better support the needs of consumers, providers and other health care stakeholders requires a shift in momentum, and will be necessary to achieve the aims of health reform. Leadership is essential in driving the change of course necessary to improve the relevance and usefulness of quality measurement for our nation. The NCVHS stands ready to support the Department in accomplishing this goal.

Sincerely,

/s/

Justine M. Carr, M.D.  
Chairperson, National Committee  
On Vital and Health Statistics

Enclosure:

Appendix A: Questions presented to testifiers

Appendix B: Quality Measures Roadmap Agenda -- October 18-19, 2010

Cc: HHS Data Council Co-Chairs

## **Appendix A – Hearing Questions**

1. What information and measures would help consumers better understand and become more active participants in managing their own health?
2. What measures of quality do providers need to improve quality and increase accountability?
3. What measures of quality do professional and accreditation organizations and regulators need to assess clinical performance across the continuum?
4. What information and measures do payers and group purchasers need to assess the value of health care and use it for decisions about coverage?

## **Appendix B – Quality Agenda – “Quality Measures Roadmap”**

<http://www.ncvhs.hhs.gov/101018ag.htm>