



Ms. Nancy Wilson
Agency for Healthcare Research and Quality
540 Gaither Road
Room 3216
Rockville, MD 20850

October 15, 2010

Re: National Health Care Quality Strategy and Plan

Submitted via email

Dear Ms. Wilson:

As noted in the request for feedback on the National Quality Strategy and Plan development, the Affordable Care Act builds upon and expands existing programs aimed at assessing and improving the quality of care in America. Specifically, these efforts, including reforms that establish closer linkages between payment and the quality of care delivered and outcomes achieved, make significant steps to facilitating the U.S. health care system's transition to one that is more focused on preventing or delaying disease onset and progression. Accordingly, the overarching goal of the National Quality Strategy should be to improve health status in America across the population.

The Partnership to Fight Chronic Disease is a national coalition of more than 100 partner organizations committed to supporting reforms to better prevent, detect, and manage the nation's number one cause of death, disability and rising health costs: chronic disease. We are pleased to provide these comments to assist the development of a National Quality Strategy that promotes health improvements and lowers the burden of chronic disease in America.

The level of success reforms can achieve in improving health hinges upon their ability to build upon one another and avoid the fragmentation that currently plagues the system. We agree with the assessment that the National Quality Strategy can and should serve as a point of integration of "these efforts into a cohesive plan" by providing a common set of goals to align both existing efforts and new ones created under the Affordable Care Act.

We applaud AHRQ's efforts to seek input, and particularly appreciate the recognition of the need for strong public/private collaborations based upon shared goals and a commitment to improving health in America. We look forward to additional collaboration on the development and implementation of a robust National Quality Strategy, and offer the following comments to further those efforts based on the questions presented:



Feedback Question 1: Are the proposed Principles for the National Strategy appropriate? What is missing or how could the principles be better guides for the Framework, Priorities and Goals?

We support the principles guiding the National Quality Strategy as setting an appropriate focus on individual and family engagement, covering all ages and populations, addressing disparities, and coordinating with public and private efforts. To enhance these efforts, we have some suggestions for improvement.

One overarching comment about the National Quality Strategy is the importance of remaining vigilant on the need to encourage not only improvements in the quality of care sought and delivered, but also improvements in health status achieved. If there is too much attention on improving the quality of care, we're concerned that quality goals and measures of success will be set at the level of measuring what care was delivered (measuring process) without regard to measuring improvement in health (measuring outcomes). For example, with a focus on the delivery of care, one might measure the percentage of people at risk having their cholesterol checked versus capturing the percentage of people at risk achieving and maintaining recommended cholesterol levels, reductions in primary and secondary heart attacks, and other health-based outcomes. The National Quality Strategy should be targeted to achieving overall health improvements, and the primary goals should be set accordingly.

We also suggest specifically requiring that, in developing the strategy, reliance is placed on the best available evidence as support. To promote a broader focus on health status and require reliance on sound evidence as a basis, we suggest changing the second principle to read: "The strategy and goals will address all ages, populations, *levels of physical and mental health*, service locations, and sources of coverage *and will be based upon the best scientific or clinical evidence available.*"

Feedback Question 2: Is the proposed Framework for the National Strategy sound and easily understood? Does the Framework set the right initial direction for the National Health Care Quality Strategy and Plan? How can it be improved?

We agree that the three pillars -- Better Care, Affordable Care, and Healthy People/Healthy Communities -- are desirable goals that are easily understood and help ground the development of the National Quality Strategy. We have concerns, however, with how the pillars will be used to develop priorities -- whether considered in concert or independently. Considered in concert, "better care" and "affordable care" can promote greater value and improved outcomes. However, "better care" and "affordable care" could act at cross purposes if dealt with independently with different priorities designed to support one to the detriment of the other, and potentially undermining quality and health improvements overall.

A good example of potential problems with this approach is the use of the term "efficiency" in several instances in the list of criteria while there was not a single mention of facilitating "value." The National



Quality should focus on promoting value – the combination of quality and affordability -- within the context of health improvements. We suggest replacing the term “efficiency” in the criteria for selecting priorities with the term “value” to assure a focus on both quality and affordability. We also suggest changing the second bullet under criteria to read, “Shows potential for rapid, *sustainable* improvement in quality and *value*” to prioritize efforts that offer both rapid and sustainable improvements. Overall, we strongly suggest that the pillars be viewed as operating collectively, not independently in the development of the National Quality Strategy to avoid the conflicts that otherwise would naturally arise.

In terms of the language of the pillars themselves, we suggest that the first pillar be revised to read, “Better Care, *Better Outcomes*,” to address the concern we expressed previously about focusing more on the process of care than on health outcomes. We also suggest that “family caregivers” be included in “how patients rate their experiences” because many patients may be unable to rate their own care experience to due cognitive, mental or behavioral health, or other concerns.

We commend the inclusion of the third pillar’s focus on wellness and drawing linkages with communities and community resources. To enhance this pillar, we suggest changing the statement to read, “The improving *of* health and wellness at all levels through strong partnership between health care providers, individuals, and *public and private resources in the community*” to build on the need for public/private partnership and to encourage collaboration.

Feedback Question 3: Using the legislative criteria for establishing national priorities, what national priorities do you think should be addressed in the initial National Health Care Quality Strategy and Plan in each of the following areas:

- a. Better Care: Person-centered care that works for patients and providers. Better care should expressly address the quality, safety, access, and reliability of how care is delivered and how patients rate their experiences in receiving such care;***
- b. Affordable Care: Care that reins in unsustainable costs for families, government, and the private sector to make it more affordable; and***
- c. Healthy People/Healthy Communities: The promotion of health and wellness at all levels.***

Again, we are concerned with the idea that priorities would be set for “each of the following areas” rather than for “all of the following areas” as the ideas of better care and affordable care, if addressed independently could easily be counter-productive.

In developing priorities and goals for the National Quality Strategy, we suggest that HHS look to the work of the National Priorities Partnership (NPP), the Institute of Medicine’s Committee on Quality of Health Care in America, the National Quality Forum, and other public/private efforts. These significant public-private efforts include the development of national priorities and strategies at the NPP, Healthy People 2020 objectives development, and the IOM’s call for quality improvement efforts to promote



health care that is “safe, effective, patient-centered, timely, efficient, and equitable.” They provide an excellent start to the National Quality Strategy, and allow HHS to build on existing public-private collaborations that can facilitate further partnership and buy-in on the National Quality Strategy.

Feedback Question 4: What aspirational goals should be set for the next 5 years, and to what extent should achievable goals be identified for a shorter timeframe?

We suggest that the National Quality Strategy’s goals be centered on promoting and measuring population health improvements – specifically in terms of lowering overall chronic disease prevalence, reducing the rates of undiagnosed, untreated, and mismanaged chronic conditions, and lessening the consequences of unmanaged chronic illnesses. Short timeframes are not likely to be sufficient to measure health status improvements. Accordingly, setting short timeframes in which to expect measurable results could lead to a focus not on needed health improvements but on measurements of process instead. We cannot afford to lose sight of the ultimate goal of quality improvement – improved health – and the National Quality Strategy’s aspirations should reflect that in the establishment of goals and metrics for measuring progress toward and achieving those aspirations with the understanding that such improvements will take time.

Ensuring that the aspirations are translatable into relevant activities and metrics to make and capture progress will be critical to implementation of the National Strategy and achievement of health improvements. Accordingly, it will be important to identify or develop measures that are specific to individual behaviors, clinical conditions, and patient populations that span the continuum of preventing chronic illness development and progression. Metrics should include tracking improvements in healthy behaviors such as engaging in physical activity, avoiding tobacco use, or getting enough sleep to improvements in mammography, colonoscopy, or vaccination rates as recommended to improving adherence in managing health risks and avoiding disease progression such as lowering blood pressure, controlling blood sugar or lipid levels, or reducing obesity.

Feedback Question 5: Are there existing, well-established, and widely used measures that can be used or adapted to assess progress towards these goals? What measures would best guide public and private sector action, as well as support assessing the nation’s progress to meeting the goals in the National Quality Strategy?

In addition to the selection of measures to assess progress toward national quality goals, we suggest that careful consideration also be given to the establishment of sufficient, sustainable infrastructure to collect data, and particularly to capture data to assess quality and health improvements among vulnerable populations. For example, we have developed a robust process for the development of Healthy People 2020 goals, but have devoted little to funding sufficient infrastructure to facilitate the attainment and measurement of our progress. Also, the federal government has access to a



tremendous amount of data through Medicare and other programs that could be essential in establishing baselines from which to determine quality improvement goals and measure progress. Improving the usability of and accessibility to these data sets would build understanding of the quality of care and health status the populations covered and help to establish benchmarks for those populations as well as others.

Additional Feedback Issues:

6. The success of the National Quality Strategy and Plan is, in large part, dependent on the ability of diverse stakeholders across both the public and private sectors to work together. Do you have recommendations on how key entities, sectors, or stakeholders can best be engaged to drive progress based on the National Health Care Quality Strategy and Plan?

The continued development of the National Quality Strategy and Plan in an open and transparent way that engages stakeholders by encouraging comments and hosting open forums about the Strategy's development and progress will go a long way to engaging stakeholders. Seeking additional opportunities to work with the many multi-stakeholder groups working to support quality improvement efforts will also encourage greater collaboration and buy-in. We commend the outreach to date and offer our assistance in engaging stakeholders in the development and implementation of the National Quality Strategy.

General Comments on Issues 7-10 on State Engagement

The states often are on the leading edge in developing and trying new public health or delivery system models to improve population health and the quality of care. Coalitions engaging both public and private stakeholders are actively working to improve health and the quality of care at the state and local level. National quality improvement efforts should be coordinating with these quality enhancements by reflecting state-level activities, priorities, and concerns and working to enhance state and regional efforts.

The National Quality Strategy holds great potential for aligning efforts to improving the quality of care and achieving much needed health improvements in America. We applaud the early direction taken in soliciting input on the development of the National Quality Strategy, and look forward to participating in its continued development and implementation.



Sincerely the undersigned PFCD partners:

Alzheimer's Foundation of America
American Academy of Nurse Practitioners
American Academy of Nursing
American College of Nurse Practitioners
American Dietetic Association
American Osteopathic Association
American Sleep Apnea Association
Building Healthier America
Care Continuum Alliance
The COSHAR Foundation
Dialysis Patient Citizens
Easter Seals
Health Dialog
Healthways
IHRSA: International Health, Racquet and Sportsclub Association
Medical Fitness Association
Mental Health America
National Alliance on Mental Illness
National Association of Chronic Disease Directors
National Family Caregivers Association
National Latina Health Network
National Council for Community Behavioral Healthcare
New Jersey Health Care Quality Institute
Partnership for Prevention
Pharmaceutical Research and Manufacturers of America
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