

October 5, 2007

Walter Stone
CMS Privacy Officer
Office of Information Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Room N2-04-27
Baltimore, MD 21244-1850

Re: Comments on "Performance Measurement and Reporting System"
Strong Endorsement of Proposed New System of Records

Dear Mr. Stone:

On behalf of the Consumer-Purchaser Disclosure Project, we are writing to express our strong support for the new system of records (SOR), Performance Measurement and Reporting System (PMRS). We believe that broad access to meaningful information on performance is essential to improving the quality and affordability of health care. Thus, we strongly affirm this new avenue for getting consumers information on the quality of their physicians while still maintaining patient privacy protections.

We believe that the establishment of the Performance Measurement and Reporting System – in particular the Routine Use provisions III.A.3 and III.A.4., which provide for the public reporting of individual physician-level performance results – is not only long overdue but marks an essential element of improving health care in America. The PMRS will supply much needed information to the public about the quality of the care they receive and the value inherent in that care. Moreover, as detailed in the Routine Use provision III.A.5. the PMRS will enable physicians to better understand how they are performing, and where they need to improve. Both of these are keystones to improving health care quality and affordability. We believe that these goals will be best met if Medicare data were merged and/or aggregated with other private payer data for measurement and reporting purposes, as is referenced in Routine Use provision III.A.4.e.

While strongly supporting the intent and description of the proposed new System of Records, what follows are comments in two areas that we believe should be clarified before the System of Records is implemented:

- The System of Records should explicitly articulate that it would encompass all necessary sources of Medicare data (e.g., data from Medicare Parts A, B, and D);

- We strongly support Routine Use III.5, which allows for patient-identified information to be used “for the purpose of direct feedback with respect to their individual patients” being provided to individual physicians. However, we are worried that as written, the provision that such reporting would be for “services ordered or provided” is construed too narrowly. Such feedback should enable physicians to implement effective quality improvement strategies. It is important that the information provided to physicians highlights overuse, underuse, and misuse according to evidence-based standards of care – which may entail reporting to a physician information about a patient for whom they “missed” providing needed services.

We urge not only the adoption of this new System of Records, but the rapid implementation by CMS of its authority. Consumers, labor and employer groups will look not only to whether this new System of Records is adopted, but to CMS acting with all due speed to release this data after the SOR takes effect so that patients and providers can begin to benefit from the quality improvements this information will generate.

Finally, we need to note our strong and unequivocal support for CMS administering the new System of Records to ensure that patient privacy is protected. However, we do not believe that the same principle of “privacy right” applies to physicians and other providers. As contractors to the federal government, physicians and other providers are in the business of providing care, and therefore like other businesses should be publicly accountable for the care they provide. We all want to be sure that performance reporting is done right – it is valid, timely and useful for consumers and providers. The use of information under this new System of Records is a means to achieving that “public good”.

Thank you for the opportunity to comment on this very important initiative. If you have any questions, please contact either of the Disclosure Project’s co-chairs, Peter V. Lee, CEO of the Pacific Business Group on Health, or Debra Ness, President of the National Partnership for Women & Families.

Sincerely,

Peter V. Lee
Chief Executive Officer
Pacific Business Group on Health

Debra L. Ness
President
National Partnership for Women & Families

Cc: Kerry Weems, Acting Administrator, CMS
Herb Kuhn, Acting Deputy Administrator, CMS
Barry Straube, MD, Chief Medical Officer and Director of Office of Clinical Standards & Quality, CMS
Thomas Valuck, MD, Director, Special Program Office of Value-Based Purchasing
Michael Rapp, MD, Director of Quality Measurement and Health Assessment Group, CMS
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