

Comments Submitted to NCQA
March 27, 2012
2012 Physician and Hospital Quality update

Measures and Methods 1A: Standardized Quality Measures—Support with Modifications

Comment: This section still appears to not address the use of supplemental measures (per criteria in Patient Charter). While the Patient Charter does list national accrediting organizations and government as level 2, PHQ also adds AMA PCPI. Moreover, private vendors are at a disadvantage, even if they follow rigorous development. While there has been progress, we still have a ways to go on having robust standardized measures and flexibility is needed in this transition.

Measures and Methods 1D: Adhere to Key Principles—Support

Comment: It is important that tiering programs designed to address value, truly address value. Requiring all three factors supports this as well as the Patient Charter criteria 1C (cost-efficiency should be reported with quality).

Measures and Methods 1E: Frequency—Support

No comments submitted.

Measures and Methods 1F: Verifying Accuracy—Support

No comments submitted.

Measures and Methods 1G: Results Reflect Data Beyond a Single Payer—Support with Modifications

Comment: The statistical validity of the data is more important than whether the data draws from multiple sources. In some cases, organizations will have enough performance data from a single source to generate meaningful results; there should be no penalty for doing so in those cases. Similarly, organizations should not be penalized for failing to participate in a multi-payer measurement collaborative. Concurrently, organizations that do not participate in a collaborative should demonstrate that their failure to do so does not negatively impact their measurement results. Successful demonstration of that should entitle the organization to credit for meeting the factor for purposes of scoring. In the inverse, failure should not entitle the organization to a free pass. In response to NCQA's question for public comment, we should try to at least gauge where organizations are in terms of working with others; there is a big difference between making concerted efforts to conduct multi-payer measurement and not being successful, and just refusing to engage in multi-payer efforts because an organization thinks it can do it adequately, independently.

Working with Physicians 2B: Opportunity to Correct—Support

Comment: The Consumer-Purchaser Disclosure Project (CPDP) supports frameworks that give providers adequate opportunity to address measurement errors without unnecessarily hindering the process or skewing the results. Clarifying for providers how requests are investigated and by whom, specifying a timeframe for responses to requests, and having a process for communication all appear reasonable.

Working with Physicians 2C: Handling Requests for Correction or Changes—Support with Modifications

Comment: This draft proposes adding “but no more than 30 days” to the process for reviewing and investigating requests for correction. As in our comments in 2011, we support the inclusion of a specific timeframe for which errors must be corrected. However, there should be a caveat if there appears a concerted effort to overwhelm the plan/organization with corrections. For, there needs to be a balance between the ability for physicians to request a review and not keeping good information from consumers; it is imperative to ensure that a concerted influx of requests for review not delay information being made public.

Working with Customers (Consumers and Purchasers): General—Support

Comment: The Consumer-Purchaser Disclosure Project (CPDP) is a group of leading employer, consumer, and labor organizations working toward a common goal to ensure that all Americans have access to publicly reported health care performance information. To that end, we feel strongly that organizations must be transparent with customers about the details of the physician measurement program, and that they must work closely with customers—both consumers and purchasers—to address any complaints. We are pleased to see this topic included and at equal footing with the topic of working with physicians.

Working with Customers (Consumers and Purchasers) 3A: Transparency of Measures and Methods—Support

Comment: The Consumer-Purchaser Disclosure Project (CPDP) supports adding “*Providing customers with information on how it uses results*” to its list of measures and methods. Information like this gives meaning and depth to performance measurement results. That, in turn, impacts the usability of the information once it is received by consumers and purchasers.

Working with Customers (Consumers and Purchasers)PQ 3D: Handling Complaints—Support

Comment: No Comment (Only minor change, added reference to PQ 3C: Policies and Procedures for Complaints as how complaints will be addressed)

Program Input and Improvement 4B: Feedback on Reports—Support with Modifications

Comment: The Consumer-Purchaser Disclosure Project (CPDP) is pleased to see “*Implements changes based on identified opportunities for improvement, if applicable*” added to the scoring for responses to its physician reports. Although gathering, analyzing, and making information available is certainly important, what is done with the information is critical. Our only caveat is that the “if applicable” qualifier may open too large an opening for organizations to skirt this criteria. In addition, more details are needed on how scoring is done if implementing changes is not applicable.

Program Input and Improvement 4C: Program Impact

Comment: The Consumer-Purchaser Disclosure Project (CPDP) is pleased to see the inclusion of this element in the PHQ Quality Update. Indeed, whether and how measurement programs are regularly assessed for areas of improvement is of great importance. It is our desire to see meaningful measures

used whenever and wherever possible, and outdated, redundant, or otherwise flawed measures dropped. Given the burden of measurement programs, it behooves all parties to encourage organizations to annually assess for areas of improvement and implement change where needed.