

Consumer-Purchaser DISCLOSURE PROJECT

Better information. Better decisions. Better health.

April 12, 2012

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

Dear Secretary Sebelius:

The undersigned organizations represent a collaboration of leading consumer, labor, and employer organizations. We are united in our commitment to improving quality and affordability of health care through the use of performance measurement and public reporting that supports consumer decision-making and helps us improve quality and implement appropriate payment strategies.

We are writing to urge the administration to set the highest possible standards for public reporting and accountability related to hospital patient safety measures. With the annual rulemaking cycle for Medicare Hospital programs set to begin shortly, we believe that many existing measures are valuable and meaningful to consumers, purchasers, and providers, and we support their use in the Medicare Hospital Inpatient Quality Reporting (IQR), Hospital Value-Based Purchasing (HVBP), and Hospital-Acquired Condition Payment Programs to provide critically needed transparency and accountability.

The administration clearly understands the urgency of improving the safety of our nation's hospitals, as reflected by the launch – under your leadership – of the *Partnership for Patients* initiative. We need a strong set of patient safety measures to form the cornerstone for achieving the *Partnership for Patients* goals, such as Catheter-Associated Urinary Tract Infection (NQF #138), Central-Line Associated Blood Stream Infection (NQF #139), the Complications/Patient Safety for Selected Complications Composite (NQF #531¹), and the eight hospital-acquired condition (HAC) measures². These types of measures are essential to support our efforts to provide meaningful information to consumers, purchasers, and providers.

¹ Often referred to as the Serious Complications Composite, and/or AHRQ Patient Safety Indicator 90.

² Foreign object retained after surgery; air embolism; blood incompatibility; stage III and IV pressure ulcers; falls and trauma; vascular catheter-associated infection; catheter-associated urinary tract infection; and manifestations of poor glycemic control.

www.healthcaredisclosure.org

Pacific Business Group on Health
221 Main Street, Suite 1500, San Francisco, CA 94105
415.281.8660 | tel

National Partnership for Women & Families
1875 Connecticut Avenue, NW Suite 650, Washington, DC 20009
202.986.2600 | tel

We believe that concerns expressed by some hospitals about the use of some of these measures are insufficient to warrant their removal from reporting and payment programs. Some have stated that publicly reporting certain measures on *Hospital Compare* could potentially mislead or confuse consumers due to irregularities in the coding of data used to calculate these rates. We certainly acknowledge the importance of improving coding practices, but these technical issues are not new, and are long overdue for remedy. We urge CMS to work with appropriate stakeholders to address these concerns in a timely manner, rather than allow this frequently cited problem to delay urgently needed safety improvements or become a rationale for eliminating valuable information already being publicly reported.

Diminishing currently available information about the safety of our nation's hospitals would deprive consumers and purchasers of critical information for decision-making about medical care or the design of employee benefit plans. It would also be a set-back to current efforts to align patient safety improvement activities across the public and private sectors. Finally, we note that improving these technical coding practices would also improve the reliability of data that providers currently submit to CMS and private purchasers to obtain reimbursement.

As an alternative to removing measures from reporting or payment programs, we recommend that those measures that have generated concerns be considered "interim," while concurrent and rapid efforts are made to develop and rapidly deploy measures that meet the needs of all key stakeholders. Members of the Consumer-Purchaser Disclosure Project are deeply engaged in the work of both the National Quality Forum (NQF) and the Measure Applications Partnership (MAP), and we believe that these are appropriate forums for driving this process forward. We know that the MAP has proposed that its Safety and Care Coordination Task Force would work over the coming year to develop recommendations for a core set of safety measures that would allow consumers and purchasers to effectively gauge safety risks and make informed health care choices. The MAP has proven in its inaugural year to be an extremely productive forum for discussing challenging issues from a multi-stakeholder perspective. We hope that this effort, along with others, will result in the ability to fast-track the development of new and better patient safety measures for submission to NQF for endorsement – measures that facilitate our ability to achieve better quality care and lower costs.

When it comes to patient safety, we simply cannot afford – in either human or financial terms – to delay or derail progress toward greater transparency and accountability. Nor can we wait until the arrival of perfect measures before addressing patient safety gaps in our health care system. As always, we applaud your leadership on this issue, and your courage in standing up on behalf of patients who depend on our health care system for safe care and reliable information to inform their medical decisions.

On behalf of the millions of Americans represented by the undersigned organizations, we appreciate the opportunity to voice our concern. If you have any questions, please contact either of the Consumer-Purchaser Disclosure Project's co-chairs, Debra L. Ness, President of the National Partnership for Women & Families, or Bill Kramer, Executive Director for National Health Policy at the Pacific Business Group on Health.

Sincerely,

AARP
AFL-CIO
American Benefits Council
American Hospice Foundation
Buyers Health Care Action Group
Childbirth Connection
Culinary Health Fund
Dallas-Fort Worth Business Group on Health
Employers' Coalition on Health
Employers Health Coalition
Health Action Council Ohio
Health Policy Corporation of Iowa
HealthCare 21 Business Coalition
Iowa Health Buyers Alliance
Indiana Employers' Quality Health Alliance
Lamaze International
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Memphis Business Group on Health
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New Jersey Health Care Quality Institute
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