

Comments on National Health Care Quality Strategy and Plan

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The American College of Physicians (ACP), that nation's largest medical specialty organization, representing 130,000 internists and medical students, commends the Department of Health and Human Services (HHS) for articulating a draft National Health Care Quality Strategy and Plan that aims to establish a framework that guides public-private quality improvement efforts. The intent that the National Quality Strategy be a living, evolving document is an appropriate recognition of the need for a high-level organizing principle that can be revised to reflect real-world developments. Overall, the draft content of National Quality Strategy is consistent with ACP policy and is on track as an important construct that can galvanize stakeholder efforts to improve health care quality.

Our specific comments pertaining to the draft National Quality Strategy are below.

Principles Guiding the National Quality Strategy

While the draft Principles provide an appropriate guide for the Framework, Priorities, and Goals that follow, we recommend the following modifications to improve their ability to provide high-level direction:

- Reflect the notion that evidence and data will guide the National Quality Strategy. This could be accomplished by adding another principle or modifying one listed in the draft. This would provide an expectation that the Framework, Priorities, and Goals will be based on the best available information.
- Incorporate the concept of improving health literacy. This could be accomplished by referencing the need for the full range of health information to be understandable to patients as it relates to socioeconomic status, which is mentioned in the third bullet that references eliminating disparities. The College view of the importance of improving health literacy is evident by the attention that the ACP Foundation devotes to the issue. The ACP Foundation, which has as its mission “to enhance the quality and effectiveness of health care by fostering communication between patients and their physicians,” maintains extensive resources and engages in significant outreach aimed at improving health literacy. These ACP Foundation efforts are described at <http://www.acpfoundation.org/index.htm>.

Framework for the National Quality Strategy

ACP supports the three components of the Framework that serve to complement the Principles. The Framework components are stated in an easily-understandable manner. ACP does suggest a minor modification to title of the “Health People/Healthy Communities” component, believing

that “Healthy People in Healthy Communities” is a phrasing that will better resonate with the public.

Priorities of the National Quality Strategy

The feedback questions posed by HHS ask what Priorities should be addressed for each of the three Framework components. ACP urges that HHS initially focus on Priorities that address all three Framework components. The College recommends the specific Priorities below as they can drive improvement related to Better Care, Affordable Care, and Healthy People/Healthy Communities.

- *Achieving a health care workforce that meets the needs of the population.* ACP is especially concerned about the shortage of primary care physicians, which, while problematic in the current environment, threatens to undermine the ability of individuals who have coverage as a result of the Affordable Care Act (ACA) to actually receive care. The most comprehensive ACP documentation of the shortage of primary care physicians and its deleterious effect on the health care system is its 2008 white paper: “How is a Shortage of Primary Care Physicians Affecting Quality and Cost of Medical Care? A Comprehensive Evidence Review,” available at http://www.acponline.org/advocacy/where_we_stand/policy/primary_shortage.pdf. The College is aware that other physician specialties and other providers are also experiencing or are projected to experience shortages. The ACA-established Workforce Commission provides an opportunity to make significant progress toward establishing an optimal workforce. ACP recommends that HHS make this goal a priority.
- *Test and Expand the Patient Centered Medical Home (PCMH).* PCMH is a distinction that physician practices can achieve that indicates they have the infrastructure—in personnel and health information technology—and processes to provide patient-centered care. The PCMH model is intended to improve quality of care furnished to patients while constraining system-wide costs. While the PCMH has gained significant traction at the state and private sector-level and has been identified for testing in Medicare, identifying it as a priority would infuse greater urgency into these efforts. While primary care physician practices are most likely to become PCMHs, the model must relate well to specialists and hospitals to achieve its maximum impact. ACP has worked with organizations representing physician specialties to outline a path toward appropriate referral and optimal communication between primary care/principal care physicians and specialists. The document describing this important, patient-centered component is at www.acponline.org/advocacy/where_we_stand/policy/pcmh_neighbors.pdf.
- *Achieve widespread use of comparative effectiveness information/promote high-value, cost-conscious care.* The ACA, previous laws, and existing efforts have established a foundation for furthering the development of reliable information comparing treatments. This work—and an increased emphasis on treatments for which there is already widespread acknowledgement that the evidence shows to be either of high or marginal value—has great potential toward meeting the three components. All actors in the health

care system, especially patients, must engage in this enterprise for it to achieve its full potential.

- *Ensure widespread and appropriate use of health information technology (HIT).* While there currently is great emphasis on promoting broad adoption and use of HIT, ACP believes that this foundational element for realizing improvement in the three components is worthy of identification as a priority. Appropriate use is an essential piece to this priority as all the progressive steps taken to facilitate adoption must remain focused on the ultimate goal of better care to more activated patients.

Goals of the National Quality Strategy

The examples of the goal areas listed in the National Quality Strategy document are laudable. The second and third examples, which appropriately focus on transitions of care and individuals with multiple chronic conditions, pertain to a subset of the population. ACP urges HHS to be sensitive to the fact that specific initiatives and efforts that focus on a subset of a patient population, no matter how important to better patient care and as a driver of health care costs, can pose challenges to physician practices. Physician practices that employ improvement in personnel, HIT, and processes, typically do so in a manner that pertains to all their patients. Initiative requirements and related incentives that focus on a subset of the patient population may pose challenges to the ability of practices to make and sustain the needed improvements. The fact that the criteria Congress provided through the ACA to guide the HHS selection of priorities includes significant focus on population subsets further prompted us to share this practical observation of physician practice improvement efforts.

In addition, ACP recommends that goals relate to our recommend priorities. We offer the specific goals below for consideration as examples.

- Achieve a workforce that is best able to promote Better Care, Affordable Care, and Health People/Healthy Communities through collective actions of the public and private sectors.
- Majority of primary care physician practices are recognized as a PCMH as facilitated through rapid testing and expansion of the model that is supported by investment and payment system reform.

ACP recommends that short-goals could be structured in a way that facilitates five-year goals. For example, the goal of having a majority of primary care practices recognized as PCMHs could be achieved by the short-term goal of HHS coordination of accelerated, widespread testing of the PCMH model—as underway and through opportunities afforded by the ACA. The College refrains from recommending numerous short-term and longer-term goals at this point but welcomes dialogue with HHS as it moves forward with articulating the National Quality Strategy.

Measures of Progress in Priorities and Goals

ACP recommends that HHS ensure that measures of progress are aligned with measures in the Medicare Physician Quality Reporting Initiative (PQRI) and the requirements for meaningful use associated with the Electronic Health Record Incentive Program. Further, measure development and use required by the ACA must be coordinated to ensure consistency and avoid imposing multiple, diverse sets of expectations on physicians and others. HHS should identify measurement components of existing, planned, and ACA-stipulated activities in the National Quality Strategy. This will promote consistency in efforts and facilitate stakeholder engagement.

Stakeholder Engagement/Public Comment

ACP appreciates the HHS openness and willingness to engage at various levels and on various programs/issues and the College intends to continue this productive dialogue. Specific to the National Quality Strategy document and its evolution, the College recommends an open and public process related to each iteration. To the extent that the Strategy—and the priorities and goals included in it—succeeds in being the organizing principle that HHS envisions, the College believes that much of the public-private stakeholder interaction will need to be initiative/issue specific. The Strategy can, however, provide overarching guidance to all initiative/issue-specific participants.

In summary, ACP is very supportive of the direction in the draft HHS National Quality Strategy and it would welcome the opportunity to contribute to the ongoing dialogue. Please contact Brett Baker, Director, Regulatory and Insurer Affairs, by phone at 202-261-4533 or by e-mail at bbaker@acponline.org if you need additional information.