American Hospital Association

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Elizabeth McGlynn, Ph.D., and Harold Pincus, M.D.
Co-chairs, Measure Applications Partnership
c/o National Quality Forum
1030 15th ST, N.W.
Suite 800
Washington, DC 20005

RE: Measure Applications Partnership Pre-rulemaking Draft Report, December 2015

Dear Drs. McGlynn and Pincus:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the Measure Applications Partnership's (MAP) December 2015 pre-rulemaking draft report. This letter provides overarching comments about the MAP process; we have submitted comments separately on specific measures under review using the National Quality Forum (NQF's) online commenting tool.

The AHA continues to believe the MAP's best opportunity to promote broad improvement in health care is to identify a discrete set of actionable quality improvement priorities for the health care field. For this reason, we urge the MAP to use the recent recommendations in the National Academy of Medicine's (NAM) *Vital Signs* as a foundation for identifying these system-wide priorities.

The MAP's multi-stakeholder composition and mandate to review nearly all quality measures being considered for Centers for Medicare & Medicaid Services (CMS) programs affords it a unique opportunity to look across programs and measures. In theory, this perspective also should enable the MAP to hone in on a limited number of effective, reliable, care-setting appropriate measures for each part of the health care continuum that work together to promote improvement and optimal outcomes for patients and communities. As the AHA and others have noted since the MAP's inception, identifying such "measures that matter" for federal programs is urgently needed. The NAM report notes that progress in improving the quality of health care has been stymied by discordant, uncoordinated measurement requirements from CMS and others. The existing measures provide limited insight into several critical questions:

- Are patient outcomes improving?
- Is care getting safer?
- Are patients more engaged in their health and treatment decisions?
- Are we driving out unnecessary expenditures?

We believe that Congress created the MAP precisely so that the Department of Health and Human Services would get multi-stakeholder input on what matters and how best to measure progress in improving those priorities. Unfortunately, the MAP process to date has not yet realized the promise of identifying "measures that matter." The AHA believes this is in large part because the MAP's work has not yet been rooted in a set of specific, actionable, cross-continuum priorities for national quality improvement. By law, the MAP must make recommendations on potentially hundreds of measures in a highly compressed timeframe. Without identified priorities, it is difficult to know whether the measures under consideration address important issues that meaningfully improve patient care.

The NAM *Vital Signs* report provides an important uniting framework that will help make all stakeholders be more accountable and engaged in measurement and improvement. The report recommends 15 "Core Measure" areas, with 39 associated priority measures. Each stakeholder would be measured on the areas most relevant to their role in achieving common goals and objectives. Using input from our membership, the AHA has developed a list of measurement areas that we believe represent the key contributions hospitals can make toward improving the NAM's 15 core areas. A mapping of the NAM core measure areas and AHA priority list is provided in the table below.

Mapping of *Vital Signs* Core Measure Areas and AHA Priority Measures

Blue = NAM Core Measure Area
Red **=** *AHA Priority Measure*

The recent collaboration of America's hospitals and CMS in the Hospital Engagement Network (HEN) program shows the great potential for a focused, deliberate approach to quality measurement and improvement. Indeed, the HEN program prevented an estimated 92,000 instances of harm and saved an estimated $988 million.

We look forward to continuing our engagement with the MAP and thank you for the opportunity to comment. If you have any questions, please feel free to contact me or Akin Demehin, senior associate director, policy, at (202) 626-2365 or ademehin@aha.org.

Sincerely,

/s/

Ashley Thompson
Senior Vice President
Public Policy Analysis and Development