



January 20, 2015

Mark Schaefer, PhD
Director, Healthcare Innovation
Office of the Healthcare Advocate
PO Box 1543
Hartford, CT 06144

SUBJECT: Core Performance Measurement Set of the Healthcare Innovation Steering Committee's Quality Council

Dear Mark:

On behalf of the Connecticut Hospital Association and its member hospitals, I'm writing to support the performance measurement consensus process developed by the Healthcare Innovation Steering Committee's Quality Council Work Group. I regret that I am unable to attend the meeting on Wednesday, January 21, 2015, because of a prior commitment but intend to attend and provide public comment on Wednesday, February 4, 2015.

Connecticut hospitals are dedicated to providing the best quality care to patients. We are working hard to improve quality, and are measuring and tracking our progress in various ways. Measuring care quality is complex and involves factors related structure, process, and outcomes. Measures include those that derive from the Institute of Medicine's six domains of quality: safety, effectiveness, patient-centered care, timeliness, efficiency, and the provision of equitable care.

CHA commends the Quality Council on the development of its ten [Guiding Principles](#) to assist Council members in taking a standardized and scientific approach to measurement during the consensus process. The Guiding Principles reflect the expertise and thoughtfulness of the group.

Specifically, CHA fundamentally supports alignment with current measure sets and utilizing established measures. We also support the Council's goal of paring down the current list of measures to a smaller set. CHA recommends adopting established measures from the Medicare Shared Savings Program, the Medicaid Adult and Child Health Care Quality Measures, and the Physician Quality Reporting System. We agree that these should be considered strongly for the initial set adopted into the QISSP because they align with the program's purpose, are established, and are valid.

Last year, CHA's Board endorsed the Association of American Medical Colleges' (AAMC) "[Guiding Principles for Public Reporting of Provider Performance](#)." We believe these principles apply to the selection of the measures being considered by the SIM Quality Council. CHA supports the principle of accountability through quality reporting if the measures used are meaningful, in that they serve a purpose, are transparent, and are scientifically valid. The measures must align with the processes that

are being measured and reflect accurately the performance of an individual or organization. The AAMC Guiding Principles were developed by a volunteer group of measurement experts and endorsed by organizations including the American Hospital Association, America's Essential Hospitals, Federation of American Hospitals, Catholic Health Association of the United States, and the Children's Hospital Association.

Purpose

To meet the goals of the QISSP, CHA suggests that the program utilize a small number of reliable, accurate, and care setting-appropriate measures that will meet the priority areas of the QISSP. CHA suggests that the Quality Council start with an initial small core set of well-established measures that can be expanded over time. Developing familiarity with a core set, monitoring for validity, and providing feedback are elements that help ensure a successful program. This is consistent with the approach used by the HEDIS program when it started in the 1980's and the Centers for Medicare & Medicaid (CMS) quality reporting program. CMS has continued to use this approach when introducing new quality programs and it is the generally accepted standard.

Transparency

CHA supports the transparent sharing of the measure specifications of each metric, including the endorsing agency. This approach supports the appropriate interpretation of the data. Transparency also includes data methods and sources, as well as the limitations of each measure. CHA recommends a data preview period be established so participants can make any necessary corrections prior to public reporting. In addition, ample time should be given to participants when new measures are added to the program. Technical support and educational opportunities should be provided. These processes can help to ensure reliable data submission and reporting as well as continuous quality improvement.

Validity

Performance metrics must be valid to reflect accurately patient care processes. Validity ensures that the methodology, data collection, scoring, and benchmarks produce an accurate reflection of the characteristic being measured. All measures and scoring methodologies should be supported by clinical evidence, be field-tested, and have the endorsement of the National Quality Forum (NQF) or other nationally recognized endorsement. Validity is necessary to ensure that results are accurate and that providers are characterized appropriately. CHA recommends that the Quality Council eliminate from consideration any measure not currently endorsed by the NQF or other nationally recognized body. Additionally, CHA does not support the use of composite measures unless they are NQF-endorsed.

We look forward to continuing to provide assistance to the Healthcare Innovation Steering Committee, and thank you for the opportunity to comment.

If you have any questions, please contact me.



Mary Reich Cooper, MD, JD
Chief Quality Officer
Vice President, Quality and Patient Safety
cooper@chime.org

MRC:mb