

June 17, 2010

The Honorable Kathleen Sebelius  
Secretary, U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 736-E  
Washington, DC 20201

**RE: HHS Strategic Framework on Multiple Chronic Conditions  
Comments on Behalf of Consumer, Labor, and Employer Organizations**

Dear Secretary Sebelius:

The Consumer-Purchaser Disclosure Project is an initiative that is improving health care quality and affordability by advancing public reporting of provider performance information so it can be used for improvement, consumer choice, and payment. The Disclosure Project is a collaboration of leading national and local employer, consumer, and labor organizations. We appreciate the opportunity to comment on the U.S. Department of Health and Human Services' (HHS) draft Strategic Framework on Multiple Chronic Conditions and we applaud the work being done by HHS to create a framework to address the unique needs experienced by this critical population. We note that in order to improve and at the same time control the costs of care received by patients with multiple chronic conditions, partnerships among different payers and providers will be required, as will improvements in performance measurement. Thus, as HHS refines this Strategic Framework, we urge HHS to strengthen the role of performance measurement using the following strategies:

- Develop – with deliberate speed -- guidelines on care for patients with MCC to undergird the creation of evidence-based performance measures for this population that are not disease-specific but that look at the range of needs faced by the MCC population;
- Use a full breadth of measures – including patient and caregiver experience surveys -- to assess quality and value of patient care;
- Apply performance measures to advance quality improvement and support patient choice;
- Maximize the use of health information technology;
- Emphasize the need for system change by moving Goal 3 to the place of Goal 1.

Our comments are based upon the belief of consumers and purchasers that what gets measured gets improved. Consumers and purchasers also believe that to be meaningful, performance measurement must comprehensively assess whether the care delivered is making a significant difference for patients across multiple domains, including patient experience, clinical quality, functional outcomes, and resource use. This is reflected in the Consumer-Purchaser Disclosure Project's robust dashboard of meaningful measures (attached as an appendix to our comments).

**Develop research and guidelines on care for patients with MCC with speed**

There is very limited information on best practices for caring for patients with MCCs in part because clinical research often excludes persons with multiple chronic conditions. We are therefore very supportive of the Strategic Framework's goal of advancing research on how to best care for individuals with MCC (Goal 4).

The Strategic Framework also encourages using research to develop evidence-based clinical guidelines for caring for patients with MCC (Goal 2). This is critical as existing clinical guidelines tend to focus on single conditions. However, the Strategic Framework should also convey the need to develop these guidelines with speed for many reasons, not the least of which is to allow for the subsequent development of performance measures that will drive practice toward the guidelines. Where guidelines are uncertain, the framework should emphasize the importance of effective use of shared-decision making in creating a care plan for patients with MCC that will reflect their preferences and goals.

### **Use a full breadth of measures to assess quality and value of patient care**

The Strategic Framework does not adequately address the implementation of performance measurement or its multiple uses. The main reference to performance is Strategy 1.A.2., “Develop key quality metrics, in the form of performance measures to capture best practices in general care of patients with MCC.” Within this context, use of performance measures appears to only be tied to generating information on which care practices work best for individuals with MCC. Instead, performance measures should be used to assess the attainment of high-quality and high-value care, not just with the execution of purported “best practices.” We strongly encourage HHS to articulate in the Strategic Framework the importance of measuring the areas listed in the attached *Measure Dashboard*, including clinical outcomes, functional status, patient experience, and care coordination. The full dashboard reflects many of the Strategic Framework’s aims; however, there is a distinction between supporting these aims – which the Strategic Framework clearly does – and requiring that the achievement of these aims be measured and reported. Requiring assessment of these areas of care will reveal whether provided care is making a meaningful difference in the lives of patients with MCC. Finally, the data must be able to be used to address disparities in care among patients with MCC, and therefore measures applied to this population via the framework must be able to be stratified by race, ethnicity, language and gender, at a minimum.

### **Apply performance measures to advance quality improvement and support patient choice**

The Strategic Framework focuses the use of performance measures on quality improvement. However, the Strategic Framework does not address the use of measurement to help patients with MCC make better decisions about selecting providers who excel at serving their needs. There are large variations in quality of care for these complex patients and they deserve to know which organizations or providers can best meet their needs across both the clinical and care coordination/transition arenas. The federal government should help by collecting and making available the data to support informed patient decision-making via public reporting vehicles that provide comparative information for patients and their family and caregivers.

### **Maximize use of health information technology**

The Strategic Framework does not effectively express the importance of HIT in improving patient care and achieving the range of goals and strategies described in the Strategic Framework. For example, Goal 4 is to increase research on care for patients with MCC. Accelerating use of HIT is critical to Goal 4 as it can greatly improve the level of clinical detail of widely available data, and may help accelerate clinically meaningful research on how to best care for individuals with MCC. Greater urgency should also be placed on accelerating actual use of HIT (e.g., EHRs, PHRs), reflecting the significant federal investment in meaningful use of HIT through the American Recovery and Reinvestment Act’s (ARRA) Health Information Technology for Economic and Clinical Health

(HITECH) program. In addition, once guidelines are developed for individuals with MCC, those guidelines should be fed back into clinical decision support systems.

The Strategic Framework should also articulate the important role that the federal government can play to increase patient access to their electronic data, which is vital to increasing use of self-management (Goal 2). Self-management can only be achieved if patients have full access to their health information from all sources. The federal government can help patients by stressing the importance of data standards, portability, and information exchange to ensure that patients and their family and caregivers can get the patients' own information or direct that it is provided to consumer information platforms such as Healthvault. The Centers for Medicare & Medicaid Services and the Veterans' Administration are already enabling data download to consumer information platforms -- the federal government should advance private sector adoption of such policies.

**Emphasize the need for system change by moving Goal 3 to the place of Goal 1**

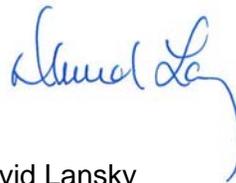
For patients with MCC, the failure to integrate services and information across providers contributes significantly to poor outcomes and unnecessary costs. The overall MCC strategy should therefore be to focus first on coordination and integration of services. We recommend that Goal 3 be assigned to the place of Goal 1 in the Strategic Framework.

On behalf of consumers and purchasers across the country, thank you for your consideration of our comments. If you have any questions, please don't hesitate to contact either of the Disclosure Project's co-chairs.

Sincerely,



Debra L. Ness  
President  
National Partnership for Women & Families  
Co-chair, Consumer-Purchaser Disclosure Project



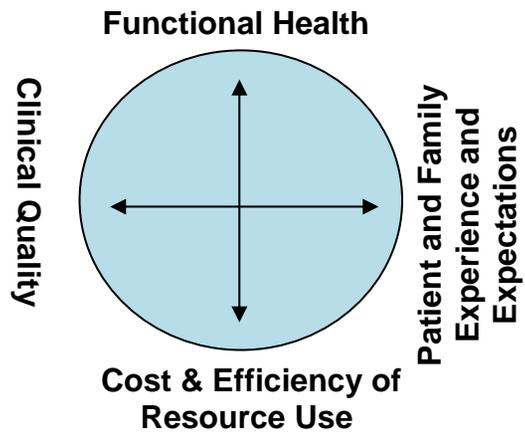
David Lansky  
President & CEO  
Pacific Business Group on Health  
Co-chair, Consumer-Purchaser Disclosure Project

Attached: Consumer and Purchaser Robust Dashboard of Meaningful Measures

**APPENDIX: CONSUMER & PURCHASER  
 “WORKING” ROBUST DASHBOARD OF MEANINGFUL MEASURES**

Functional Health Results
Change in physical function (i.e., difference between pre- and post-treatment functioning)
Change in mental health
Change in social/role function (e.g., ADL)
Change in other measures of health status such as pain, vitality, perceived well-being, health risk status

Clinical Outcomes (Actual results must be reported)
Mortality
Morbidity
Signs and symptoms affected by treatment
Laboratory determinations of physiologic values
Treatment complications (e.g., healthcare-acquired conditions, avoidable events such as avoidable hospitalizations or readmissions)
Appropriateness of Care (overuse, underuse, misuse)
Adherence to guidelines
Where guidelines are uncertain, there should be evidence of effective use of shared-decision making
Clinical Processes
Individual processes
Composites of clinical processes (e.g., percent of appropriate care delivered, percent of patients receiving all care for which they are eligible)



Direct Medical Costs
Total episode cost to payers
Breakdown of cost by episode
Efficiency in resource use
Indirect Costs
Lowered productivity
Days lost from work
Care-giver costs
Replacement worker costs

Patient Experience
(Measure developers should articulate how and where the patient perspective can be assessed and used to improve various areas such as those listed below)
Provider engagement
Provider communication
Provider availability
Mutual respect and trust
Health benefits of care
Shared decision-making

Cross-Cutting Issues
Care coordination and care transitions
“Meaningful Use” of health information

Note: Measure sets should at a minimum include a few high-value measures from each of the listed areas and sub-areas. If a measure set cannot address a specific area due to current data or other technical limitations, a clear course should be charted out to address it in the near term. A measure set should also reasonably cover the breadth of conditions treated by the provider.