



National  
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Agency for Healthcare Research and Quality  
Attn: Nancy Wilson, M.D., M.P.H.  
Coordinator of the Advisory Council Subcommittee  
Immediate Office of the Director  
Room 3028, 540 Gaither Road  
Rockville, MD 20850

**Re: Medicaid Program: Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults**

To Whom It May Concern:

The National Association of Public Hospitals and Health Systems (NAPH) appreciates the opportunity to submit comments to the Agency for Healthcare Research and Quality (AHRQ) on the Initial Set of Health Quality Measures for Medicaid-Eligible Adults.

NAPH represents approximately 140 metropolitan area safety net hospitals and health systems. These hospitals and health systems are critical sources of care for low-income and vulnerable patients in their communities—about half of all the care provided by NAPH members is for Medicaid and uninsured patients. Medicaid continues to be the most important source of revenue for public hospitals, accounting for 35 percent of NAPH members' total net revenues. As major providers of primary, preventive, specialty inpatient and outpatient care to Medicaid and uninsured patients, NAPH members are prepared to support the enrollment of millions of new Medicaid members as health care reform is fully implemented. NAPH and our members are strong supporters for delivering high quality care to our populations. NAPH supports a national set of standardized metrics for evaluating the quality of care for this population and appreciates the AHRQ Subcommittee's efforts to develop a framework and identify measures with standardized criteria to evaluate the quality of care provided to Medicare patients. In addition, NAPH appreciates the inclusion of experts from our membership with the expertise and experience of delivering care to this population. NAPH members are deeply committed to improving population health, health outcomes, and health status and delivering high quality of care through out their systems that include hospitals, ambulatory care networks and medical homes. They are committed to improving quality of care and eliminating disparities by ensuring that all patients receive evidence-based care, regardless of who they are.

Below are comments highlighting issues of specific concern to safety net hospitals.

### General Comments

There are a total of 51 measures in the list of initial measures to be considered for evaluation of the care of the Medicaid population. These measures were carefully chosen by a group of experts to represent the diversity of care being provided to a larger population served over a longer span of life and with multiple long-term chronic diseases. Of the remaining 22 measures we support, 11 are already included in the Medicare and Medicaid Electronic Health Record Incentive Payment Program and the three maternity measures are designated for inclusion in the initial core set of children's measures. NAPH supports all efforts taken by CMS to increase the harmonization of measures to reduce the burden and redundancy for reporting on the healthcare system. Our recommendation includes that the measures in the final rule be aligned with the National Healthcare Quality Strategy and Plan as well as the metrics proposed with Healthy People 2020.

NAPH supports the process established for measures to be submitted to the National Quality Forum (NQF) for review and vetting by a panel of experts in order to become "NQF approved measures". To that end, any measure without NQF approval should be removed from the list of proposed measures for measuring care of the Medicaid population. Because of the importance of these measures, NAPH strongly recommends that these measures be submitted to the NQF for review and vetting for possible future inclusion in this measure set.

Measures recommended for exclusion are:

Measure Number	Measure Name
5	Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment
8	Plan All Cause Readmission
38	Bipolar I Disorder 2: Annual assessment of weight or BMI, glycemic control, and lipids.
39	Bipolar I Disorder C: Proportion of patients with bipolar 1 disorder treated with mood stabilizer medications during the course of bipolar I disorder treatment
40	Schizophrenia 2: Annual assessment of weight/BMI glycemic control, lipids
41	Schizophrenia B: Proportion of schizophrenia patients with long-term utilization of antipsychotic medications
42	Schizophrenia C: Proportion of selected schizophrenia patients with antipsychotic polypharmacy utilization
47	Ambulatory Care: Outpatient and Emergency Department Visits
48	Inpatient Utilization: General Hospital/Acute Care
50	Mental Health Utilization
51	Prenatal and Postpartum Care: Postpartum Care Rate

### Patient Quality Indicators

While Patient Quality Indicators (PQI) are considered as the most current method for measuring the health of communities, we have only begun to quantify all of the variables that may impact the course and outcome of a particular disease. Regardless of the quality of ambulatory care, factors such as lack of access to condition appropriate foods or air quality, access to timely ambulatory care and issues of health literacy that support long term compliance in chronic disease, the rate of admissions for these populations is unclear. In addition, the knowledge of how best to interpret national variations in care provided is in its infancy and will require additional time to drill deeper to better understand those variations in care delivery. To that end, NAPH recommends further study on the impact of these possible mitigating factors on admission rates for these conditions before they are included in the initial core set of measures for the Medicaid program. One example of a situation that may lead to wide swings in community performance might be an increase in rates of admission for dehydration during heat waves. In this example, high rates of hospital admission may have nothing to do with care in the ambulatory setting but in fact the ability of a community to provide enough local outreach to educate and provide resources necessary for hydration of community members who are confined to their homes or with out tools to hear about local warnings and education on safe practices during a heat wave. There are no current processes for creating the mechanisms to hold communities or public health systems accountable for the role they play as a contributor to the health of a community. NAPH is willing to participate in the discussions to support the development of the relationships that will be necessary for all parties to participate in a review of data attributed to hospitals and support joint problem solving to improve the outcomes. NAPH and our members support the concepts of these measures as key to improving the quality of care in communities and welcome the opportunity to participate in this type of research and evaluation.

Measures recommended for exclusion are:

Measure Number	Measure Name
9	PQI 01: Diabetes, short-term complications
10	PQI 02: Perforated appendicitis
11	PQI 03: Diabetes, long-term complications
12	PQI 05: Chronic obstructive pulmonary disease
13	PQI 07: Hypertension
14	PQI 08: Congestive heart failure
15	PQI 10: Dehydration
16	PQI 11: Bacterial pneumonia
17	PQI 12: Urinary Tract Infection Admission Rates
18	PQI 13: Angina without procedure
19	PQI 14: Uncontrolled Diabetes Admission Rate
20	PQI 15: Adult asthma
21	PQI 16: Lower extremity amputation among patients with diabetes

Additional measures identified below are valuable for measuring quality of care in the Medicaid population but should be considered at a later time when electronic medical records are more fully implemented in order to reduce the burden for measurement.

Measures recommended for inclusion when EHR's are widely deployed:

Measure Number	Measure Name
25	Appropriate Use of Antenatal Steroids
27	Timely Transmission of Transition Record (Inpatient Discharges to Home/Self-Care or Any Other Site of Care)
28	Transition Record With Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self-Care or Any Other Sited of Care)

Two additional measures should be excluded as they are not used for measuring other patient populations:

Measure Number	Measure Name
44	Proportion of Days Covered (PDC): Five rates by Therapeutic Category
46	CAHPS Health Plan Survey v 4.0.OH-NCQA Supplemental items for CHAPS 3.0 Adult Questionnaire Measure

NAPH supports the use of the additional 22 measures identified in the proposed rule. It is important to note that special consideration should be given to measures that are impacted by chronic disease measures. Many millions of individuals will be new to the availability of insurance coverage and therefore issues to increase participation of the patient and family in the development of a plan of care and the importance of long term compliance may slow the rate of improvement in these measures. In addition, there may be a need for significant additional infrastructure development to provide support to these patients. Examples of this support will be in home care for those with limited mobility, financial support for medications and timely access to ambulatory visit appointments at a time when the need could exceed access. The measures that represent these concepts are: Measure 29-Persistence of Beta-Blocker Treatment After a Heart Attack and Measure 30-Controlling High Blood Pressure.

NAPH recommends the following points for consideration on the following issues:

- Will these measures be applied to Medicaid Fee for Service, Medicaid Managed Care or both groups of patients?
- We encourage an update for healthcare providers on the plans for reporting at the State level on the proposed Medicaid metrics. Every effort should be made to minimize the number of places any organization is required to report data.
- No new measures should be included in a sub-regulatory process.

NAPH appreciates AHRQ's consideration of these comments and we look forward to any opportunity to further support and participate in validating these measures for use in the Medicaid population. If you have any questions, please contact Jane Hooker at (202) 585-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Siegel", with a stylized flourish extending to the right.

Bruce Siegel, MD, MPH  
Chief Executive Officer