AMA
AMERICAN MEDICAL ASSOCIATION

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December 27, 2012

Marilyn B. Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, DC 20201

Re: Request for Information Regarding Health Care Quality for Exchanges, 77 Fed. Reg. 70786 (November 27, 2012); File Code CMS-9962-NC

Dear Acting Administrator Tavenner:

On behalf of our physician and medical student members, the American Medical Association (AMA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) request for information on health care quality in exchanges. There are major opportunities to improve the delivery of health care services in the United States, and the AMA believes that quality measurement provides an important tool to assess current care by identifying and closing existing gaps.

Standardization vs. Accountability

Effective measurement for continuous quality improvement can be used to help a practice or organization understand its own care processes, understand how its performance compares with others, and track measures in response to changes. The AMA believes that the development of a standard set of quality measures to advance quality improvement efforts across payers would be invaluable. A national core set of quality measures can help standardize data and data collection methods, and provide useful and valid data about provider quality for both quality improvement activities and public reporting. However, the diversity of health care services provided in the ambulatory care setting makes the adoption of *one* national core set of quality measures, across all payers, very challenging. Specifically, the AMA supports the use of care domains to provide guidance on identifying a starter set of quality measures for the ambulatory setting, including care coordination, preventive health, patient safety, and population health-focused domains (e.g., diabetes). These are also the domains outlined in the HHS National Quality Strategy.

Once clinically relevant measurement domains have been defined, payers must harmonize their quality measures regionally, so that no physician practice is required to report on a host of different measures covering the same clinical topic area. The state of California has been working to address the problems associated with managing a host of different measures for different payers. Specifically, the Integrated Healthcare Association (IHA) convenes all the major payers and physician groups in California and creates a single set of measures that everyone agrees to use, following a process that is now well established and supported by all the affected partners. The AMA recommends that CMS provide a clear framework for how states can manage different measures for different payers. This will ensure that those affected by the capture and reporting of these measures can best select and report on measures truly meaningful for the state's patient and provider mix.

It is from the above perspective that the AMA offers the following responses to specific questions posed by CMS.

Understanding the Current Landscape

2) *What challenges exist with quality improvement strategy metrics and tracking quality improvement over time (for example, measure selection criteria, data collection and reporting requirements)? What strategies (including those related to health information technology) could mitigate these challenges?*

There are numerous challenges in measuring quality, including risk adjustment, attribution of care to individual physicians, and inadequate systems for collection and analysis of clinical data. Timely data are critical to ensure meaningful quality measurement efforts. It is best to collect and report data in smaller, more frequent batches, such as on a weekly or monthly basis instead of on the typical quarterly or annual basis. Also, it is critical for physicians and other end-users of quality measures to be involved in the development of the measures. This will facilitate adoption of measures relevant to a physician's practice, which is key in ensuring that the measurement actually helps to improve quality, rather than measurement for measurement sake.

Many health plans currently have their own quality improvement and physician rating programs. Physicians are being rated on multiple criteria from various health plans, making it difficult to use the information constructively to help improve patient care and lower health care costs. For example, physicians may be rated differently across the various health plan programs such that a doctor may be highly rated in several plans but poorly rated by another plan due to a low number of cases or outliers. A more standardized rating system, informed by the AMA Guidelines for Reporting Physician Data (Reporting Guidelines), would provide more comprehensive and consistent quality ratings across health plans.

Applicability to the Health Insurance Exchange Marketplace

6) *What quality measures or measure sets currently required or recognized by states, accrediting entities, or CMS are most relevant to the Exchange marketplace?*

Any quality measurement system should include the recognition and understanding that physicians and patients ultimately drive treatment decisions. The most appropriate treatment for an individual patient may vary from what is recommended by a particular measure.

The methodologies and specifications for all quality measures should be completely transparent to consumers and physicians. All quality measure data used for comparing performance among health plans should be risk adjusted for disease severity, case mix, and other variables, including age, gender, and socioeconomic status. In addition, physicians should be involved in the development of the quality measures used in insurance exchanges.

The AMA also cautions against "total cost of care" measurement with no indication of the quality of the service(s) provided. Any cost related measurement must also be appropriately risk adjusted.

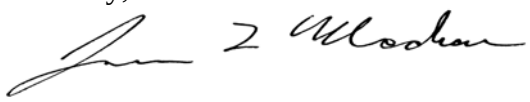
11) What are effective ways to display quality ratings that would be meaningful for Exchange consumers and small employers, especially drawing on lessons learned from public reporting and transparency efforts that states and private entities use to display health care quality information?

To prepare physicians to utilize data for overall system improvement, the AMA has developed Reporting Guidelines to increase physician understanding and use of their cost and quality data for practice improvement. These Reporting Guidelines outline a course for health plans and other reporting bodies to standardize the format used for physician data reporting and provide physicians with patient-level detail to enhance the utility of data reports. Implementation of the Reporting Guidelines will enhance the effectiveness of the reports and increase physician understanding and use of the data.

The AMA released the Reporting Guidelines in June. More than 60 organizations have endorsed them, and we are actively engaging others on these guidelines, including CMS. We have also convened workshops to help physicians learn how to analyze claims data to identify opportunities to improve care. To read more about these activities, or to view the actual Guidelines for Reporting Physician Data Report, please visit: www.ama-assn.org/go/physiciandata.

Thank you for the opportunity to provide comments on issues related to health care quality for exchanges. The AMA looks forward to working with CMS to help advance these important efforts. If you need further information, please contact Jennifer Meeks, Assistant Director of Federal Affairs, at jennifer.meeks@ama-assn.org or (202) 789-4688.

Sincerely,



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