AMA
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MEDICAL
ASSOCIATION

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Carolyn Clancy, MD
Director
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
John M. Eisenberg Building
540 Gaither Road
Rockville, MD 20850

Re: Comments on HHS Initial Core Set of Health Quality Measures for Medicaid-Eligible Adults (CMS-2420-NC)

Dear Dr. Clancy:

The American Medical Association (AMA) is pleased to have the opportunity to comment on the Department of Health and Human Services' (HHS) request for comment on the initial core set of health quality measures recommended for Medicaid-eligible adults, as required by Section 2701 of the Affordable Care Act (ACA). We support efforts to promote coordinated and meaningful quality measurement and improvement across both the Medicare and Medicaid programs. After careful review of the initial core set of health quality measures for Medicaid-eligible adults, we offer the following comments.

In the proposed Medicaid Program: Initial Core set of Health Quality Measures for Medicaid Eligible Adults (Initial Core Set), there are several prevention and health promotion and management of chronic condition evaluation topics that mirror those included in the Center for Medicare and Medicaid Services (CMS) Physician Quality Reporting System (PQRS) program. The AMA believes that aligning measures across these programs will have several advantages over selecting different measures to evaluate the same clinical diagnosis or topic area. Most notably, use of the same measures will allow HHS to accurately compare the care that is provided to Medicare and Medicaid participants.

Many of the measures in the PQRS program are endorsed by the National Quality Forum (NQF), thereby assuring that these measures have been reviewed and vetted through a consensus development process that is designed to call for input and carefully consider the interests of stakeholder groups from across the healthcare industry. In addition, to maintain currency and clinical relevancy, maintenance of NQF measures requires periodic review and updating of the measure by the measure developer and re-review by the NQF. Finally, providers and practitioners are already familiar with the PQRS measures, and more physicians are working

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toward the goal of reporting on the PQRS measures as the program continues to expand. Introducing a different set of measures (and specifications) to evaluate the same clinical topic will increase the administrative burden of reporting to the Medicaid program, ultimately reducing the number of physicians able to participate.

In an effort to harmonize measures among the Medicare and Medicaid programs, we recommend that five of the proposed measures be substituted with measures in use in the PQRS program (see Table 1). In addition, we propose that three additional measures be added to the Initial Core Set to further evaluate the care of patients with coronary artery disease (see Table 2). Finally, there are measures in the PQRS program that focus on diagnoses relevant to the Medicaid population that are not addressed in the Initial Core Set, including measures to assess care related to heart failure, chronic obstructive pulmonary disease, and community-acquired pneumonia (see Table 3).

Finally, the Agency for Healthcare Research and Quality (AHRQ) Preventive Quality Indicators (PQI) are included in the Prevention and Health Promotion measure section. While on the surface it appears that these are measures of compliance with preventive care recommendations, they are created from hospital claims data. According to the AHRQ Web site, these measures "provide a quick check of primary care access or outpatient services in the community," rather than progress towards providing preventive care services. Therefore, these measures may be more appropriately listed under the "Availability" section.

We appreciate your consideration of our comments and look forward to working with AHRQ and CMS to better align and synergize quality measurement reporting across federal programs.

Sincerely,

Michael D. Maves, MD, MBA

Table 1

Proposed Measure	PQRS Replacement Measures
1. Flu Shots for Adults Ages 50-64	#110. Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
5. Alcohol Misuse: Screening, brief Intervention, Referral for Treatment.	#173. Prevention Care and Screening: Unhealthy Alcohol Use Screening
30. Controlling High Blood Pressure	#237. Hypertension: Blood Pressure measurement
	#235. Hypertension: Plan of Care
35. Use of Appropriate Medications for People With Asthma	#64. Asthma: Asthma Assessment
	#53. Asthma: Pharmacologic Therapy
	#321. Asthma: Tobacco Use Screening
	#232. Asthma: Tobacco Use Intervention
36. HIV/AIDS: Medical visit	#205. HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea
	#206. HIV/AIDS: Screening for High Risk Sexual Behaviors
	#207. HIV/AIDS: Screening for Injection Drug Use
	#208. HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis
37. Antidepressant Medication Management	#106. Major Depressive Disorder: diagnostic Evaluation
	#107. Major depressive Disorder: Suicide Risk Assessment

Table 2

Clinical Topic Included in Draft Core Set	PQRI Measures to Add
31. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL Cholesterol.	#6. CAD: Oral Antiplatelet Therapy Prescribed for Patients with CAD
	#7. CAD: Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction
	#196. CAD: Symptom and Activity Assessment

Table 3

Clinical Topic Not Included in Draft Core Set	PQRI Measures to Add
Heart Failure (HF)	#5. HF: Angiotensin-Converting Enzyme(ACE) or Angiotensin Receptor Blocker (ARB) therapy for Left Ventricular Systolic dysfunction (LVSD)
	#8. HF: Beta-Blocker Therapy for Left Ventricular Systolic dysfunction (LVSD)
	#198. Heart Failure: Left Ventricular Function (LVF) Assessment
Chronic Obstructive Pulmonary Disease (COPD)	#51. COPD: Spirometry Evaluation
	#52. COPD: Bronchodilator Therapy
Community-Acquired Pneumonia (CAP) (Emergency Medicine)	#56. CAP: Vital signs
	#57. CAP: Assessment of Oxygen Saturation
	#58: CAP: Assessment of Mental Status
	#59: CAP: Empiric Antibiotics
Substance Use Disorders	Counseling regarding psychosocial and pharmacologic treatment options for alcohol dependence
	Counseling regarding psychosocial and pharmacologic treatment options for opioid addiction