



Michael D. Maves, MD, MBA, Executive Vice President, CEO

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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

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 public feedback on the development of a National Health Care Quality Strategy and Plan (Strategy and Plan). We support efforts to develop a transparent, coordinated, and actionable Strategy and Plan. As you know, the AMA was a collaborative partner in the Stand for Quality Coalition, which worked to formulate the many important quality provisions included in the Affordable Care Act, including Sec. 3011, requiring the HHS Secretary to establish and deliver a National Health Care Quality Strategy and Plan to Congress by January 1, 2011. It is from this perspective that the AMA provides the following comments.

**Opportunity to Align Fragmentation in the Quality Enterprise**

**The Strategy and Plan must be deliberate in promoting efforts to eliminate duplication associated with the many quality measurement, endorsement, and selection activities underway.**

The development and dissemination of the Strategy and Plan provides a unique and long desired opportunity to align and synergize what has been a fragmented quality enterprise. However, the proposed framework, principles, priorities, and goals for the Strategy and Plan do not address this need for alignment. The growing development of quality alliances and multiple processes for selection, endorsement, and prioritization of quality measures results in duplicative meetings, conference calls, and public comment requests that, in the end, could well produce inconsistent work products due to poor sequencing and coordination. Without a focus on alignment in a "National Health Care Quality Strategy," it will be extremely challenging to demonstrate progress.

**The AMA also recommends that HHS not develop two separate strategies, one on quality and another on prevention, as referenced in the Affordable Care Act. Recognizing the interconnectivity between prevention and health care quality, these two national strategies should be harmonized.**

### **Effective and Simple Messaging**

The proposed Strategy and Plan is the first step among many in promoting actionable engagement by health care providers and the public around quality measurement and improvement. To make the Strategy and Plan meaningful to physicians, HHS must not only do a better job of simplifying its message, it must also provide specific goals for physicians to focus on. For example, the proposed Strategy and Plan spells out a “framework,” “principles,” and “priorities” that are intended to collectively convey “primary objectives.” Unfortunately, much of the description behind what is a “priority” vs. “goal” is redundant or opaque. The “principles” outlined on page 4 could be summarized into four logical topics: patient and family engagement; broad applicability; elimination of disparities, and alignment. These principles should then be accompanied by specific directives, e.g., eliminate racial and ethnic disparities for specific conditions selected from the Agency for Healthcare Research and Quality (AHRQ) National Healthcare Disparities Report during initial years.

**If the Strategy and Plan only regurgitates aspirational goals for quality measurement and improvement, physicians and their patients will lack the specific direction necessary to focus their actions at the point of care.**

### **National Priorities Partnership (NPP) Priorities and Goals**

The AMA supports the Strategy and Plan’s recognition of the finalized NPP-recommended priority areas of equitable access, patient and family engagement, population health, safety, care coordination, palliative and end-of-life care, elimination of overuse, and infrastructure supports. **The AMA urges HHS to work with the AMA, the AMA convened Physician Consortium for Performance Improvement (PCPI), and other health care provider organizations to include specific goals for how to make progress on the NPP priorities. These goals should be specific to make them actionable, be in partnership and developed with the medical profession, and be informed by clinical quality data so that physicians can act upon timely information to promote and assess quality patient care over time. We would welcome the opportunity to work with HHS on convening the profession to develop specific directives around the Strategy and Plan.**

We appreciate your consideration of our comments and look forward to working with HHS and other stakeholders on streamlining and strengthening efforts to improve health care quality.

Sincerely,



Michael D. Maves, MD, MBA