AMA
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MEDICAL
ASSOCIATION

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Charlene Frizzera
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., S.W.
Room 445-G
Washington, D.C. 20201

Dear Ms. Frizzera:

The American Medical Association (AMA) is supportive of efforts to measure and improve care transitions across health care settings. It has come to our attention that the Centers for Medicare and Medicaid Services (CMS) through a Quality Improvement Organization (QIO) contract is developing non-risk adjusted outcome measures for use by the QIOs to assess variations in readmission rates. The AMA urges CMS consider the methodological shortcomings of this approach and the potential for misleading results. Outcome measures must generally be risk-adjusted to ensure that performance scores are not influenced by characteristics of the patient population that are beyond the control of the practitioner. Failure to adjust or stratify outcomes data for disease burden, age, socioeconomic status and other patient factors may skew individual performance scores significantly and lead to inaccurate assumptions of accountability. Additionally, the AMA contends that the primary intent of quality measurement is not to provide a basic assessment of which physicians and hospitals are better than others. Rather properly risk-adjusted outcomes measurement that accounts for the factors described above produces critical information to assist physicians at the point of care in identifying and adopting practice changes that are likely to improve quality.

The AMA understands that the Colorado Foundation for Medical Care (CFMC) will lead the effort to develop non-risk-adjusted outcome measures for care transitions for assessment at the "community" level, as defined by residency data in specified regions. As communicated on the CMS website, specific objectives of CFMC include the development of a community all-cause 30-day re-hospitalization measure and a measure of physician follow-up. **Recognizing the**

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importance of risk-adjustment to establish a valid basis for assessing and comparing performance rates, the AMA strongly recommends that CMS and CFMC include the development of a risk-adjustment model in its work on outcome measures for care transitions. Even with the "community" as the unit of analysis, the absence of risk adjustment will confound any efforts to accurately assign accountability for the outcomes measured.

The AMA also questions the agency's use of finite resources to develop additional care transitions measures, when measures have already been developed in this area. For example, as part of its 2009 work plan the AMA-convened Physician Consortium for Performance Improvement (PCPI) developed a set of Care Transitions measures (attached). Jointly developed with the American College of Physicians, the Society of Hospital Medicine, and the ABIM Foundation, these performance measures focus on key process components of the transition of care for patients discharged from an inpatient facility or an emergency department. The measurement set received a preliminary recommendation for time-limited endorsement from the relevant National Quality Forum (NQF) Steering Committee and is currently proceeding through the remainder of the NQF endorsement process. While we were pleased that AMA-PCPI staff were provided with an opportunity to introduce the Care Transitions process measures to the QIOs in a recent CFMC-hosted teleconference, we urge that CMS activities related to measures development be done in collaboration with the rest of medicine and not in isolation from the many other ongoing efforts. **Collectively, we should work together to avoid measure duplication and strive to develop harmonized, clinically relevant measures that are useable at the point of care.**

To achieve success, it is critical that CMS and the QIOs continue to recognize previous efforts in the development of Care Transitions measures, including risk-adjusted outcome measures as well as process measures such as those developed by the AMA-PCPI, as it works to expand measurement in this important area.

Various quality initiatives of the AMA such as the PCPI have allowed physicians to be leaders in driving quality measurement and improvement. We look forward to working with CMS to identify opportunities to highlight our collective work in measure development and to promote quality improvement at the point of care. Should you have questions regarding this correspondence, they can be directed to Jennifer Shevchek at jennifer.shevchek@ama-assn.org or at 202-789-4688.

Sincerely,

Michael D. Maves, MD, MBA

ATTACHMENT