



February 13, 2013

The Honorable Joe Pitts
Chair
House Energy and Commerce Health Subcommittee
U.S. House of Representatives
Washington, DC 20510

Dear Chairman Pitts:

On behalf of the National Partnership for Women & Families I am writing to express concern about the provision in the SGR replacement proposal being circulated by the Committee that would base Medicare performance payment on physician-endorsed measures of quality without any role for a multi-stakeholder consensus process. The National Partnership represents women across the country who are the health care decision-makers for their families and as such want to ensure that the care they and their families receive is of the highest quality. Key to achieving this is ensuring that quality measures are developed with input from a broad array of stakeholders – including consumers.

The National Partnership, along with a number of other consumer organizations, has been consistently engaged in multi-stakeholder collaborative processes to develop, evaluate, endorse, and recommend performance measures for use in CMS quality reporting and payment programs. We have worked tirelessly with purchasers, payers, providers, consumers and other stakeholders to support efforts to improve health care quality and outcomes while at the same time getting better value for the health care dollar. The goals and priorities outlined in the National Quality Strategy reflect the multi-stakeholder consensus that a patient-centered health care system will lead to improved health, improved care delivery, and lower costs.

We support a number of elements in the Committee's SGR reform proposal, including 1) rewarding physicians who deliver high quality and efficient care, rather than continuing the current system that encourages volume and unnecessary spending; and 2) providing timely feedback and data to physicians to allow for quality improvement. We are extremely concerned, however, that the proposal would give sole responsibility to medical specialty societies to develop and select quality measures, and base payment on measures of performance that do not reflect the concerns and needs of patients for whom we need to improve care and outcomes. This reliance on specialty societies would be a huge step backwards in our efforts to engage consumers in making effective decisions and supporting high value care. It also places a significant burden on the medical community, given the expensive and time-consuming nature of measure development. Currently both the Medicare

and Medicaid programs use measures that have been developed by a range of entities – NCQA, the VA, the CDC, the Joint Commission, AMA-PCPI, various physician and health professional organizations, research institutions and others. Limiting the measures CMS can use in the Medicare program only to those developed by the medical societies would reduce our ability to foster alignment between the public and private health care sectors.

Rather than create more consistency of measurement across providers and settings, this approach will likely result in other payers, plans and purchasers implementing their own measures, thereby creating a cacophony of measurement that increases the burden for clinicians, increases the cost of data collection, impedes systemic improvement in quality and resource use, and increases confusion for consumers.

It is critical that the process for creating, evaluating, recommending, and implementing quality metrics for the purposes of improving care and tying payment to quality include a broad range of health care stakeholders, including consumers. The National Quality Forum consensus development process for evaluating and endorsing quality measures, and the pre-rulemaking advisory process enabled by the Measure Applications Partnership, reflect strong multi-stakeholder efforts and consensus building. These processes permit wide vetting of the measures by multiple stakeholders based on criteria for importance, validity, solid evidentiary base, and usability. Involving these multiple stakeholders in the approval process helps assure the broad acceptance of the measures for use by both public and private payers and by consumers.

We believe there is a way to include all stakeholders in this process and I would be happy to talk with you further. Thank you for the opportunity to provide input on this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Debra L. Ness", with a long horizontal flourish extending to the right.

Debra L. Ness
President
National Partnership for Women & Families