



## Energy and Commerce Hearing

### **“The Extenders Policies: What Are They and How Should They Continue Under a Permanent SGR Repeal Landscape?”**

*January 9, 2014*

*While traditional "extender" provisions -- consisting primarily of short-term payment policies -- are the main focus of the January 9, 2014 Energy and Commerce hearing, funding renewals and other policy changes related to NQF and its quality work have recently been considered along with these items, beginning with the American Taxpayer Relief Act (ATRA, P.L. 112–240, H.R. 8, 126 Stat. 2313). For this reason, NQF would like to submit the following comments.*

We commend the Energy and Commerce Committee for its leadership in reforming physician payment by linking payment to quality measures. Your efforts are critical to driving toward a more transparent, patient-centered and higher performing healthcare system.

It may appear simple, but it is true: focusing payment on quality will only be effective if the tools we use to measure are themselves “high quality.”

More specifically, for quality measures to have an impact on physicians, other clinicians and the broader healthcare system the measures must be: understandable to patients and payers; actionable by physicians, hospitals and other providers; and meet high medical and scientific standards. Also, it is critical that a range of stakeholders agree on what is important to measure and that there is evidence that the measures selected can actually drive improvements in care.

To ensure high quality measures, we need criteria or standards. And to make sure that these measures are regularly used across the country, we need consensus or buy-in by all the sectors that have a stake in healthcare. That’s where NQF comes in.

NQF has two distinct but complementary roles focused on enhancing healthcare quality and value:

- Endorsing measures based on transparent and rigorous criteria;
- Convening diverse stakeholders to gain agreement on where improvement is needed and what measures can be used to reach our goals. Currently, a NQF-convened group makes recommendations to HHS on measure use for 20 plus Federal programs.

A major result of this consensus building is creation of a standard portfolio of measures that is accepted as the “gold standard,” with the measures increasingly used by public and private purchasers as well as accrediting/certifying organizations. This uniformity of quality priorities and specific measures helps lessen reporting burden on providers and sends strong signals about quality improvement goals to the marketplace.

To this point: a recent analysis shows that about 28 percent of NQF’s library of measures are being used by two or more sectors, including the Federal government, private payers, states, communities, physician specialty societies, and others. Also, we know that the Federal government is actively using about half of NQF’s portfolio of measures in its various programs. Given its size and reach, the Federal government is an important lever in encouraging all sectors to focus on the same quality improvement goals, and NQF measures are a critical tool in this effort.

In terms of funding, NQF is supported by membership dues, foundation grants, and Federal funding.

We urge Energy and Commerce to support stable, level and long term funding for quality measure development, endorsement, selection and evaluation. NQF does not develop measures so those funds would not come to the organization; however Federal support for development is critical to enhancing measurement innovation and impact.

Without these interdependent processes that constitute the measurement enterprise, the nation’s health care system will lack the appropriate building blocks for evaluating and improving health care quality and reducing costs.

Thank you for the opportunity to provide these comments for consideration by the Energy and Commerce Committee.