September 4, 2007

Carolyn M. Clancy, MD
Director
Agency for Healthcare Research and Quality
Department of Health and Human Services
Attn: Karen Matsuoka, AHRQ's Desk Officer

RE: Chartering Value Exchanges for Value Driven Health Care

Dear Dr. Clancy:

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the U.S. Department of Health and Human Services (HHS) Agency for Healthcare Research and Quality (AHRQ) proposed collection project, "Chartering Value Exchanges for Value-driven Health Care".

AHIMA is a not-for-profit professional association representing more than 51,000 health information management (HIM) professionals who work throughout the healthcare industry. AHIMA's HIM professionals are educated, trained, and certified to serve the healthcare industry and the public by collecting, managing, analyzing, reporting, and utilizing data which is vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most.

AHIMA and its members participate in a variety of projects with other industry groups and Federal agencies related to the use of healthcare data for a variety of purposes including direct care, quality measurement, reimbursement, public health, patient safety, biosurveillance, and research.

AHIMA commends AHRQ for carefully gathering and assessing input from industry stakeholders during the development of the data collection project. Our comments focus on those areas of particular interest to our members regarding the improvement of data quality and reporting. We also applaud AHRQ's efforts to leverage those measures that are currently established and endorsed by national organizations through a consensus based process. These further supports efforts to reduce inefficiencies and burdens associated with data collection and reporting, improve streamlining efforts, and reduce costs.

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While we commend this effort by HHS and AHRQ, we caution that even when standards (such as the quality measurement standards) are applied, it is just as important that they be applied uniformly and correctly. It has been our members' experience that without uniform guidance the same standard can be applied or interpreted differently by different groups. It would be most unfortunate for this effort to lose its value because different exchange entities might apply standards differently. While we recognize the community approach this program is taking, healthcare services are often sought by individuals outside of their community and therefore individuals must be able to rely on standard quality measurement data across communities.

General Comments on the August 3, 2007 Notice

- Chartered Value Exchange (CVE) initiatives are very similar to that of a Quality Improvement Organization (QIO). It's possible that one state could have multiple CVEs leading and engaging providers within local communities which would require one QIO to engage in multiple CVE initiatives. Theoretically, CVEs should help lighten the load for QIOs and speed improvement and change, but it's unclear how CMS and AHRQ will coordinate efforts to avoid duplication/overlap between the two initiatives.
- AHIMA supports AHRQ's efforts to gain nationwide consensus based and endorsed performance measures, however it is unclear how AHRQ expects to measure the effectiveness of the Value Exchange program. As the notice indicates, the program is expected to continue, however in order to make improvements over time AHIMA recommends implementing a program or feedback mechanism that will assist in the improvement of the program.
- Will an entity be required to apply for CVE status during each enrollment period? If not, how long will an entity be designated as a CVE before they are required to apply for CVE status again? How will providers know who has applied for CVE status, who is reapplying for an extension of CVE status, and what are the criteria for an extension or dismissal? Will providers have the opportunity to comment on the criteria and on the compliance of a particular CVE?
- AHIMA applauds AHRQ's efforts to include a variety of organizations in the CVE initiative; however it is unclear on what the lengths of the terms are for participation in this initiative. We recommend that this information be provided to those organizations that initiate interest in participating in this effort in order to determine and assess priorities. As the burden for data collection and reporting increases, it is imperative for organizations to have a clear understanding of the commitment required to support such an effort as the CVE.
- It is unclear with whom the CVEs will be contracted with for this program. Additionally, will the CVEs be funded by AHRQ?
- AHRQ is to be commended for its continued effort for healthcare improvement; however, it is unclear how this initiative supports or overlaps with other quality initiatives currently underway. Some initiatives that are currently being developed and supported by the American Health Information Community (AHIC) Quality Workgroup, the Centers for Medicare and Medicaid Services (CMS) Value Based Purchasing program and AHRQ's request for information regarding the development of a National Health Data Stewardship Entity.

Proposed Project and Background

- "…access to Medicare patient de-identified provider performance measurement results" (page 72FR43275, first column). "…information needed to accomplish this is maximized when performance measures can be calculated based on all payer data" (page 72FR 43275, second column).
    - Although it appears that the Medicare data will be analyzed prior to disseminating to CVEs, how will AHRQ ensure other payer data are analyzed in a consistent manner to comparability?
- The third principle states that a learning network will be developed to accelerate identification, dissemination and adoption of best practices. AHIMA supports the goal of sharing and disseminating best practices, however, the industry would be best served if this information were shared and integrated within a wider audience so that there is a more standard approach toward HHS' goals and best practices.

Chartered Value Exchanges

Four Core Functions

- Use of Measures – AHIMA supports AHRQ specifically stating that a core function of the CVS is not to develop measures, rather it will work toward getting consensus based measures locally adopted and used. With the increasing burden and variability in performance measure data collection and reporting, it is critical to acknowledge the benefits of leveraging measures that have endorsed by nationally recognized organizations as well as those measures that were developed through a consensus based process. As noted above, it is likewise crucial for each CVS to have uniform guidance related to applying and interpreting measures or standards.
- Provider Engagement in Improvement
    - Will CVEs target only the provider (physician) community or will other health care settings be engaged in this process (e.g., hospitals, nursing homes, home health agencies, etc.)? The quality of healthcare services often cannot be attributed to a single provider, to achieve a true multi-stakeholder environment AHIMA recommends considering the inclusion of several different types of organizations. This approach was not described within the notice.
    - It is not clear whether procedures will be established to allow providers access to preview data prior to publicly releasing performance measurement results, such as currently provided by CMS. AHIMA recommends that verification procedures be established to ensure providers support the data that is being reported.
    - It is unclear how the CVE engagement with providers will differ from the efforts already conducted by QIOs. Although AHRQ indicates QIOs should be a part of the multi-stakeholder collaborative, there should be clear direction and coordination to avoid duplication of efforts (e.g., QIOs contacting physicians and CVEs contacting the same physicians to provide support, etc.).

- Consumer Engagement
    - Not only should information be distributed to consumers, but consumer education campaigns should also be incorporated to provide appropriate guidance when accessing and interpreting performance information.

Three Important (non-core) Functions

- Promoting HIT and HIE
    - AHIMA supports AHRQ's promotion of the ongoing migration from using just claims based data to develop the measure calculations toward to the use and integration of real time electronic clinical data. Results of research have been shared by AHRQ on the improvement and accuracy of data when it is supplemented by patient clinical data and AHIMA is concerned that the current ICD-9-CM classification system does not provide the detail and accuracy necessary for these measurement calculations.
- Supporting Knowledge Transfer and Conducting Ongoing Improvement of Efforts
    - It's noted that "…it is expected that a CVE will practice continued quality improvement in all that it does." This is a very broad statement and does not provide direction on how will this initiative will be evaluated or measured. AHIMA recommends that further clarification be provided.

Learning Network

AHIMA supports AHRQ's efforts to share learning among those entities that will be engaged in the CVE initiative, however, we recommend that this information be shared with a broader audience in order to share best practices, raising issues that need to be addressed and support the effort of setting national priorities for healthcare quality and cost improvement.

If AHIMA can provide any further information, or if there are any questions regarding this letter and its recommendations, please contact Allison Viola, AHIMA's director of federal relations at (202) 659-9440 or Allison.viola@ahima.org, or me at (202) 659-9440 or dan.rode@ahima.org.

Sincerely,

Dan Rode, MBA, FHFMA
Vice President, Policy and Government Relations

cc: Allison Viola, MBA, RHIA
Crystal Kallem, RHIT