American Heart Association | American Stroke Association

January 21, 2014

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-3288-NC
P.O. Box 8016
Baltimore, MD 21244-8016

RE: CMS-3288-NC

On behalf of the American Heart Association (AHA), including the American Stroke Association (ASA) and over 22 million AHA and ASA volunteers and supporters, we appreciate the opportunity to submit our comments to the Centers for Medicare and Medicaid Services (CMS) on the Quality Rating System (QRS) for Qualified Health Plans (QHPs) offered through the health insurance exchanges.

Since 1924, AHA has dedicated itself to reducing disability and death from cardiovascular disease (CVD) and stroke—the #1 and #4 leading causes of death in the United States—through research, education, community based programs, and advocacy. To this end, the AHA is committed to improving the cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular disease and stroke by 20 percent by the year 2020.

One of the AHA approaches to achieving its mission is to continually raise the bar on quality patient care by advocating for and creating systems, programs, and partnerships that ensure the effective translation of evidence-based medical guidelines into standard patient care. Quality measures are one element of this approach and the AHA is very pleased to see the focus given to cardiovascular care in the list of QRS measures in CMS' notice. We also appreciate the attention made to making sure the information generated by the QRS is usable and understandable by consumers, particularly the intent to display information via a star system. We would also like to reiterate our agreement with CMS that the information from the Enrollee Satisfaction Survey is an important part of the overall exchange quality strategy. We look forward to the opportunity to comment on this element in the near future.

We also recognize the potential of the QRS program as a powerful lever to drive the delivery of high-quality, evidence based care, when applied to health plans in

every state exchange. Below, we have outlined where we believe CMS could strengthen the program so that it may be as impactful as possible.

Comments on Quality Measures Included

The AHA supports the direction that CMS is taking with measures listed in the notice. We support its focus on the clinical management of cholesterol and the control of high blood pressure, prevention and screening, specifically tobacco use cessation and adult body mass index assessment, and measures related to customer service and access to needed care. It is difficult to comment in detail on all of the measures proposed, however, given that full measure specifications are not available for non-endorsed measures. In the future, we would request that CMS post all measure specifications for measures that it proposes to include in programs so that feedback can be provided, concern may be raised, and alternates suggested. For example, both "Cholesterol Management for patients with CV Conditions: LDL Control <100" and "Cholesterol Management for patients with CV Conditions: LDL Screening" are measures we support in concept, but without the specifications we can provide no further input at this time.

We commend the use of the following NQF-endorsed measures, which we can evaluate based on their specifications, and encourage their continued inclusion.

- NQF 0032: Cervical Cancer Screening
- NQF 0034: Colorectal Cancer Screening
- NQF 0018: Controlling HBP
- NQF 0575: Diabetes HbA1c Control

Additionally, in a few cases, as listed below, we would encourage CMS to consider the use of different specific measures for its purposes. We believe that these measures serve the same purpose as those in the notice. Additionally, however, they have gone through the NQF endorsement process and support one of CMS' stated goals for the QRS program - to align with priority measures in currently implemented state, federal, and private sector programs.

- NQF 0421: in addition to BMI assessment, this measures also includes follow up
- NQF 0031 as the breast cancer screening measure
- NQF 0047 Pharmacotherapy for Asthma for adults rather than NQF 1799, given the former's use by the Uniform Data System

Suggested Additional Measures for Inclusion

Among the principles outlined by CMS in the notice's introduction is that the QRS program reflect the goals of the National Strategy for Quality Improvement in Health Care. Integral to the achievement of those goals is medication adherence and we recommend a stronger emphasis on the use of medication performance measures in QRS to address the widely recognized and important problem of poor adherence to medications essential in the management of chronic illnesses, particularly diabetes, high blood pressure and high blood lipids.

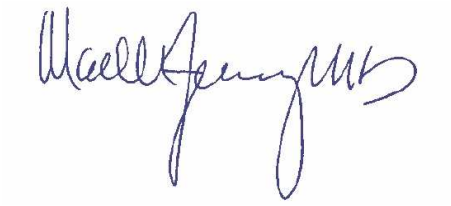
There is significant potential for improving the quality of care through careful medication management. Including medication adherence would also be consistent with the recent findings of

a National Quality Forum Task Force that ranked medication management in the top 5 high-leverage opportunities for measurement. Chronic conditions account for the great majority of the health burden to patients and costs to our health care system, and for most of these conditions, medications are a first line of therapy. Poor adherence to medications is a widely recognized factor in failure of therapy, contributes substantially to increased costs, and has been recognized as America's "other drug problem." Yet, there are very few QRS measures related to medication use, and specifically for adherence to medications treating chronic conditions.

Therefore, we recommend that the QRS include three Pharmacy Quality Alliance (PQA) medication adherence measures in their current form in the proposed quality measure set. These measures include adherence to medications for three high-prevalence, chronic conditions - high blood pressure, diabetes and high cholesterol. Inclusion of these medication adherence measures in the QRS measure set helps address the need for patient-centered information that is more easily understood and important to a large majority of patients with chronic conditions.

Thank you again for the opportunity to provide input on this exciting program. Our staff remains ready to answer any questions or provide additional information CMS may need. To this end, please feel free to contact Madeleine Konig, Senior Policy Analyst, at madeleine.konig@heart.org or 202.785.7930.

Sincerely,



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