

## ASTHO Comments to HHS National Strategy to Improve Health Care Quality 2011

**Table 1. Sample Public and Private Strategic Initiatives and Frameworks**

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| <ul style="list-style-type: none"><li>• Institute of Medicine’s “Crossing the Quality Chasm’s Quality Framework”</li></ul>  | <ul style="list-style-type: none"><li>• National Commission on Workforce Development</li></ul>   |
| <ul style="list-style-type: none"><li>• National Priority Partnership’s “National Priorities and Goals”<ul style="list-style-type: none"><li>• HHS Healthy People 2020</li></ul></li></ul>                                | <ul style="list-style-type: none"><li>• Legislatively mandated quality and payment programs to foster better care for Medicare beneficiaries (including programs for Medicare Advantage health plans, hospitals, clinicians and other providers)</li></ul> |
| <ul style="list-style-type: none"><li>• AHRQ National Healthcare Quality Report &amp; National Healthcare Disparities Report<ul style="list-style-type: none"><li>• White House Let’s Move Initiative</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Meaningful use of health IT</li></ul>  |
| <ul style="list-style-type: none"><li>• White House National HIV/AIDS Strategy</li></ul>  | <ul style="list-style-type: none"><li>• National, regional and State-based initiatives</li></ul>   |

### ***Principles Guiding the National Quality Strategy***

The initial set of potential “core principles” are intended to serve as the underpinning of the National Quality Strategy and should be reflected not only in the framework, but in how goals, targets, and plans are developed. They include:

- Person-centeredness and family engagement will guide all strategies, goals, and improvement efforts
- The strategy and goals will address all ages, populations, service locations, and sources of coverage
- Eliminating disparities in care – including but not limited to those based on race, ethnicity, gender, age, disability, socioeconomic status and geography – will be integral to all strategies and goals
- The design and implementation of the strategy will consistently seek to align the efforts of public and private sectors in both population health and health care

*Feedback Question:*

1. *Are the proposed Principles for the National Strategy appropriate? What is missing or how could the principles be better guides for the Framework, Priorities and Goals?*

ASTHO suggests adding “community” into the person centeredness principal so it reads:

Person-centeredness, family and **community** engagement will guide all strategies, goals, and improvement efforts.

ASTHO supports the concept that effective, quality and better person-centered care should involve not only the caregiver and the patient’s family, but to also include the external factors affecting how one receives and utilizes care and care options. Including the community brings in other social determinants of health that often positively influence a health outcome as well as the overall patient experience.

Much of what drives health disparities happens outside of health care. ASTHO suggests replacing “care” with “health” in the following:

- Eliminating disparities in care – including but not limited to those based on race, ethnicity, gender, age, disability, socioeconomic status and geography – will be integral to all strategies and goals

This additional language promotes the focus of eliminating disparities, i.e., achieving equity in health overall- not just health care.

ASTHO suggests adding the following language to principle below:

- The design and implementation of the strategy will consistently seek to align **and intersect** the efforts of public and private sectors in both population health and health care, including health policies that create healthy environments within communities, driving changes in social norms and behaviors to support and promote healthy living.

Table 1: Sample Public and Private Strategic Initiatives and Frameworks:

ASTHO suggests the inclusion of applying performance measurement to implement best practices in the public health system, such as the Public Health Accreditation Board standards and measures, the National Public Health Performance Standards Program and quality improvement initiatives derived from the Multi State Learning Program.

ASTHO recommends expanding the framework of the “White House’s Let’s Move” to be inclusive of a community prevention framework that focuses on policies, systems and environmental changes for quality health and health care. Therefore the framework document would have “Community Prevention, e.g., White House’s Let’s Move, CDC’s Guide to Community Preventive Services, Communities Putting Prevention to Work, etc.

### ***Framework for the National Quality Strategy***

In addition to being guided by a set of core principles, the initial thinking of the Department of Health and Human Services is that the National Quality Strategy should be organized around a simple framework that should resonate broadly, be clear, be easily understood and be attainable with concerted effort. The proposed framework consists of three components that are intended to be consistent over-time, while allowing for both the initial identification of priorities and associated goals and measures, as well as regular updating to accommodate new directions and emerging issues. The proposed framework components are:

- **Better Care:** Person-centered care that works for patients and providers. Better care should expressly address the quality, safety, access, and reliability of how care is delivered, as well as the experience of individuals in receiving that care; active engagement of patients and families; and the best possible care at all stages of health and disease;
- **Affordable Care:** Care that reins in unsustainable costs for families, government, and the private sector to make it more affordable; and
- **Healthy People/Healthy Communities:** Improving health and wellness at all levels through strong partnerships between health care providers, individuals, and community resources.

The framework components serve as the three pillars of the National Quality Strategy and are intended to frame its underlying priorities and goals.

#### ***Feedback Question:***

2. *Is the proposed Framework for the National Strategy sound and easily understood? Does the Framework set the right initial direction for the National Health Care Quality Strategy and Plan? How can it be improved?*

ASTHO believes the proposed framework is good and the right direction, but would call it the “Triple Aim” (Berwick, Nolan, and Whittington, Health Affairs 27(3), 759, 2008), since this is widely known and accepted. In addition, starting with healthy people versus having that last would communicate that quality is about health first and health care second. Keep people healthy, and we will not need as much care or incur unneeded costs. Also, using the words “reduce per capita costs” (from the Triple Aim) in the affordability statement gives more clarity to this goal.

### ***Priorities of the National Quality Strategy***

Within each of the major components of the framework, the National Quality Strategy needs to identify specific priorities that represent the primary objectives for the initial period. HHS is seeking broad public input to help identify priorities, while it conducts a review of leading

private sector initiatives and current Federal and State programs. The Affordable Care Act details some of the criteria that should guide priority selection, including:

**Table 2. Criteria Guiding Selection of Priorities**

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|--|--|
| <ul style="list-style-type: none"><li>• Demonstrates the greatest potential for improving health outcomes, efficiency, and patient-centeredness of health care for all populations, including children and vulnerable populations</li><li>• Shows potential for rapid improvement in quality and efficiency<ul style="list-style-type: none"><li>• Addresses gaps in quality, efficiency, comparative effectiveness information, health outcomes measures, and data aggregation techniques</li></ul></li><li>• Improves payment policies to emphasize quality and efficiency</li><li>• Enhances the use of health care data to improve quality, efficiency, transparency, and outcomes</li></ul> | <ul style="list-style-type: none"><li>• Addresses the health care provided to patients with high-cost chronic diseases</li><li>• Improves research and dissemination of strategies and best practices to improve patient safety and reduce medical errors, preventable admissions and readmissions, and health-care-associated infections</li><li>• Reduces health disparities across populations and geographic areas</li></ul> |
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*Feedback Question:*

3. *Using the legislative criteria for establishing national priorities, what national priorities do you think should be addressed in the initial National Health Care Quality Strategy and Plan in each of the following areas:*

General comments: would explicitly use the words of “underuse, misuse, and overuse” in the criteria setting. With our rising health care costs and our poor value for the money, we must deliberately address overuse. To not have that in the criteria would be a missed opportunity. See National Priorities Partnership for language.

- a. *Better Care: Person-centered care that works for patients and providers. Better care should expressly address the quality, safety, access, and reliability of how care is delivered and how patients rate their experience in receiving such care;*

By adding “community” to definition above, a number of the DHHS HP2020 population-based measures associated with social determinants of health would apply as national measurement priorities.

Address patient self management and self efficacy as a level to improve health and health care.

*b. Affordable Care: Care that reins in unsustainable costs for families, government, and the private sector to make it more affordable;*

Increasing health care costs will continue to put pressure on our economy, which will in turn, rob our communities of investments in healthy behaviors, education, public safety, housing – all social determinants that impact health status more than health care services. Focusing on measures of overall *value* (quality/cost) will shift thinking that “more is better” and/or “more expensive is better.”

ASTHO recommends that we link better care with affordable care, i.e., actively recruit patients, families and citizens to help design better care that is affordable; otherwise, there will be a backlash to the affordable care goal. The words “reins in” implies force versus having all stakeholders tell us what they are willing to do differently to decrease costs. Affordability has to be everyone’s job.

*c. Healthy People/Healthy Communities: The promotion of health and wellness at all levels.*

Part of role of public health is creating public policy, environmental change and social change to promote health. Many DHHS HP2020 population-based measures would apply as national measurement priorities. ASTHO also suggestions referring to Dr. Thomas Frieden’s A Framework for Public Health Action: The Health Impact Pyramid to understand the impact of different types of public health interventions and provides a framework to improve health.

ASTHO believes that frameworks such as the county health rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)) with its measurements can help people understand the most important priorities. We should guard against the thinking that more clinical care will help us be healthy as a nation.

### ***Goals of the National Quality Strategy***

The goals refer to targeted performance levels that the National Quality Strategy seeks to attain. Goals are broad, long-term objectives that define a desired outcome. HHS believes that to provide for national focus during the initial period of the National Quality Strategy, there should only be a few goals for each component of the framework, and the goals should be aspirational, actionable, attainable with concerted action and aligned across the nation.

Examples of the sorts of areas around which the National Quality Strategy could articulate goals include:

- Make health care safer, by eliminating adverse preventable events that injure patients through the delivery of care;
- Increase the degree to which care is coordinated for patients, leading to demonstrably improved patient outcomes such as reduced preventable hospital readmissions and fewer medication errors due to poorly managed care transitions;
- Dramatically reduce the occurrence of and improve management of chronic illnesses through strong partnerships and clear accountability across health care providers, patients, and communities.

The goals should align to the proposed priorities. Together, the priorities and goals should engage multiple stakeholders, inspire the nation, and provide a public and private roadmap for accelerating our common path towards better quality care, improved health outcomes for people and communities, and an affordable system of care for all Americans.

*Feedback Question:*

4. *What aspirational goals should be set for the next 5 years, and to what extent should achievable goals be identified for a shorter timeframe?*

ASTHO considers the elimination of adverse events or never events in public health as an aspirational goal not directly stated in the National Quality Strategy. Clinicians have adopted a classification system for negative patient outcomes using the two distinct tiers of adverse or never events, which could be applied to the delivery of care and services in public health. For example, no child should be born with a preventable condition such as HIV. A child born with HIV could be classified as a never event in public health. An example of an adverse event in public health would be a child with a disease or illness preventable by vaccine.

ASTHO supports the inclusion of “safety” in the National Quality Strategy Better Care framework and encourages the additional inclusion of applying the established clinical classification into a public health framework. This model could be applied to different scenarios in public health to facilitate better understanding of the role of public health within the clinical environment, as well as to create benchmarks by which public health improvements could be measured.

Another aspirational goal of a reduction in the underlying modifiable causes of chronic disease, such as obesity, risky behaviors, alcohol consumption. ASTHO also recommends addressing prevention and wellness goals that focus on health policy changes, such as, CDC’s six winnable battles (smoking, AIDS, obesity/nutrition, teen pregnancy, auto injuries and health care infections) and behavior changes that can be addressed PRIOR to illness and thus bend the curve of those seeking preventive care AFTER illness.

Population health measures are key to understanding the success of integrating health care and health. Measures that focus on functional status (e.g. employee/student presenteeism, life satisfaction), patient experience (e.g. honoring choices around end-of-life care, usage of tools such as shared decision making) and community health index (policies and systems in place) will place the emphasis on the outcomes that we should be interested in - -functional, patient-centered and system focused outcomes.

Set aspirational goals for the top four leading preventable causes of illness and death (tobacco, physical inactivity, unhealthy eating, and alcohol abuse). For costs, health care costs would not rise greater than inflation, the consumer price index or some better economic indicator; or make the goal to “bend the curve”.

### ***Measures of Progress to Priorities and Goals***

Appropriately aligned measures are needed to ensure that progress is made against the identified priorities and goals. Just as we believe that the goals and priorities should build on existing work that has been done, for measures of our progress we aspire to use or build on existing, established, and widely-used measures or measure sets that have been reviewed and endorsed by multiple stakeholders. Future new measure development should be prioritized and aligned to the national priorities and strategic framework.

#### ***Feedback Question:***

5. *Are there existing, well-established, and widely used measures that can be used or adapted to assess progress towards these goals? What measures would best guide public and private sector action, as well as support assessing the nation’s progress to meeting the goals in the National Quality Strategy?*

ASTHO recommends considering the Public Health Accreditation Board’s State Standards and Measures for accreditation. (<http://www.phaboard.org/assets/documents/PHABStateJuly2009-finaleditforbeta.pdf>). PHAB’s accreditation is based on standards that health agencies can put into practice to ensure they are providing the best services possible to keep their communities safe and healthy. The standards and measures are organized into 11 domains based on the Ten Essential Services in Public Health.

ASTHO recommends considering the National Public Health Performance Standards, the **State Public Health System Assessment Instrument**. The instrument is a public health system standards assessment which focuses on the “state public health system,” and includes state public health agencies and other partners that contribute to public health services at the state level. This instrument was developed by ASTHO and CDC.

(<http://www.cdc.gov/od/ocphp/nphpsp/orderForm.htm>).

Strong consideration should be given to reviewing state report card measures, PHAB standards and measures, MATCH county health profiles, and HP 2020 measures to assure inclusion of public health measures. For modifying risk factors, data sets such as BRFSS and YRBS.

The National Priorities Partnership goals could be used, but the “Improve population health” goals are weak and too focused on clinical care. Would need additional goals to reflect functional and structural issues discussed elsewhere as well as measures of mortality and morbidity.

### **Additional Feedback Issues**

In addition to the questions identified above, HHS welcomes comments and suggestions on all aspects of the proposed structure, principles, conceptualization, and specific details of the National Quality Strategy. HHS looks forward to getting specific feedback on the following:

*6. The success of the National Health Care Quality Strategy and Plan is, in large part, dependent on the ability of diverse stakeholders across both the public and private sectors to work together. Do you have recommendations on how key entities, sectors, or stakeholders can best be engaged to drive progress based on the National Health Care Quality Strategy and Plan?*

The public health system within states has a proven ability to build strong, effective collaborations among private sector, community based organizations, and other stakeholders to improve the health status of communities. ASTHO supports the continued collaboration between public health and the health care sector. For example, partnerships with corporate entities through retail pharmacies in store health clinics that can deliver public health messages and services within their stores serve as an efficient mode of communication and outreach that brings health into the daily life of community members.

ASTHO also recommends including consumers and families in developing measures.

States and regions need to be given flexibility for how to participate and drive implementation.

### *Multi-stakeholder/State Questions*

Health care is local and much of the effort to organize, support and foster improvements in health care and prevention occur at the level of States. The questions that follow are relevant to all audiences, but are particularly relevant to States:

*7. Given the role that States can play in organizing health care delivery for vulnerable populations, do the Principles and Framework address the needs and issues of these populations?*



The Principles and Framework do not clearly describe the role of states or the importance of the state and local health departments in the governmental public health system in organizing health care delivery for vulnerable populations. While the Framework does successfully present the need to develop a national strategy that is effective in addressing all ages, populations, service locations, and sources of coverage, it lacks the recognition that states contribute to the delivery of the overall health care system, and not just the vulnerable populations. The framework also does not draw enough attention to the states' role in lowering rates of illness by lowering complications and co morbidities, decreasing advancement of disease, all through preventive community and individual actions.

The components Better Care, Access, and Healthy People/ Communities are all equally important driving themes of the National Quality Strategy, yet the proposed establishment of a separate component for "Healthy People/Communities" implies that population health, i.e., public health is an additional outside player in the delivery of quality health care. Rather, the public health system is central to improving health outcomes, quality of life and the overall performance of a health care system in the United States and should be a foundational component to the entire National Quality Strategy. While ASTHO commends HHS for recognizing the importance of community health, the National Quality Strategy should add additional supporting language in each component to reiterate the importance of intersecting state public health with the private health care system.

*8. Are there priorities and goals that should be considered to specifically address State needs?*

ASTHO suggests the inclusion of priorities such as increased community partnerships and the establishment/fostering of non-traditional alliances between states and private entities both in and out of the health care system. States play a key role in the prevention efforts and wellness within in communities through influencing public policy, environmental factors and social norms and behaviors. In these days of decreasing governmental budgets, it is imperative that public-private collaboration is encouraged and fostered through expectations, funding and implementation.

ASTHO also suggests the addition of a priority highlighting the importance of sustainability and flexibility in funding to states to support public health infrastructure that is in addition to and separate from disease or program specific funding. Sustainable funding will allow state (and local) health agencies to establish high performing programs and services with more stability and certainty. Flexible funding opportunities would enable states to support agency-wide performance improving activities and to strengthen the state public health system.

*9. What measures or measure sets should be considered to reflect States' activities, priorities, and concerns?*

ASTHO recommends considering the Public Health Accreditation Board's State Standards and Measures for accreditation. (<http://www.phaboard.org/assets/documents/PHABStateJuly2009-finaleditforbeta.pdf>). PHAB's accreditation is based on standards that health agencies can put into practice to ensure they are providing the best services possible to keep their communities safe and healthy. The standards and measures are organized into 11 domains based on the Ten Essential Services in Public Health.

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**10. What are some key recommendations on how to engage with States and ensure continued alignment with the National Quality Strategy?**

ASTHO recommends HHS convene regular meetings with state public health to engage public health leadership, through organizations such as ASTHO. This dialogue can be facilitated through ASTHO to encourage alignment with the National Quality Strategy. ASTHO is a membership association representing the chiefs of state and territorial health agencies and the 120,000 individuals who work for them. ASTHO's primary function is to track, evaluate and advise members on the impact and formation of policy—public or private—pertaining to health which may affect the administration of state or territorial health agencies and to provide guidance and technical assistance to its members on improving the nation's health.

Through its membership in the National Quality Forum's National Priorities Partnership, ASTHO has also submitted comments and feedback to the National Quality Strategy.

ASTHO also recommends that you consider how to foster public-private collaboration in states to move the entire market in the National Quality Strategy.

**General Comment:**

Consider changing the name to National Quality, Value and Health Strategy to better reflect the three goals.

