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Health Care Payment Learning & Action Network
The MITRE Corporation
7525 Colshire Drive
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Submitted via: [HCPLAN Performance Measurement Comment Form](#)

Dear Population-Based Payment Work Group:

We appreciate the opportunity to provide feedback on the Health Care Payment Learning & Action Network's Draft White Paper, "Accelerating and Aligning Population-Based Payment Models: Performance Measurement."

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1997, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. The Center for Consumer Engagement in Health Innovation is a hub devoted to teaching, learning and sharing knowledge to bring the consumer experience to the forefront of health. The Center works directly with consumer advocates to increase the skills and power they have to establish an effective voice at all levels of the health care system. We collaborate with innovative health plans, hospitals and providers to incorporate the consumer experience into the design of their systems of care. We work with state and federal policymakers to spur change that makes the health system more responsive to consumers, particularly those who are most vulnerable. We have been active members of the LAN Consumer and Patient Affinity Group. We appreciate the opportunity to offer comments on some of the recommendations in the White Paper.

First, we appreciate the thoughtful approach reflected in this White Paper, and agree with the authors that the measures required for population-based payment (PBP) models are fundamentally different from the measures that have typically been used in fee-for-service models. We support the focus on functional outcomes and patient experience, and on "big dot" measures (Recommendations 1 and 4).

We support the emphasis on the use of patient-reported outcomes (PROs) because PROs can be used to determine if patients benefit from treatment in ways that matter to them, to providers and to society – improved functioning, reduced pain, and improved quality of life. PROs measure a patient's assessment of his/her physical and/or mental health using standardized survey instruments. While these data are collected in clinical practice on a national scale in other countries, the U.S. does not yet have a systematic infrastructure for collecting and reporting PROs. However, in the U.S., using patient generated data for

improving care is not new, as evidenced by the widespread use of the Consumer Assessment of Healthcare Providers and System (CAHPS) survey instruments. Additionally, several large health systems and others have experience collecting PROs and using the data on a broad scale.

We also support the improvement, refinement and expansion of using patient and caregiver experience to assess care. Gauging a patient's experience of care is especially important for those who have multiple conditions and for whom condition-specific quality measures cannot provide an adequate picture of the total quality of care received. Moreover, patient experience has the added benefit of addressing issues that apply across specialties. Family caregiver experience data are also particularly helpful in assessing experience of care and in providing insights into areas patients may be reticent to discuss, as well as assessing the needs of caregivers themselves. We note that in order to measure the true quality of services that a patient receives, measures must fully capture the patient's and their family's (if appropriate) experience with that care. We encourage the inclusion of strong patient experience measures, including capturing qualitative data based on patient narratives.¹

Second, we are concerned by the recommendation that the CMS/AHIP core measure sets be used for PBPs (Recommendation 2), given that the measures in the sets tend to retain a narrow focus and rely on process measures, with only a few of the measures addressing patient experience. We would emphasize the need to move quickly away from these measures and would question whether they are truly suitable for use for PBP.

Third, with regard to accelerating measure development (Recommendation 3), we would like to emphasize the importance of engaging consumers throughout the measure development process. In particular, we would ask that the work group think about how to ensure consumer engagement that is robust, substantive and representative. This may need to include input beyond simply adding consumer representatives to expert panels, and may need to include examining the sufficiency of the primary literature for understanding priorities of consumers, particularly from typically underrepresented or hard-to-reach populations, consideration of the use of focus groups, and the development of robust engagement and feedback networks. We emphasize throughout the need for adequate resources (education and training, as well as financial support) to support this kind of consumer engagement.

Thank you for your important work in the critical area of performance measurement, and for the opportunity to comment.

Sincerely,



Ann Hwang, MD

¹ Schlesinger M, Grob R, Shaller D, Martino SC, Parker AM, Finucane ML, Cerully JL, Rybowski L. Taking Patients' Narratives about Clinicians from Anecdote to Science. *N Engl J Med* 2015; 373:675-679.