

October 15, 2010

The Honorable Kathleen Sebelius, Secretary  
US Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Madam Secretary:

The enactment of health reform offers the nation an incredible opportunity to think strategically about aligning efforts to improve the health of our nation through ambitious but achievable targets. In addition to establishing many new programs, health reform comes at a time when health care is at the fore of public attention, and when other investments, such as Meaningful Use, increasingly equip patients and providers with the tools they will need to improve care.

We applaud the US Department of Health and Human Services (HHS) for recognizing the need to have a national strategy, and have reviewed the recent document outlining a proposed structure, principles, and conceptualization of the National Health Care Quality Strategy and Plan (the Quality Strategy). We appreciate the opportunity to provide these comments on the Quality Strategy, which were informed by and developed with a broad array of collaborators in the Markle Connecting for Health community.

The proposed framework for the Quality Strategy makes important strides, and reflects many of the key messages offered in our past comments.<sup>1</sup> Specifically, the Quality Strategy achieves the following:

- It strives to align efforts to improve the quality and affordability of care across federal, state, local, and private initiatives.
- It recognizes the importance of aligning the Quality Strategy with the Meaningful Use Incentive Program for health information technology (IT).
- It recognizes the importance of setting clear and actionable health goals and priorities, and of using those goals to guide work strategically.

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<sup>1</sup> Collaborative Comments on Initial Meaningful Use Definition, June 26, 2009. Accessed September 23, 2010, [http://www.markle.org/downloadable\\_assets/20090626\\_CollabCmtONC.pdf](http://www.markle.org/downloadable_assets/20090626_CollabCmtONC.pdf).

Comments on the Centers for Medicare and Medicaid Services' Notice of Proposed Rulemaking for the Electronic Health Record Incentive Program, March 15, 2010. Accessed September 23, 2010, [http://www.markle.org/downloadable\\_assets/20100315\\_ehrincent\\_cms0033p.pdf](http://www.markle.org/downloadable_assets/20100315_ehrincent_cms0033p.pdf).

However, even amid this encouraging direction, the framework would greatly benefit from identifying a set of unifying health priorities and goals at the outset.

**The time is now to identify clear health priorities and goals to guide the development of a National Quality Strategy.** Developing the Quality Strategy without clear goals is like setting out to build a road without a clear destination. Identifying clear and compelling health priorities and goals is the first step to making a meaningful strategy, and would provide a vision that a broad range of groups can both identify with and translate into action that is specific to their mission and objectives.

Identifying health goals to guide the Quality Strategy would have a positive impact on many aspects of the proposed framework. Currently, the structure calls for separating strategies related to improving the health of the population, improving the delivery of care, and promoting affordable care. Often, all three of these aims must be balanced to achieve a goal. In fact, the Institute for Healthcare Improvement's Triple Aim calls for exactly that.<sup>2</sup> As an example, an effective goal to reduce heart attacks would be specific enough to both encourage hospitals to improve care for cardiac patients, and encourage prevention programs for youth through everything from physical education to marketing campaigns. The current framework would separate these strategies into different categories, when greater alignment could be achieved through a more holistic approach that is guided by a very clear and compelling health goal around which many resources could be brought to bear.

The same holds true for the proposed principles. For example, one of the principles notes, "The strategy and goals will address all ages, populations, service locations, and sources of coverage." While striving to cover as broad a population as possible is commendable, it could be better translated into action if guided by explicit health goals. By definition, priorities will address certain parts of the population more than others. In this light, the principle would recognize that priorities are part of the equation and encourage strategies to be flexible enough to appeal to a broad population, but specific enough to compel action.

It is critical to recognize that the Patient Protection and Affordable Care Act (ACA) sets the groundwork for establishing health objectives. The law requires the Quality Strategy to seek "to improve the delivery of health care services, patient health outcomes, and population health."<sup>3</sup> These are complemented by a requirement to identify a set of health priorities for improvement based on criteria for demonstrating the greatest potential to improve health outcomes,

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<sup>2</sup> "The components of the Triple Aim are not independent of each other. Changes pursuing any one goal can affect the other two... Pursuit of the Triple Aim is an exercise in balance." Donald Berwick, Thomas W. Nolan, and John Whittington. "The Triple Aim: Care, Health, And Cost" *Health Affairs* 27, no.3 (2008): 759-769.

<sup>3</sup> The Patient Protection and Affordable Care Act, Pub. L. 111-148, §3011 (2010).

addressing health care for patients with high-cost chronic diseases, and showing potential for rapid improvement in quality and efficiency, among others.<sup>4</sup>

**At this early stage in the development of the Quality Strategy, HHS should leverage the criteria set forth by ACA to identify health priorities for the nation, make sure the Health Information Technology for Economic and Clinical Health Act (HITECH) investments are strategically integrated with the ACA implementation, and provide the nation with a clear understanding how these complex laws will unequivocally aim for specific improvements in the health and wellbeing of people in this country.**

The American Recovery and Investment Act of 2009 (ARRA) has provided a critical opportunity toward this end. CMS has already begun to implicitly identify a set of health priorities in the implementation of HITECH by requiring certain quality measures to be reported.<sup>5</sup> One could extrapolate priorities in the following areas:

- Reduce hospital readmissions.
- Improve medication management (safe medication use and effective medication management for heart disease, diabetes, asthma, mental health conditions, and hospital procedures).
- Improve care coordination and reduce gaps in care.
- Improve chronic care management, including blood pressure, diabetes, and cholesterol control.
- Improve preventive care, including healthy weight and smoking cessation.
- Improve patient safety.
- Reduce disparities.
- Increase efficiency and appropriate use of resources.
- Improve active engagement of patients in their care.

We urge HHS to use these priorities as the basis for refining and focusing all efforts on clear health objectives that will most improve the health of the nation.

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<sup>4</sup> Ibid.

<sup>5</sup> These goals were identified in Comments on the Centers for Medicare and Medicaid Services' Notice of Proposed Rulemaking for the Electronic Health Record Incentive Program, March 15, 2010. Accessed September 23, 2010, [http://www.markle.org/downloadable\\_assets/20100315\\_ehrincent\\_cms0033p.pdf](http://www.markle.org/downloadable_assets/20100315_ehrincent_cms0033p.pdf)

HHS calls for health goals to be “aspirational, actionable, and aligned across the nation.”<sup>6</sup> But what does this mean? To us, aspirational means challenging the country to achieve more than it thinks is possible. Actionable means that citizens, organizations, and government agencies can envision their role in making things better, and are motivated to take practical steps forward. Aligned means that real change will require working together to move the needle.

These all point to including explicit health objectives that articulate desired outcomes, but allow for innovation and flexibility in how they are achieved. Preventing 1 million heart attacks and strokes or halving disparities in hypertension control are both examples that meet all of these criteria. These examples challenge the country to set a new bar, invite people and groups to take real steps to achieve them, and can only be met with coordinated action.

When built on strong evidence, explicit health goals send a strong signal to clinicians, health care purchasers, technology companies, and consumers about the purpose of the public investments. They also provide a “north star” to align diverse efforts across the country.

With strong objectives, the guiding framework of the Quality Strategy will gain a more unified and easily understood direction that would strengthen participation and progress. HHS has all of the pieces it needs to identify the goals that have the greatest potential to improve the health and wellbeing of the nation, adopting them will give the strategy the direction it needs to foster improvement.

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<sup>6</sup> US Department of Health and Humans Services. *Request for Input on the Development of the National Health Care Quality Strategy and Plan*. September 9, 2010. Accessed September 23, 2010, <http://www.hhs.gov/news/reports/quality/nationalhealthcarequalitystrategy.pdf>.

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