



March 8, 2011

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-3239-P
P.O. Box 8010
Baltimore, MD 21244-8010

Re: CMS-3239-P, Medicare Program: Hospital Inpatient Value-Based Purchasing Program

Dear Sir/Madam:

The American Society of Health-System Pharmacists (ASHP) is pleased to submit comments pertaining to a Hospital Value-Based Purchasing (VBP) program as established under the Affordable Care Act (P.L. 111-148). For more than 60 years, ASHP has helped pharmacists who practice in hospitals and health systems improve medication use and enhance patient safety. The Society's over 35,000 members include pharmacists and pharmacy technicians who practice in inpatient, outpatient, home-care, and long-term-care settings, as well as pharmacy students.

ASHP's comments will discuss the use of proposed measures for fiscal years 2013 and 2014, and the subregulatory process proposed to add and retire measures.

Measures Proposed for Fiscal Year 2013

CMS is proposing to use 17 clinical process measures as part of the VBP program. Some of these measures include the use of medications that when used appropriately and managed by pharmacists and other members of the health care team, can lead to better quality of care for patients. CMS also proposes to use the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) as a measure for FY 2013. We note the important component of that measure includes communication about medicines that can lead to better pain management as well as patient adherence and understanding about medication side effects. ASHP supports the use of these measures since they are endorsed by the National Quality Forum (NQF). As a member of the NQF, ASHP strongly recommends that CMS include only those measures that have been endorsed through the rigorous consensus-building process of NQF. Consensus achieved during the measure development process, through broad acceptance and use of a measure, or through public comment does not incorporate the robust and comprehensive process used to establish NQF endorsement.

Measures Proposed for Fiscal Year 2014

For fiscal year 2014, CMS proposes to use eight Hospital Acquired Condition (HAC) measures. Since the HAC measures are identical to those used in the inpatient prospective payment system

(HIPPS) policy for HAC, there exists an opportunity that hospitals may be penalized twice on the same HAC measures. ASHP suggests these HAC measures not be included in the FY 2014 measures until one version of HAC measures can be established for the VBP and HIPPS programs.

Performance Standards

In developing performance standards, 100% compliance is not achievable or desirable due to the nature of quality measures and patient-specific care. It is nearly impossible to determine all the appropriate inclusion and exclusion criteria when developing a quality measure since there will always be outliers. CMS notes that measures have been considered topped-out when a compliance rate in the range of 96 to 98% is attained nationally for a sustained period of time. In fact, some measures have been retired based on this criteria. Also, the unintended consequences of over treating patients to achieve 100% compliance is considerable. A good example of this is previous iterations of measure 5N-5c that required antibiotics be administered within 4 hours to any patient with symptoms of community-acquired pneumonia. It is widely held that over-treatment and the potential for exacerbating antibiotic resistance occurred because of a facility's emphasis on achieving this measure.

Proposed Subregulatory Process

CMS has proposed a subregulatory process to expedite adding VBP measures. A measure could be added one year after it is publicly posted on the *Hospital Compare* website. This will lead to variable effective dates for VBP measures. ASHP advocates that proposed measures to be added should be set forth in a proposed rule with an opportunity for comment before they are finalized. In addition there are measures that are suitable for public reporting but are not always fully evolved to be used in a VBP program.

ASHP appreciates the opportunity to provide comments on the VBP program. Please feel free to contact me (bmeyer@ashp.org) if you have any questions or need additional information.

Sincerely,



Brian M. Meyer
Director, Government Affairs Division