



American Society of  
Health-System Pharmacists  
7272 Wisconsin Avenue  
Bethesda, Maryland 20814  
(301) 657-3000  
Fax: (301) 664-8877  
[www.ashp.org](http://www.ashp.org)

September 8, 2009

The Physician Consortium for Performance Improvement  
American Medical Association  
515 N. State Street  
Chicago, IL 60654

Re: Public Comments on *Heart Failure Performance Measure Set*

On behalf of the American Society of Health-System Pharmacists (ASHP), thank you for the opportunity to review and comment on the draft document “*Heart Failure Performance Measure Set*.” 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 35,000 members include pharmacists and pharmacy technicians who practice in inpatient, outpatient, home-care, and long-term-care settings.

ASHP commends PCPI’s initiative in the development of this performance measurement set. The Society believes that quality measures can vastly improve patient outcomes and we applaud PCPI’s approach of prioritizing improvement in heart failure as an area of high impact with demonstrated opportunities for improvement.

The Society is pleased to have nominated Carrie A. Sincak, PharmD, BCPS, Associate Professor and Vice Chair of Acute Care, Department of Pharmacy Practice at Midwestern University, to participate as a member of this workgroup. Dr. Sincak has been an ASHP member for nearly 15 years and is an outstanding clinician with expertise in heart failure and measure development efforts relating to heart failure. On behalf of ASHP, thank you for the opportunity to nominate members to this workgroup.

ASHP encourages PCPI to consider the following comments:

**MEASURE 7: BETA-BLOCKER THERAPY FOR LEFT VENTRICULAR SYSTOLIC DYSFUNCTION**

ASHP supports the use of strong published evidence or, in its absence, consensus through national clinical guidelines to guide practice. Although the use of metoprolol succinate is frequent, ASHP supports NQF in limiting the measure to include only practice that is supported by evidence or national published guidelines.

**TOGETHER WE MAKE A GREAT TEAM**

**MEASURE 11: POST-DISCHARGE APPOINTMENT FOR HEART FAILURE PATIENTS**

The Society applauds this measure's emphasis on the importance of appropriate followup upon discharge in reducing readmissions. However, ASHP opposes the combining of previous draft measure #10, Discharge Instructions, into this combined measure. As referenced in this measure, compliance with discharge instructions has been shown to reduce readmission rates. The Society believes it is critical to include measures of the quality of discharge instructions.

While ASHP applauds PCPI's effort to harmonize the specifications for the health care professionals with whom a follow-up visit may be scheduled with existing Joint Commission measures, the Society suggests that this measure read "Percentage of patients...scheduled by the discharging facility for a follow-up visit with a physician or advanced practice nurse or physician assistant OR AT A CARDIOLOGY CLINIC STAFFED BY SPECIALTY TRAINED PROFESSIONALS SUCH AS A PHARMACIST..." Specialty pharmacy residencies in Cardiology and Ambulatory Care provide specialized clinical pharmacists with advanced training to provide high-quality post-discharge care to HF patients.

Thank you for the opportunity to provide feedback on the draft Heart Failure performance measurement set. We look forward to continuing to engage in the measure development process through PCPI. If you have any questions concerning the Society's comments, please contact me by phone at (301) 664-8815 or via e-mail at [mandrawis@ashp.org](mailto:mandrawis@ashp.org).

Best Regards,

Mary Andrawis, Pharm.D., M.P.H.  
Director, Clinical Guidelines and Quality Improvement