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The National Quality Forum
601 Thirteenth Street, NW
Suite 500 North
Washington, DC 20005

Re: NQF Member Pre-voting Review for *National Voluntary Consensus Standards for Hospital Care: Outcomes and Efficiency, Phase II*

The American Society of Health-System Pharmacists (ASHP) is pleased to submit comments on the draft measures for *Hospital Care: Outcomes and Efficiency, Phase II.* ASHP represents pharmacists who practice in hospitals and health systems. The Society's more than 35,000 members include pharmacists and pharmacy technicians who practice in a variety of health-system settings, including inpatient, outpatient, home care, and long-term-care settings.

HOE-012-08 Potentially Preventable Readmissions (PPRs)

Pharmacists are critical but underutilized personnel in health systems that are well-positioned to improve patient outcomes while reducing costs and overuse of healthcare services. There is a rapidly expanding body of literature[1-6] that demonstrates that when pharmacists provide care to patients, especially those with heart failure, there is a significant reduction in mortality, readmissions, emergency department visits, and costs. Patients demonstrate improved understanding of and adherence to the discharge plan when pharmacists provide discharge counseling. This evidence suggests that inclusion of pharmacists in teams caring for heart failure patients should be strongly considered by health policy makers.[5]

Continuity of care is a responsibility of the entire health care system spanning hospitals, clinics, and health plans; thus, the ideal level of measurement is the integrated delivery system. However, ASHP suggests that the definition of a true integrated delivery system should be explored and described. For example, a patient may have numerous options X, Y, and Z to choose a primary care provider; however, provider X may be in health-system 1, 2, or 3. Due to this continuity of care issue, there is an inherent weakness of using the individual clinician level to measure and report readmission because readmission depends on care provided by the interdisciplinary team. The Society recommends that measurement on the individual clinician level should be removed.

Thank you for the opportunity to provide feedback on the proposed *National Voluntary Consensus Standards for Hospital Care: Outcomes and Efficiency, Phase II*. 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.

Regards,

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References

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