



American Society of
Health-System Pharmacists
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July 10, 2009

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

Re: NQF Member NQF Member Vote for *National Voluntary Consensus Standards for Hospital Care: Outcomes and Efficiency, Phase II*

On behalf of the American Society of Health-System Pharmacists (ASHP), thank you for the opportunity to vote on the proposed 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. Pharmacists in hospitals and health systems are experts in medication use who serve on interdisciplinary patient-care teams to ensure that medicines are used safely, effectively, and in a cost-conscious manner.

HOE-015-08: Preoperative Respiratory Failure

Vote: Approve

No comments.

HOE-008-08: Hospital-specific Risk-adjusted Measure of Mortality or One or More Major Complications within 30 Days of Lower Extremity Bypass

Vote: Approve

HOE-009-08: 30-day All-cause Risk-standardized PCI Mortality Rate for Patients without STEMI and Without Cardiogenic Shock

Vote: Approve

HOE-010-08: 30-day All-cause Risk-standardized PCI Mortality Rate for Patients with STEMI or Cardiogenic Shock

Vote: Approve

ASHP appreciates NQF's clarification about the availability of alternative reporting mechanisms for facilities that do not subscribe to the registries for measures HOE-008-08, HOE-009-08, and HOE-010-08. Additional detail on use of those alternatives is needed, but ASHP supports NQF's recognition of the growing importance of registries and their potential to improve patient care by

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facilitating the availability and completeness of data. As part of the measure maintenance process, ASHP encourages NQF and the measure developer to specifically assess the burden of this measure on facilities that use the alternate mechanisms, including the potential difficulties in applying the risk-adjustment methodology.

HOE-019-08: Survival Predictor for CABG Surgery

Vote: Abstain

No comments.

HOE-020-08: Survival Predictor for PCI

Vote: Abstain

No comments.

HOE-021-08: Survival Predictor for Abdominal Aortic Aneurysm

Vote: Abstain

No comments.

HOE-022-08: Survival Predictor for Aortic Valve Replacement

Vote: Abstain

No comments.

HOE-023-08: Survival Predictor for Esophagectomy

Vote: Abstain

No comments.

HOE-024-08: Survival Predictor for Pancreatic Resection Surgery

Vote: Abstain

No comments.

HOE-004-08: Risk-adjusted 30-day Readmission Rate for Heart Failure

Vote: Oppose

ASHP thanks NQF for consideration of our recommendation to remove clinician level reporting for this measure. As noted in our comment letter, continuity of care is a responsibility of the entire health care system spanning hospitals, clinics, and health plans and involves a multidisciplinary care team that includes pharmacists. We also appreciate clarification by the measures' sponsor that validation testing for that level of measurement was minimal. We applaud NQF's decision to remove clinician level reporting measurement for this measure based on these facts. However, we share concerns expressed by other NQF members and the Technical Advisory Panel about the applicability and validity of this measure. Until further information is available, or it can be fully harmonized with the related CMS measure, ASHP can not support this measure.

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Thank you for the opportunity to vote and 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) 664-8664 or via e-mail at creilly@ashp.org.

Regards,

A handwritten signature in cursive script that reads "Cynthia Reilly".

Cynthia Reilly, B.S. Pharm.

Director, Practice Development Division

American Society of Health-System Pharmacists