

May 31, 2024

PQM Public Comment

RE: Comments on the 2024 Measure Set Review (MSR) for Cycle C Measures

To Whom It May Concern,

Covered California and CalPERS appreciate the opportunity provided by the Pre-Rulemaking Measure Review (PRMR) process to comment on the proposed measures for the 2024 Measure Set Review (MSR). We recognize the importance of this annual review in enhancing the quality and efficiency of healthcare delivery across the United States. After careful consideration of the measures outlined for Cycle C, focusing on cost-effectiveness and efficiency in healthcare utilization, we wish to express our perspectives and recommendations.

Themes for Consideration:

1. **Significant Measurement Burden:** The healthcare landscape faces a significant challenge with the inclusion of 34 measures, potentially expanding with public input, creating a substantial measurement burden on providers. This extensive list of measures risks diluting the focus on areas crucial for enhancing patient care and reducing costs. These additional measures are not clearly aligned with the CMS Universal Measure Set and may introduce added complexity and hinder alignment efforts across healthcare settings. Furthermore, measure misalignment between PQM and Medicaid Core Set interfere with the ability to successfully align across payers.
2. **Total Cost of Care and Quality Reporting:** As highlighted in a recent JAMA article (Saraswathula, et al., JAMA Vol. 329, No. 21, pp 1840-47) on the impact of hospital quality reporting on the total cost of care, it is imperative that quality measures are evaluated not only on their immediate clinical impact but also on their broader financial implications. Measures should be assessed for the potential cost of data collection with a preference for electronic metrics, their ability to contribute to cost efficiency while maintaining or enhancing the quality of care.
3. **Gaps in Measure Development:** If new measures are to be created, we recommend a focus on domains with gaps such as utilization-based measures, coordination across care settings (e.g., emergency room/urgent care to primary care transitions), and specialty care quality. Development of measures should ensure comprehensive coverage of quality and efficiency in healthcare delivery rather than duplicate or create redundant metrics.
4. **Focus on performance improvement:** With the current set of measures, there has not been meaningful or sustained improvement across all-populations. In fact, several areas have witnessed a decline during the pandemic. A number of measures such as CIS-10 and Well Child Visit rates have yet to recover to pre-pandemic performance levels, underscoring the need not for more measures, but rather attention to improvement and implementation of an equity lens.

In conclusion, Covered California and CalPERS are committed to collaborating with PQM, CMS, and other stakeholders to approach the development of new measures with caution and care. Our collective goal is to enhance healthcare quality and efficiency, ultimately benefiting patients and the healthcare system at large. We look forward to engaging in further discussions and contributing to the development of a focused, impactful measure set.

Thank you for considering our comments.

Sincerely,

Covered California
CalPERS