

American College of Physicians/American Society of Internal Medicine  
American Health Quality Association  
American Hospital Association  
American Medical Association

May 10, 2001

Stephen F. Jencks, MD  
Director  
Quality Improvement Program  
Office of Clinical Standards and Quality  
Health Care Financing Administration  
7500 Security Boulevard  
Baltimore, Maryland 21244

Dear Dr. Jencks:

We are writing on behalf of our members to request additional details regarding the Medicare Patient Safety Monitoring System (MPSMS) described in your briefing at the National Summit on Patient Safety Collection and Use on April 24, 2001. The nation's health care providers, practitioners and Medicare Peer Review Organizations (PROs) share a strong commitment to improved patient safety, and will welcome a constructive role by the Health Care Financing Administration (HCFA).

Our organizations have refrained from commenting on the proposed MPSMS until we better understand your policy objectives and how this program would operate. Please provide a written response to the questions posed below at your earliest convenience.

**Uses of MPSMS Data.**

1. We understand that the patient records to be analyzed for the new MPSMS are the same randomly selected charts being evaluated to calculate payment errors under the Payment Error Prevention Program (PEPP). Is there any aspect of the PEPP that will influence the design or operation of the MPSMS, other than the fact that both programs share this convenient sample?
2. How will HCFA ensure the confidentiality and security of these patient records and any data derived from them that may identify patients, providers or practitioners?
3. What data and information developed under the auspices of the MPSMS will HCFA make public?

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4. Will publicly disclosed information (e.g., rates of adverse events) be risk-adjusted? If so, what risk measure will be used?
5. What is HCFA's current plan for use of the data developed by the MPSMS?
6. Will HCFA ensure that data collected under the MPSMS will not be used for regulatory or punitive purposes?

**Role of the PRO Program in MPSMS.**

7. What does HCFA expect of the Medicare PROs that participate in the MPSMS, when it becomes operational?
8. How will the PROs' work with providers and practitioners under the MPSMS compare to the current voluntary, confidential, Health Care Quality Improvement Program (HCQIP) that now comprises the bulk of PRO activities?
9. What is the schedule for creating and implementing the MPSMS, including the effort to establish technical advisory panels, create valid indicators, and operationalize the system?
10. When the MPSMS is operational, will every Medicare Peer Review Organization be involved in using the data developed by the system?

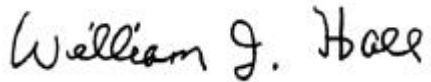
**PRO Contracting Process and MPSMS.**

11. Please provide copies of the MPSMS Request for Proposals transmitted to several PROs in April, along with any addenda or modifications subsequently distributed by HCFA.
12. Several PROs who have maintained excellent relationships with state medical and hospital associations have indicated an interest in responding to the MPSMS development RFP you described on April 24, but were not sent the RFP. We request that HCFA make the RFP available to all PROs, with a reasonable revised deadline for all respondents, to maximize the odds of securing the strongest contractor (or combination of contractors).
13. During your briefing on April 24, you indicated that you had made a commitment to fund the MPSMS, either wholly or in part, from "efficiencies" in the Medicare PRO program. What is the anticipated cost of the MPSMS program? To whom was this commitment made? What aspects of the existing PRO program will be altered or discontinued to create these efficiencies?

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Thank you for your efforts to keep our organizations abreast of HCFA's plans with regard to the Medicare PRO program and its contribution to improving patient safety. We look forward to receiving your letter and having more opportunities to discuss the proposed MPSMS.

Sincerely,



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cc: Jeff Kang, M.D.