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December 15, 2015

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Contracting Officer
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Submitted to: APP150491@CMS.HHS.gov

RE: HEN 2.0 – Draft Comment Opportunity

Dear Mr. Asher:

On behalf of the American Health Quality Association (AHQA), the national association of organizations engaged as Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs) and other organizations working to improve patient safety and advance health care quality improvement across the nation, we appreciate the opportunity to comment on the CMS proposal to continue its Hospital Engagement Network (HEN) program.

We agree that the Agency's ambitious agenda to advance the triple aim to achieve better health, better care and lower costs requires a variety of strategies and initiatives to achieve the desired outcomes and AHQA welcomes the opportunity to support the HEN program. We also believe that it is critical for strong alignment and coordination to exist across the many quality improvement programs and projects the Agency is undertaking. Otherwise, we will confuse the provider and patient communities or inadvertently perform duplicative activities that confound the accomplishment of shared goals.

To avoid provider fatigue and market confusion, AHQA recommends that HENs, as part of their proposal response, submit an environmental scan to identify activities related to their scope of work that are currently operating in the target market. It would be important for the scan to include any direct interface with the QIN-QIO contractors that were awarded related work this past summer in several of the same topic areas that are envisioned under the HEN program. AHQA does believe that the combination of QIN and HEN resources on a given topic can add tremendous value and synergy to achieve the Agency's ambitious.

We believe there is sufficient room for coordination on the topics of perceived overlap and that teaming and alignment with existing programs to accomplish desired goals would be necessary in order to avoid unintended duplication. Specifically, we recommend that HEN awardees be required in explicit terms in the contract to commit to entering into a Memorandum of Understanding/ Operating Agreement with QIN/QIOs in their markets that would address, but not be limited to:

- Two way data sharing with appropriate non-disclosure stipulations, that would include the sharing and coordination of recruitment listings of providers that each organization is intensively targeting for improvement (C.1.2);
- The joint sharing of tools and interventions being deployed by each organization to accomplish program goals (C.3, Task Three);
- The development of evaluation measures that align and support both programs (C.4);
- Directing HENs and QIN-QIOs to co-team on germane Learning and Action Networks (LANs) and other explicit educational events where applicable (C.2.1. and throughout);
- The development of specific plans of action for the coordination of and/or segregation of activities where there is topic overlap, specifically Adverse Drug Events; Catheter Associated Urinary Tract infections (CAUTI); Central Line-Associated blood stream infections (CLABSI); Clostridium Difficile (C. Diff), including antibiotic stewardship; and readmissions. (C.1, subsection 3.1))

We appreciate that CMS has strengthened the coordination language at Task Six: Collaboration, Alignment, and Coordination with P4P participants and Stakeholders on Quality Improvement activities on HEN 2.0 and we support the certification requirements at H.13 to address Duplication of Effort. We would assert that, while a plan is a good start, an actual agreement between parties working on quality improvement, such as the HENs and QIN-QIOs, would establish a formal process for ongoing and required two way coordination.

We also recommend that CMS reevaluate and revise the baseline year proposed for the HEN. 2.0 work so that it reflects the most recent year of data prior to the start date of the HEN 2.0 contract. Currently, the draft RFP states at Task 4, page 7):

“HENs are expected to utilize and report on at least 88% (15 out of 17) of the measures indicated above. In addition, HENs shall provide baseline information base on *2010 data* for each area of focus...”.

The QIO program was working on some of these topics (e.g. CAUTI, CLABSI and SSI) during the 2011-2014 time period. As such, the currently proposed HEN 2.0 baseline would reflect the work of the QIOs and other similar focused quality improvement projects that the providers may

have implemented. In order for the baseline to accurately reflect the impact of the HEN 2.0 program, it should be calculated using the most recent year of data available prior to the start of the HEN 2.0 contract.

Also, given this will be an open and competitive bidding process, we know there will be some HENs that continue from the prior PfP initiative as well as some new organizations taking on the HEN 2.0 work. This will necessitate an evaluation of the effect of efforts of individual HENs that were previously engaged in states covered by several HENs.

QIN-QIO and HEN partnerships are offered as an example of quality improvement programs supported by CMS that would benefit from formal alignment to achieve the Agency's bold goals. Formal alignment would eliminate duplication of effort, unnecessary redundancy in data collections and systems, and integrate related data bases to facilitate data exchange among the QIN-QIOs and HENs while reducing the provider burden. We suggest extending this coordination to all organizations working with the Department of Health and Human Services to improve patient safety and reduce harm. We have urgent work to do and look forward to supporting the Agency's agenda.

Thank you for the opportunity to provide comments on behalf of our community.

Sincerely,

A handwritten signature in black ink that reads "Todd D. Ketch". The signature is written in a cursive, slightly stylized font.

Todd D. Ketch
Executive Director