

# Patient Safety



## HLC OUTLOOK: Patient Safety and Quality in the Health Care System



1001 Pennsylvania Avenue  
Suite 550S  
Washington, DC 20004  
202-452-8700  
[www.hlc.org](http://www.hlc.org)

### ISSUE

Two Institute of Medicine reports, To Err is Human and Crossing the Quality Chasm, placed a public spotlight on the urgent need for quality improvement and greater patient safety, and launched public and private sector efforts to create a more patient-centered 21st century health care system. A variety of tools, such as health information technology (HIT), help to improve care quality and prevent errors. Some are considering comparative effectiveness research and evidence-based medicine to assist providers in evaluating the best care for patients. Value-based purchasing (VBP), payment for health care services based on getting the highest level of quality at the best cost, is viewed as yet another important tool for improving health quality. These policies have bipartisan support in Congress and the backing of President Bush. Administration initiatives, demonstration projects, private sector programs, and legislation are being advanced in an attempt to facilitate widespread HIT and other technology adoption and reformulate payment systems to reward quality. Together, these changes can facilitate a more efficient and higher quality health system.

### HLC POSITION

In 2007, HLC members reached consensus on the key principles of health reform necessary to create a quality health care system accessible to all Americans. HLC believes that **federal policies governing health care payments should reward quality, safety, and efficiency while avoiding measures that result in serious safety problems for patients and consumers**, such as pharmaceutical importation. Improving the care for American patients is within our cooperative reach, but proposals must be considered carefully so as to avoid unintended consequences of hampering patient-centric health care delivery.

### HLC ACTION

- HLC's President testified in February before the Senate Budget Committee on HIT as it relates to broader health care reform.
- HLC monitors the AHIC workgroups' activities and policy determinations and interacts with ONCHIT staffers regarding state privacy law barriers to interoperable data exchange.
- HLC continues to work with House and Senate committee staffers as they craft HIT legislation. HLC provided comments on early versions of the "Wired for Health Quality Act" (S.1693) and "PRO(TECH)T" Act (H.R. 6357) and continues to advocate for federal funding for HIT, while urging Congress not to reopen the HIPPA Privacy Rule.
- HLC sent a letter to key House and Senate committee members affirming its support of legislation that would promote the widespread adoption of e-prescribing.

## **HLC ACTION (con't)**

- During all in-district meetings with members of Congress and meetings on Capitol Hill, HLC continues to advocate passage of an HIT bill that includes grant or loan funding and HIPAA preemption of state privacy laws. HLC also continues to raise safety and efficacy concerns regarding proposals to allow the use of imported pharmaceuticals.
- The HLC Policy Committee completed work on HLC principles on comparative effectiveness. It will respond to solicitations for feedback as Congress crafts proposals related to establishing a national comparative effectiveness entity.
- A story on personal health records aired on National Public Radio in April that included an interview with an HLC staff member.
- The HLC Policy Committee is finalizing principles on value-based purchasing, based on member discussion during the January Patient Safety and Quality Task Force meeting.
- HLC monitors CMS activity and demonstrations on value-based purchasing, as it works toward greater use of quality data to inform its purchasing and payment policies, including participation in national provider calls regarding the 2008 PQRI and hospital-acquired conditions payment policy.
- HLC worked with the Rx Benefits Coalition to submit comments to CMS on the proposed elimination of an exemption for computer-generated faxes.
- HLC is a member of the National Quality Forum and works to ensure that NQF processes for standard-setting adequately reflect HLC member concerns.
- HLC submitted written comments on the AHRQ proposed regulations to implement "Patient Safety and Quality Improvement Act."

## **TALKING POINTS**

- Private industry and the federal government should work collectively to develop a roadmap for effective health information exchange that specifies the priorities and the standards necessary to make such exchange possible.
- The federal government should promote certain standards as may be necessary to facilitate the market for health information technology.
- The federal government should implement financing mechanisms to spur private sector HIT investment and accelerate the widespread adoption of HIT.
- HLC supports bipartisan, bicameral efforts to fund and support doctors who implement e-prescribing systems that would reduce medical errors and increase patient safety while respecting current privacy practices.
- Stakeholders should be encouraged to share best practices and lessons learned to further the successful implementation of HIT systems with proven functionality.
- Value-based purchasing can help align reimbursements with desired health care outcomes. Demonstration projects, such as the Premier Performance Pays study, are proving that when evidence-based processes are delivered, quality is higher and costs are lower.
- P4P programs should encourage a culture of continuous quality improvement and pay for value. Financial incentives should reward those who demonstrate improvement or exceed benchmarks, as well as sustain quality.
- Efforts to improve quality should consider the larger context. A hyper-regulated, litigious, and price-controlled environment reduces the time, resources, and ability of health care organizations to implement the necessary technology that can improve quality.
- Congress should very carefully consider the ramifications of efforts to reduce the budget deficit. If Congress were to pass legislation reducing provider payments, it would dramatically affect the ability of doctors and hospitals to continue making quality improvements.
- While comparative effectiveness offers the promise of improved quality of care if done correctly, it also can delay care and reduce innovation without careful consideration.

As of August 8, 2008