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Thank you for the opportunity to comment on the Patient-Centered Outcomes Research Institute's proposed National Priorities for Research and Research Agenda.

The National Committee for Quality Assurance for more than 20 years has been a leading pioneer in efforts to improve healthcare quality and value. We do this by measuring quality, making that measurement transparent and holding health plans and providers accountable for improvement. Our Healthcare Effectiveness Data and Information Set (HEDIS)¹ is the most widely used health care quality measurement tool in the United States.

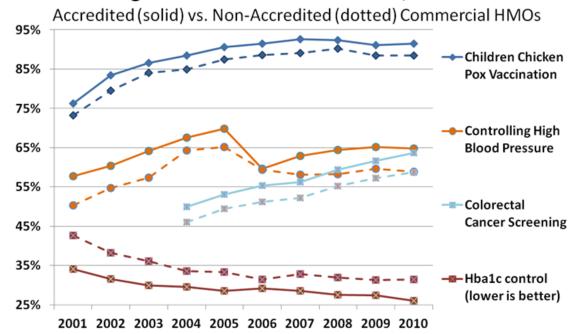
NCQA supports your proposed priorities, which complement our own mission in many ways. We especially support focusing the largest share of PCORI funding on comparing prevention, diagnosis, and treatment options. This will generate much-needed data to address one of the biggest constraints in measuring quality. Evidence on prevention is especially lacking for children. Over half of the recommendations released from the U.S. Preventive Services Task Force for children are statements of "Insufficient Evidence." We cannot develop valid measures without solid scientific evidence on what specific services are appropriate and when. Better evidence can directly address that challenge.

What Gets Measured Gets Improved. Valid measures matter because measurement drives improvement. Where solid scientific evidence allows for valid measurement, results are impressive. In plans that report HEDIS, children today are nearly three times as likely to have all recommended immunizations as in 1997; diabetics are twice as likely to have cholesterol controlled as in 1998; and more than 97% of heart attack patients get beta-blockers – up from 62% in 1996.

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¹ HEDIS is a registered trademark of NCQA.

Changes in Select HEDIS Measures, 2001-2010



We also support your plan to dedicate part of your funding on research to improve systems, identify best ways to disseminate research findings, address disparities and accelerate patient-centered and methodological research.

- We need more research on improving health systems especially for people with complex health conditions. Medication reconciliation and care transitions also are important but challenged by inadequate evidence.
- We need more research on best ways to disseminate research findings, particularly through
 use of electronic data to support decision making. Use of electronic data for performance
 measurement is an important way to support quality improvement.
- We need research on how to address disparities that greatly contribute to quality gaps.
- We need more patient-centered methodological research to accelerate involvement and consultation with patients and caregivers. This helps advance all of the above and ensures that the focus of measurement, system improvement and use of best evidence is in where it rightly belongs – on patients themselves.

These priorities overlap and complement each other. Together, they provide a thoughtful, comprehensive approach to advancing both of our missions. For example:

- Better evidence leads to better performance measures.
- Measurement identifies gaps in quality that system improvements can help address.
- Measurement creates a powerful incentive to seek and use evidence on optimal care.

- Measurement also can help to address disparities if PCORI's research specifically looks for and identifies steps that can help to address them.
- Measurement also increasingly is being focused on making sure care is patient-centered, which is the cornerstone of NCQA' highly successful Patient-Centered Medical Home program that has helped more than 3,500 primary care practice sites with more than 17,000 clinicians provide the kind of primary care that patients want. We would be happy to share our expertise and lessons learned on promoting patient-centered care with PCORI.

Your proposed agenda provides a solid, well-balanced start to PCORI's work. Once you are ready to specify and prioritize particular research projects, we urge you to build on this approach in the following ways:

- Harmonize your efforts with the federal National Quality Strategy and the multi-stakeholder National Priorities Partnership goals and recommendations.
- Give strong consideration to priorities for filling evidence gaps identified by the United States Preventive Services Task Force in its October 2011 report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services.² These include further research on priority:
 - Screening tests.
 - Behavioral interventions.
 - Evidence gaps relating to specific populations and age groups.
- Consult with organizations like the Informed Medical Decisions Foundation that produce shared decision-making tools. These tools explain treatment option pros and cons for conditions without one clear choice to help patients make good decisions.

Thank you again for the opportunity to comment. Please contact our Vice President of Public Policy & Communications, Sarah Thomas, at Thomas@ncqa.org or 202-955-1705 with questions.

Sincerely,

Margaret E. O'Kane

President

² http://www.uspreventiveservicestaskforce.org/annlrpt/tfannrpt2011.pdf