



March 1, 2011

Nancy Wilson, MD, MPH  
Coordinator of the Advisory Council Subcommittee  
Agency for Health Research and Quality  
540 Gaither Rd.  
Rockville, MD 20850

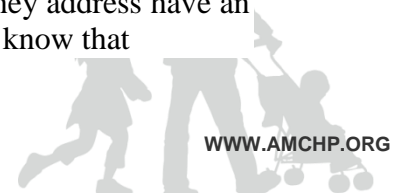
Dear Dr. Wilson:

The Association of Maternal & Child Health Programs (AMCHP) appreciates the opportunity to comment on the initial core set of health quality measures for Medicaid-eligible adults. AMCHP is the national organization representing state and territorial maternal and child health program directors whose mission is to improve the health and well-being of all women, children, and families, including children and youth with special health care needs.

We applaud the Agency for Health Research and Quality (AHRQ) for their efforts to ensure that the core quality measures are based on rigorous scientific review and will be properly maintained by respected quality measure stewards. Furthermore, we believe AHRQ's apparent effort to select measures with National Quality Forum (NQF) endorsement will continue to encourage measure standardization and consolidation at the national level, an essential step in advancing a value-based health care system. AMCHP also applauds the integration of the quality measures with the Children's Health Insurance Program Reauthorization Act (CHIPRA). This effort will help minimize interpretation confusion while streamlining state- and provider-level efforts to collect and accurately report data on the status of these vulnerable populations.

AMCHP strongly endorses the maternity quality measures included in the core set including the appropriate use of antenatal steroids, elective delivery prior to 39 completed weeks gestation, medical assistance with smoking and tobacco use cessation and prenatal and postpartum care rate. Preterm birth is a common, serious and costly problem that affects over half a million infants annually. According to a 2006 Institute of Medicine Report the annual societal burden associated with preterm birth was \$26.2 billion annually or \$51,600 per child born preterm. Moreover, a 2008 study found c-sections account for nearly all of the increase in U.S. singleton premature births, and this group had the largest increase in c-section deliveries. These measures will further enable effective interventions and quality management of conditions and provider practice to help ensure that a greater number of infants are not born too early. We therefore strongly encourage for the inclusion of these measures in the final core set.

AMCHP is also particularly pleased that many additional quality measures in the core set—while not unique to women—nonetheless help to ensure women are receiving quality care across a broad range of acute and chronic conditions. We believe these measures are important for monitoring and improving maternal and child health because the conditions they address have an established pathophysiological link with perinatal wellness. Specifically, we know that



*Medicaid Quality Measures*

*March 1, 2011*

*Page 2*

managing chronic conditions such as diabetes and hypertension, screening for alcohol and tobacco abuse, and addressing mental health illnesses such as post partum depression will help improve birth outcomes. The opportunity to improve health via these quality measures will yield enormous public health benefits by establishing a system for monitoring and evaluating a continuum of care tailored towards women's unique reproductive and other health care needs whether or not they choose to become parents. Thus, building the informational infrastructure to assess and address women's health care needs throughout the lifespan will go a long way to improve both maternal and child health.

AMCHP is concerned however that a number of the quality measures are not included as part of the Medicare and Medicaid Electronic Health Record Initiative Program for eligible health care professionals and hospitals that adopt certified Electronic Health Record technology. AMCHP hopes that future AHRQ revisions to the core set will prioritize electronic measures and further encourage harmonization across federal quality measurement programs. This will further aid in the development of a health care information system designed for faster, more accurate and less burdensome reporting on quality measures. The integration of quality measures as part of the incentivized meaningful use of electronic health records is a critical first step in achieving this goal.

As the process for developing additional core quality measures moves forward AMCHP strongly encourages AHRQ and NQF to develop a measure on transition from pediatric to adult care systems for children with special health care needs. Assuring that appropriate follow up care and treatment are provided to this vulnerable population during a significant life event is critical to sustain and improve long term health outcomes.

AMCHP appreciates the opportunity to comment on the initial core set of health quality measures for Medicaid-eligible adults. These measures taken together provide a good foundation for measurement tools to evaluate programs utilizing evidence based methods and most importantly afford an opportunity to tailor programs to assure improvements for maternal and child health.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "M Fraser", with a long horizontal line extending to the right.

Michael Fraser, PhD  
Chief Executive Officer