



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

January 12, 2011

The Honorable Carolyn Clancy, MD  
Office of the Director  
Agency for Healthcare Research and Quality  
Attention: Office of Extramural Research, Education, and Priority Populations  
540 Gaither Road  
Rockville, MD 20850

RE: Public Comment, CHIPRA PQMP Priorities

Dear Dr. Clancy:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 97,600 family physicians and medical students nationwide, I am writing to offer our comments to AHRQ's Priority Setting for the Children's Health Insurance Program Reauthorization Act (CHIPRA) Pediatric Quality Measures Program (PQMP) as requested in the December 3, 2010 Federal Register.

As noted in our February 23, 2010 letter to AHRQ on this subject, the AAFP believes the CHIPRA PQMP measures provide a helpful guide for states to continue to improve the quality of care for children enrolled in the core safety net programs of Medicaid and CHIP. The AAFP appreciates the opportunity to comment since over three quarters of family physicians participate in Medicaid and provide care for children.

As a longstanding advocate of quality improvement efforts, the AAFP recognizes the importance of a robust quality measurement program for children. We therefore believe that the core set of pediatric quality measures established by the Secretary under Section 1139A(a) should be considered an interim or starter set along the way to a focused set of patient-oriented outcome measures. These interim measures were clearly selected from a long list of existing measures and were not specifically developed with an overall quality improvement strategy for the care of children. A more logical and fruitful approach would be to decide on our societal health goals for children and then work back to the outcome measures that would move us toward achieving those goals.

The AAFP believes that PQMP quality measures should be developed with the expressed purpose of improving the care of children rather than strictly for oversight, payment and cost control. While process measures are often valuable, the measures must be clearly linked to the best evidence to achieve improved outcomes for children. Such measures must also be easily implementable at the practice level.

Though the AAFP applauds AHRQ and the Centers for Medicare & Medicaid Services (CMS) for crafting these measures, it is also our position that the current set of 24 measures for children in the CHIPRA program are plagued by significant constraints and are not directly related to patient outcomes. Quality

[www.aafp.org](http://www.aafp.org)

**President**

Roland A. Goertz, MD  
Waco, TX

**President-elect**

Glen Stream, MD  
Spokane, WA

**Board Chair**

Lori J. Heim, MD  
Vass, NC

**Directors**

Jeffrey J. Cain, MD, *Denver, CO*  
Thomas Allen Felger, MD, *Granger, IN*  
George Wm. Shannon, MD, *Columbus, GA*  
Reid Blackwelder, MD, *Kingsport, TN*  
Conrad L. Flick, MD, *Raleigh, NC*  
Laura Knobel, MD, *Walpole, MA*

Barbara Doty, MD, *Wasilla, AK*  
Richard Madden, Jr., MD, *Belen, NM*  
Robert Wergin, MD, *Millford, NE*  
Russell Kohl, MD, (New Physician Member), *Vinita, OK*  
Heidi Meyer, MD, (Resident Member), *Tucson, AZ*  
Kevin Bernstein (Student Member), *Quakertown, PA*

**Speaker**

Leah Raye Mabry, MD  
San Antonio, TX

**Vice Speaker**

John S. Meigs, Jr., MD  
Brent, AL

**Executive Vice President**

Douglas E. Henley, MD  
Leawood, KS

measures developed by provider groups or medical specialty societies should follow the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI) process. In addition, all measures should eventually be endorsed by the National Quality Forum (NQF) using the measure criteria and following the normal consensus development process used by the NQF.

On behalf of the AAFP, I again thank you and the staff at AHRQ for the opportunity to provide these comments for your review. If we may be of further assistance on this, please contact Bruce Bagley, M.D., the medical director for quality improvement. He can be reached at 913-906-6000 ext. 4120 or by email at [bbagley@aafp.org](mailto:bbagley@aafp.org).

Sincerely,

A handwritten signature in cursive script that reads "Lori Heim". The signature is written in black ink and is positioned below the word "Sincerely,".

Lori J. Heim, MD, FAAFP  
Board Chair