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Ms. Malena Crawford
Public Health Analyst
Heath Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20852

Submitted at: ***mcrawford@hrsa.gov***

RE: ***Proposed Standards for the Children's Hospitals Graduate Medical Education Payment Program's Quality Bonus System*****, Request for public comment**

Dear Ms. Crawford:

The Association of American Medical Colleges (the AAMC or Association) welcomes this opportunity to comment on the Health Resources and Services Administration's (HRSA or the Agency) request for public comment on *Proposed Standards for the Children's Hospitals Graduate Medical Education Payment Program's Quality Bonus System*, 82 *Fed. Reg.* 48102 (October 16, 2017).

The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members comprise all 149 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 17 hospitals that receive Children's Hospitals Graduate Medical Education (CHGME) funding; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their nearly 167,000 full-time faculty members, 88,000 medical students, and 124,000 resident physicians. Together, these institutions and individuals are the American academic medicine community.

The CHGME Program utilizes appropriation dollars to support graduate medical education in freestanding children's hospitals that train primary care pediatricians and pediatric medical and surgical subspecialties. A robust pediatric workforce is essential to ensuring that no child lacks access to high quality medical care. CHGME recipient hospitals – only one percent of all hospitals – train approximately half of the nation's pediatricians and pediatric specialists, more than 7,000 annually. CHGME remains integral to developing and maintaining training programs that target the unique needs of children.

As the Department of Health and Human Services stated in the *Justifications of Estimates for Appropriations Committees* regarding the CHGME appropriation, the goal of the program is to support "the training of residents to care for the pediatric population and enhance the supply of

primary care and pediatric medical and surgical subspecialties."[1] A review of HRSA statistics for the 2015-2016 academic year[2] shows that the CHGME program is meeting many important training goals.

The CHGME Support Reauthorization Act of 2013 established a Quality Bonus System for the CHGME Payment Program. Hospitals that participate in the program and meet certain standards would be eligible for bonus payments. As it develops criteria for the Quality Bonus System, HRSA should remember that the purpose of the CHGME grants is to pay for the costs associated with graduate medical education. While HRSA acknowledges that designing a GME quality improvement initiative is complex, the AAMC believes the Quality Bonus Payments must be tied to the training program, not to other activities in which a hospital may engage, and should incentivize activities that support the program's goals. Furthermore, because this is a new program, it is important that the implementation be gradual so that participating hospitals have an opportunity to fully understand the criteria and reporting requirements. Lastly, we encourage HRSA to allow for sufficient time to monitor the program before expanding criteria beyond fiscal year (FY) 2019 to ensure that the desired activities are being appropriately evaluated and rewarded, and do not result in unintended consequences.

Quality Bonus System Must Focus on Existing CHGME Program Goals

AAMC believes that the Quality Bonus System should evaluate programs based on the goals of the training program, including measures specific to the quality of resident training, and not on hospital quality measures that may be outside the scope of the program. We do not believe it is appropriate, for the purposes of evaluating this very specific program focused on pediatric physician training, to measure hospitals on broad outcomes that are not exclusively tied to the goals of the CHGME program.

In the Federal Register notice, HRSA suggested evaluation criteria such as residency specialty outcomes (such as number of graduates in high need pediatric specialties); resident service outcomes (such as service to high need rural or underserved communities); and children's hospital quality outcomes. While hospitals can provide residents with experiences in high need pediatric specialties and with treating high need rural or underserved communities, they are unable to control the specialty choices of their residents or where a resident chooses to practice once training is completed. As a quality bonus program should be related only to activities and outcomes within a hospital's control, the AAMC believes these are not appropriate criteria and urges that they not be adopted by HRSA. The AAMC also does not support including hospital quality outcomes in the bonus program.

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[1] U.S. Department of Health and Human Services, Fiscal Year 2018. Accessed at: https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-2018.pdf

[2] HRSA Health Workforce: Children's Hospital Graduate Medical Education Program; Academic year 2015-2016 accessed at https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/childrens-hospital-highlights.pdf

Quality Bonus System FY 2019

In the request for public comment, HRSA is proposing a multi-step process for implementing the Quality Bonus System for FY 2019 and expects to revise it for FY 2020 and later years. The proposed FY 2019 criteria are intended to recognize a high level of engagement by CHGME hospitals in state and regional health care transformation initiatives, including the engagement of residents in those activities. HRSA requests comment on "appropriate GME outcome measures that can assess and distinguish performance in meaningful ways" (p. 48103) for FY 2020 and later years.

Children's hospitals have made significant investments in quality and safety initiatives, and many of these initiatives involve residents; therefore, it is important to look for ways to align these programs with resident training. Active involvement of residents in these types of projects will be beneficial to them and the health care they provide to children and families. It is important, however, to ensure that the quality measures relate to the training settings or caring for underserved populations. But even the most specific measures could still make it difficult to tie patient outcomes to resident training as outcomes are the result of a myriad of factors. Resident engagement time is not easily teased out of current reporting requirements. For example, current quality metrics are often connected to the attending physician, making it difficult to track each resident's participation in the care of a particular patient. In addition, multiple residents are often involved in a patient's care so it can be hard to pinpoint the quality impact of one resident on that patient's outcomes. Therefore, as a first step, the AAMC recommends that HRSA work to identify current residents' engagement in quality initiatives and how residents can further engage on broader based initiatives before transitioning the Quality Bonus Program to other criteria in FY 2020 and beyond.

Since there are few existing measures that can be used to determine the quality of resident training programs, HRSA should continue to use the 2019 criteria in 2020 and later years. HRSA should add criteria based on information that the Agency already collects and then gradually expand criteria based on stakeholder endorsement of metrics that adequately evaluate resident engagement in quality improvement activities. Data collection should focus on activities that involve residents and provide incentives for hospitals to ensure that their trainees are involved in these activities. The AAMC urges the Agency to continuously engage with stakeholders to evaluate and adequately test quality metrics prior to implementation in the Quality Bonus System to ensure that unintended consequences do not result. When a new metric is added, HRSA should allow sufficient time to educate hospitals about the metrics and reporting requirements. In this way, the receipt of CHGME funding is tied directly to the purposes of the program, does not introduce criteria over which hospitals have no control, shows the value of CHGME funding, and will not institute new reporting burden on CHGME hospitals that may already report this information.

Quality Bonus Standards for FY 2019

For FY 2019, HRSA proposes standards to demonstrate engagement in activities to improve access, quality and cost effectiveness of health care in the pediatric community by both the

children's hospital and the resident. The proposal consists of a 2-part requirement in order to meet these standards:

1. A letter "confirming participation by the children's hospital in the program and delineating the roles and responsibilities of the children's hospital in the program activities," and
2. A "brief narrative statement describing how CHGME trainees are integrated into state-or regional-level pediatric health care transformation activities and the expected benefits for trainees and the health systems served by the children's hospital."

HRSA has identified a number of partnerships as examples of existing initiatives involving CHGME hospitals that require a significant level of engagement. We encourage HRSA to look beyond state- and regional-level health care transformation efforts for the 2019 program and to recognize activities that children's hospitals currently participate in on a national level. Active resident involvement in national care transformation initiatives warrants recognition under the intent of the 2019 quality bonus payment program. These programs are vital to improving the health of the pediatric community nationwide and should be recognized along with state and regional activities. For example, children's hospitals are currently engaged in a nationwide initiative to reduce sepsis mortality in the pediatric population.[3] There are additional national programs that meet the intended purpose of improved access, quality and cost effectiveness, including Project ECHO[4] and Project CORE[5], two programs that improve communication and coordination between primary care providers and specialists. While these are national initiatives, their implementation takes place at a local, regional, or statewide basis.

HRSA also questions whether existing information that already is reported could be used to measure the performance of CHGME programs and related health outcomes for FY 2019 or subsequent years. It is important to reiterate that the purpose of CHGME funding is to help offset costs for training residents in accredited programs that must meet criteria established by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).[6] Those criteria are intended to train physicians who, at the end of their training, will be able to enter independent medical practice with the skills they need to provide the best care to their patients. The AAMC cautions against including "related health outcomes" as part of the Quality Bonus System as there are many factors that impact health outcomes, not the least of which are socio-demographic factors. Additionally, related health outcomes are influenced by social determinants of health (SDoHs) – the circumstances in which people are born, grow, live, work and age – all of which are beyond the ability of hospitals to control. Many teaching hospitals make every effort to identify and ameliorate selected SDoHs of

[3] https://www.childrenshospitals.org/sepsiscollaborative
[4] https://echo.unm.edu
[5] www.aamc.org\projectcore
[6] Beginning in 2020, there will be a single accreditation system for graduate medical education under the ACGME.

the communities they serve, but these efforts are not funded by CHGME and should not factor into the determination of a quality bonus.

Quality Bonus Payments Tiering for FY 2019

Hospitals that meet the Quality Bonus System standards will be placed into one of three tiers based on the amount of CHGME funding they currently receive, which is considered as a proxy for level of engagement. Tier placement will determine the portion of the available funds the hospital will receive as part of the CHGME Quality Bonus System.

The AAMC is concerned that tier placement could be misinterpreted as evaluating the quality of care the hospital provides. Therefore, if the 3-tiered system is finalized as proposed, HRSA should make clear that a Quality Bonus Payment tier does not represent the quality of a program nor the level of care provided at the hospital, but rather the amount of CHGME money received by the hospital which is an indicator of engagement in CHGME. Furthermore, HRSA should work with stakeholders to develop methodology to determine the base payment since that forms the foundation on which each of the 3 tiers is paid.

Implementation Timeline

HRSA is proposing the period for the FY 2019 Quality Bonus System would be October 1, 2018 through September 20, 2019. HRSA notes that the multi-step approach to implementing the Quality Bonus System recognizes "the changing landscape and the need for additional data." (p.46102) The AAMC believes that this is an ambitious timeline for implementing a program that is still in the process of identifying measurable criteria to accurately evaluate CHGME quality improvement initiatives. The AAMC supports a delay in the implementation timeline in order for HRSA and stakeholders to fully vet the intricacies of designing a CHGME quality improvement program. If HRSA nonetheless moves forward with this timeline, the AAMC strongly urges HRSA to undertake a more deliberate approach to implementation that would initially focus on existing areas of engagement and to convene stakeholders, including pediatric experts and CHGME hospitals, to evaluate and determine next steps before moving forward.

Quality Bonus System FY 2020 and Beyond

HRSA is proposing to refine the Quality Bonus System "to reflect the feedback received from stakeholders" which will include innovations in the development of GME quality measures. HRSA should continue to identify information that CHGME hospitals currently must report and use this information as the basis for developing the criteria for the Quality Bonus System for future years. Some of this information includes:[7]

- Types of resident training programs;
- Number of training positions;

[7] From Overview of Performance Reports for Gran and Cooperative Agreements, Children's Hospitals Graduate Medical Education, accessed at https://bhw.hrsa.gov/sites/default/files/bhw/CHGME_APR_2015_2016_Reporting_Manual.pdf

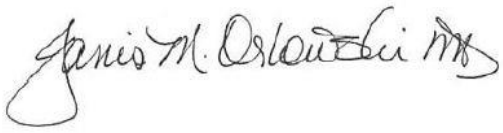
- Changes in residency training, including curricula: courses and training activities related to quality improvement and measurement, cultural competency, primary care, underserved populations, oral health, community health, and diversity. Indicate whether topic was newly developed or enhanced since the previous year and also report training sites where the curriculum was implemented; and,
- Number of residents who completed training and care for children within the borders of the service area of the hospital or within the state.

Given the uncertainty of the criteria that HRSA will finalize for the FY 2019 quality bonus period and how accurately they will measure hospital and resident engagement in quality improvement initiatives, AAMC believes the FY 2019 standards should not change in FY 2020 unless there is stakeholder consensus that the reporting criteria fully aligns with what is being measured. Furthermore, HRSA should work with stakeholders to provide clear goals for the multi-step implementation, particularly for subsequent years.

Conclusion

Thank you for the opportunity to comment on the Proposed Standards for the CHGME Payment Program's Quality Bonus System. We would be happy to work with HRSA on any of the issues discussed above or other topics that involve the academic health center community. If you have questions regarding our comments, please feel free to contact Ivy Baer at 202.828.0499 or ibaer@aamc.org or Mary Mullaney at 202.909.2084 or mmullaney@aamc.org.

Sincerely,



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