



1422 Duke Street, Alexandria, VA 22314

January 28, 2004

Ms. Melissa Musotto
Centers for Medicare and Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations, Development and Issuances
7500 Security Blvd., Room C5-14-03
Baltimore, MD 21244-1850

Dear Ms. Musotto:

On behalf of the American Medical Group Association (AMGA), I urge CMS to significantly modify its proposed methodology for fielding patient satisfaction surveys of hospitals and ambulatory settings, as published in the December 5, 2003, *Federal Register* notice on the National Implementation of Hospital CAHPS (HCAHPS). AMGA is confident that there are less problematic ways to obtain information for the *Quality Initiative: A Public Resource on Hospital Performance*, and I will be contacting your office to arrange a meeting with you to discuss in detail some less burdensome options.

The AMGA represents some of the nation's largest, most prestigious integrated healthcare delivery systems caring for more than 50 million patients in 40 states, with about one-third of our members owning or operating hospitals. These AMGA-member group practices have, on average, 272 physicians and 13 satellite locations in urban and rural locations, comprising more than 65,000 physicians.

With medical group practices' emphasis on integrated, highly coordinated patient care, AMGA has been in the vanguard of collecting data to benchmark and measure quality improvements, including patient satisfaction. For example, many AMGA members participate in AMGA's Patient Satisfaction Benchmarking Program Survey for ambulatory care visits.

While the federal government's interest in collecting this information is understandable, CMS should be aware of the severe burden this survey would impose on both hospitals and ambulatory care settings if collected in the proposed manner. In addition to the troublesome 32-question length, the survey will be disruptive and costly for organizations to complete, and may perhaps even undermine current surveys that lead to quality improvements within hospitals today.

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Given AMGA's longstanding success in patient satisfaction surveying, I would like to discuss with you more practical solutions for acquiring this information, solutions that would amplify provider participation. For example, if such external reporting measures are needed, simplifying the information request to five or six questions to be embedded in already existing surveys would present a considerable improvement. Another possibility is development of statistical crosswalks for institutions to conform their internal data and benchmarks for quality improvement to CMS' public-information needs.

AMGA and its member hospitals and medical group practices are staunch supporters of quality improvement data collection – as is evidenced by our current quality data collection program with extensive AMGA-member participation. But administrative and resource burdens imposed by collection must be offset by the benefits accrued from the resulting data, such as utilization for attainment of internal improvement. Healthcare providers are inundated with unfunded federal mandates, and any additional imposition should, we believe, yield data that provide meaningful, substantive quality improvement information.

I urge you to delay imposition of this survey on hospitals and ambulatory settings, and I look forward to meeting with you to discuss possible options to expand participation in, and utility of, this proposed data collection.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald W. Fisher".

Donald W. Fisher, Ph.D
President and CEO