

Attachment C. Expert Commentary Response Form

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Submit Response on Expert Commentary

The National Quality Measures Clearinghouse™ (NQMC), sponsored by the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services, welcomes responses to our posted expert commentaries on the NQMC Web site.

All responses will be reviewed by NQMC Staff and NQMC's [Editorial Board](#). Please keep your response brief and to the point. Responses must be presented in clear statements. We reserve the right to 1) publish your response, 2) copyedit your response, and 3) invite the author of the Expert Commentary to reply to a posted response. Excessively long or offensive and nonobjective responses will be disregarded.

Please complete the form below if you wish to have your response made accessible to our users or if you wish for NQMC to act on your response. **NOTE:** Providing such information however, does not ensure that your comment will be published or made available or that NQMC will take any course of action. That will be determined by NQMC staff in conjunction with our Editorial Board after review of the information you supply. Criteria for publication of responses to commentaries include:

- relevance of response to the subject of the commentary
- responses that provide a unique perspective to the commentary
- responses that offer an alternative view than the commentary
- responses that are clearly articulated
- responses that are neither excessively long or offensive and/or nonobjective

Response to Expert Commentary: Is the Measurement Mandate Diverting the Patient Safety Revolution? By *Robert M. Wachter, MD*

First Name: *

Last Name: *

E-mail Address: *

Address:

State/Providence:

Zip Code:

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Country:

Current Position or Occupation:

Organizational Affiliation:

Disclosure/Conflict of Interest:

Response:*

Public reporting burden for this collection of information is estimated to average 60 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

***Required Fields. Note: Responses accepted for publication would be posted to the NQMC Web site along with the submitter's name. Current position or occupation, organizational affiliation, and disclosed potential conflicts of interest are optional and would be posted when provided. Email and other address are for internal use only and will not be published with responses or made publically available.**

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Figure B. Forum for Expert Commentary. (“Submit them to us” link will direct users to the “Expert Commentary Response Submission Form” page & “Forum for this Commentary” link will anchor users to the forum of comments at the bottom of the commentary.)

Expert Commentary	Have Comments? Submit them to us.
Perspective	Forum for this Commentary
Is the Measurement Mandate Diverting the Patient Safety Revolution?	
By: Robert M. Wachter, MD	
"You can't manage what you don't measure" is a business-world truism.....	

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Forum for this Commentary

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Disclosure/Conflict of Interest
posted May 13, 2008 10:30 AM EST

Dr. Wachter states that "Where we lack measures (or the measurement burden is too onerous or expensive), the right focus may be on promoting scientific research to develop measures that capture the errors, to allow them to compete successfully with their better developed counterparts. In other cases (diagnostic, transition, and communication errors come to mind), we may need to take their importance on faith."

Unfortunately, there is currently little if no evidence that current patient safety reporting systems (especially those through state governments) have had any measurable impact on improvements in care. Reporting has certainly gone up, but honest policymakers (including AHRQ) admit they remain unsure at this point whether these systems will translate into meaningful results.

To be sure, I believe that we do need these systems and we need them to work better. But I strongly disagree with the author that "the malpractice system remains the most potent driver of improvement."

Which raises my last and most important point: Taking all of this important work "on faith" is not a responsible attitude (especially for individual physicians who work in public healthcare organizations). Hundreds of billions of dollars are spent on patient safety systems by government agencies, as well as public and private providers. The labor hours necessary to stay current with maintaining these systems are totally undocumented.

It is no longer tenable to simply accept these systems without real accountability to the people we are trying to protect. Therefore, measuring real clinical and economic impact directly and efficiently will be absolute mandates if we are to declare victory in the Patient Safety movement.