December 12, 2016

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Ave. SW
Washington, DC 20201

Ref: Hospital-wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure: Draft Measure Methodology for Interim Public Comment

Dear Mr. Slavitt,

Thank you for the opportunity to submit comments on the draft measure methodology from the Centers for Medicare & Medicaid Services' (CMS') contractor tasked with developing a measure of hospital-wide (all-condition, all-procedure) risk-standardized mortality. America's Essential Hospitals appreciates CMS' work to reduce mortality across the hospital setting. However, we have concerns about the methodology proposed, as well as the necessity for a broader hospital-level measure when condition-specific mortality measures exist that cultivate targeted quality improvement work.

America's Essential Hospitals is the leading association and champion for hospitals and health systems dedicated to high-quality care for all, including the most vulnerable. Filling a vital role in their communities, our nearly 275 member hospitals provide a disproportionate share of the nation's uncompensated care and devote approximately half of their inpatient and outpatient care to Medicaid or uninsured patients.

Through their integrated health systems, members of America's Essential Hospitals offer primary through quaternary care, including trauma care, outpatient care in ambulatory clinics, public health services, mental health and substance abuse services, and wraparound services critical to vulnerable patients. Many of our members are teaching hospitals and tertiary care centers that provide highly specialized care, including high-risk procedures that are not often performed at the hospitals our members are measured against. There is the distinct risk that larger hospitals, teaching hospitals, and hospitals serving a high proportion of low-income patients will have higher mortality rates, even though they provide quality care, often to the most vulnerable.

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America's Essential Hospitals supports CMS' goal of providing incentives for hospitals to examine their care processes and broadly improve care. However, we urge the developers and CMS to seek alignment of measures across federal programs, and to eliminate redundancies by ensuring measures are reliable and truly reveal meaningful differences in performance across providers.

1. CMS should ensure the methodology used to obtain hospital-level results—including the proposed use of service-line divisions—provides meaningful performance assessment that goes beyond what is already reported through condition-specific mortality measures.

The hospital-wide mortality (HWM) measure is a relatively imprecise and crude measure of quality. The developers admit that while mortality is an unwanted outcome for the majority of patients admitted to US hospitals, mortality is uncommon. Further, the developers acknowledge that, "distinguishing between truly preventable hospital deaths and those deaths that are truly not preventable is challenging." Yet, mortality data are used broadly to rank hospitals in terms of quality care, adjust reimbursement, and identify certain hospitals as outliers. Such classifications could be misleading and cause erroneous evaluation of hospitals, leading to patient confusion and loss of public confidence.

In an attempt to create a measure that allows for better risk adjustment and improved usability by all stakeholders—physicians, patients, and families—the developers propose 15 models, or "service-line divisions." Results for each service-line division model would be used to create an overall HWM measure score. This multiple-model approach could increase the practical utility of the measure by providing information on differences in performance among divisions within hospitals—e.g., cardiac, infectious disease, pulmonary. However, current condition-specific mortality measures already provide information on 30-day death rates for chronic obstructive pulmonary disease, acute myocardial infarction (AMI), heart failure, pneumonia, stroke, and coronary artery bypass graft. **We seek clarification from CMS as to how the proposed multiple-model approach, to be applied for the HWM measure, would enhance or further quality improvement efforts beyond information reported through existing condition-specific mortality measures.**

2. CMS should risk adjust the HWM measure for sociodemographic factors—including socioeconomic status (SES)—to accurately represent hospital quality of care.

Members of America's Essential Hospitals are constantly engaging in quality improvement initiatives, ranging from preventing falls to reducing readmissions, patient harm events, and blood stream infections. They have created programs to break down language barriers and engage patients and families to improve care quality. As such, we support measurement that fosters hospital-wide improvement in patient safety and outcomes, but we are concerned that the draft methodology does not incorporate adequate risk adjustment to ensure essential hospitals are not disproportionately affected.

The draft methodology seeks to apply the same methodology from the existing condition-specific mortality measures for the HWM measure. The current mortality measures are not risk adjusted for sociodemographic factors, including SES. Race, homelessness, cultural and linguistic barriers, low literacy, and other sociodemographic factors can skew results on certain quality outcomes measures, including those for mortality. For example, patients lacking reliable support systems after discharge—factors unrelated to the quality of care received at a hospital—are more likely to be readmitted. Despite best efforts to homogenize patient populations for quality measurement, the HWM measure's risk-adjustment methodology requires further development. **The HWM measure under development should be aligned with existing measures and risk adjusted for sociodemographic factors to accurately represent the quality of care essential hospitals provide and ensure they are not unfairly penalized.**

3. CMS should reduce the burden of unnecessary and unproductive reporting and ensure that measures under development demonstrate the ability to drive quality improvement in a meaningful way.

America's Essential Hospitals has an interest in a strategic, high-impact set of quality metrics for use in federal programs. We support and encourage the streamlining of measures to promote greater alignment and to reduce redundancies and inefficiencies. Measures should be used in programs only if they reveal meaningful differences in performance across providers. To reduce unnecessary data collection and reporting efforts, alignment across the care continuum should be the goal. As highlighted by the Committee on Core Metrics for Better Health at Lower Cost, appointed by the Institute of Medicine—now known as The National Academies of Sciences, Engineering, and Medicine's Health and Medicine Division— there is a need to reduce the burden of unnecessary and unproductive reporting by reducing the number, sharpening the focus, and improving the comparability of measures.[1]

The draft methodology notes that existing condition-specific mortality measures—AMI, heart failure, and pneumonia, among them—have proved successful in facilitating targeted improvement efforts. We feel there is a disconnect as to the benefit of a HWM measure, given that other mortality measures already exist; there is a lack or insufficiency of data concerning case mix, disease severity, and end-of-life care; and there is a lack of risk adjustment for sociodemographic factors. The HWM measure does not adequately account for these aspects. This leads to incomparability between hospitals and might negatively impact essential hospitals for providing specialized, complex care to vulnerable populations. **We urge CMS to examine more closely whether and how the HWM measure would contribute to a specific national goal for improvement, and whether the measure is the most effective to promote achievement of the desired improvement.**

America's Essential Hospitals appreciates the opportunity to submit these comments. If

[1] Institute of Medicine Committee on Core Metrics for Better Health at Lower Cost. Blumenthal D, Malphrus E, McGinnis JM. *Vital Signs: Core Metrics for Health and Health Care Progress.* Washington, DC: The National Academies Press; 2015.

you have questions, please contact Director of Policy Erin O'Malley at 202-585-0127 or eomalley@essentialhospitals.org.