



Charles N. Kahn III
President & CEO

February 27, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8011
Baltimore, MD 21244-1850

SUBJECT: CMS Proposed Quality Measures: Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure, and Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Electronic Health Record Extracted Risk Factors

Dear Administrator Verma:

The Federation of American Hospitals (FAH) appreciates the opportunity to comment on the Claims-only Hospital-wide (All-Condition, All-Procedure) Risk-standardized Mortality and the Hybrid Hospital-wide (All-Condition, All-Procedure) Risk-standardized Mortality with Electronic Health Record Extracted Risk Factors measures. FAH agrees that hospitals should measure and track mortality rates for quality improvement purposes but any measure that is proposed for accountability uses should be evidence-based and demonstrated to be reliable and valid.

As we noted during the previous comment period in late 2016, we do not believe that the rationale for this measure provides sufficient evidence that a death in the 30 days following an inpatient admission is a predictor of the quality of care provided by a hospital and may well be due to other factors outside of a hospital's control. The articles and research cited to demonstrate the importance and underlying evidence to support the measure continue to be solely focused on inpatient mortality. The FAH does not believe that adequate justification has been made for these measures.

It was FAH's understanding that while the developer did not believe that social risk factors should be included in the risk model, testing would be completed to determine whether adjustment of these risk factors was warranted. Regrettably, it appears that this testing was not done. FAH believes that some clinical diagnoses and outcomes will be impacted more significantly by social risk factors (e.g., availability of services such as pharmacies and transportation). Measures must be specified to ensure that they produce results that are reliable and valid and enable fair comparisons. By not examining whether any one of these community-level factors should be included, there is increased risk that a hospital's true performance will be misrepresented and could provide inaccurate information to patients and their families. FAH strongly urges CMS to complete additional testing to determine whether social risk factors should be included.

FAH also questions the usefulness of either measure given the limited variation in performance scores with only six hospitals identified as statistically worse than the national average and the majority of the hospitals (92.4%) were no different than the national average. We do not believe that these measures provide any new information that would be useful to hospitals and patients. The proposed approach to report the probability that a hospital is statistically different than average is potentially worth exploring but examples on how this information would be displayed and whether it would be understandable to a patient and their family or useful to a hospital for quality improvement must be examined further prior to its implementation. It is also not clear how these measures will be used along with the condition-specific mortality measures and additional information on this question is needed.

FAH has several concerns related to the lack of evidence to support the measures' focus, lack of testing for social risk factors in the risk adjustment approach, and limited usefulness of the results for quality improvement and accountability purposes. As a result, FAH strongly urges CMS to complete additional testing to address many of these questions and concerns prior to implementation of either measure in a federal program.

The FAH appreciates the opportunity to comment on these quality measures. We look forward to continued partnership with the CMS as we strive for a continuously improving health care system. If you have any questions regarding our comments, please do not hesitate to contact me or a member of my staff at (202) 624-1500.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew M. Rosenthal". The signature is fluid and cursive, with a large initial "A" and "R".

Cc: Claudia Salzberg, FAH