

June 25, 2018

Ms. Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services

***RE: RIN 0938-AT27 Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates; Proposed Quality Reporting Requirements for Specific Providers; Proposed Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (Promoting Interoperability Programs) Requirements for Eligible Hospitals, Critical Access Hospitals, and Eligible Professionals; Medicare Cost Reporting Requirements; and Physician Certification and Recertification of Claims***

Dear Ms. Verma,

On behalf of the organizations and individuals listed below, we appreciate the opportunity to comment to the Centers for Medicare & Medicaid Services on the proposed changes to the FY 2019 Inpatient Prospective Payment System (IPPS) rule.

We strongly advise CMS to put a priority on transparency throughout all of its programs. In particular, we believe that all measures related to patient safety must be publicly available in a format that is usable by patients, families, employers, and the public at large. We thus urge CMS not to move forward with the proposed rule to remove the following measures from the Inpatient Quality Reporting (IQR) program:

- Catheter-associated urinary tract infection (CAUTI)
- Clostridium difficile (C. Diff)
- Central line-associated bloodstream infection (CLABSI)
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Surgical site infection (SSI) – hysterectomy and colon
- PSI 03 – Pressure Ulcer Rate
- PSI 06 – Iatrogenic Pneumothorax Rate
- PSI 08 – In-Hospital Fall with Hip Fracture Rate
- PSI 09 – Perioperative Hemorrhage or Hematoma Rate
- PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate
- PSI 11 – Postoperative Respiratory Failure Rate
- PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
- PSI 13 – Postoperative Sepsis Rate
- PSI 14 – Postoperative Wound Dehiscence Rate
- PSI 15 – Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate

With regard to Long Term Care Hospitals (LTCH), CMS proposes to discontinue publicly reporting via the Quality Reporting Program (QRP) two safety measures: MRSA and the Ventilator Associated Event Outcome measure. Besides the measures gauging very important safety areas, the proposal would remove two of only 19 quality

measures (and two of 10 outcome measures). With such a small measure set, CMS should be striving to maintain key outcome measures to allow consumers to base their decisions on more versus less data.

**We strongly urge CMS to not withhold or curtail public information on deadly infection rates and rates of accidents and injuries in American hospitals by removing these critical measures from the IQR or the QRP.**

These accidents, errors, and infections are among the leading causes of death in the U.S. and are occurring at an unacceptable rate in hospitals across the country.

The IQR and the QRP are the primary vehicles by statute for publicly reporting the performance of American hospitals. Because the IQR pays hospitals for reporting, virtually all hospitals are represented and accountable to the public. Since their establishment in 2005 and 2010, respectively, the IQR and QRP have been central to the movement for improved transparency in health care. Over 90% of the measures in the IQR have shown improvement—a record unparalleled in any other health care program.

CMS may intend to maintain public reporting of these measures even if they are not on the IQR or QRP, but measures removed from the IQR or QRP through rulemaking cannot be easily reported in an accessible way for public use. Nor are hospitals given the payment incentive for full reporting.

Among the reasons given in the proposed rule for removing infections from the IQR is the amount of time hospitals spend counting them, about 2 million hours. Yet studies [suggest](#) that infections cost the economy \$147 billion each year, not to mention untold suffering and grief by patients. The least we should expect of hospitals is that they record the problem accurately, especially when the IQR pays them for doing so.

Although the proposed rule would preserve some measures in one of the CMS payment programs, that's no substitute for letting consumers decide for themselves how well a hospital is doing by making the information publicly available—a central purpose of the IQR and QRP. The measures in the IQR and QRP allow employers, health plans, and other purchasers—who pay for the majority of Americans' health care—to structure their own contracts and purchasing programs to get better value.

We also urge CMS not to remove safety measures from the Value Based Purchasing (VBP) Program. Quality and cost-effectiveness are nullified when safety is absent; it is critical that infections and other safety measures be included in all payment programs. No hospital should be paid a reward for excellence in the VBP Program if they have a high rate of preventable infections.

The public, as well as purchasers, deserve full transparency of safety and quality measures. There is no substitute for the IQR and the QRP to achieve that purpose.

We appreciate the opportunity to provide comments on the proposed changes to the FY 2019 IPPS proposed rule.

Signed,

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Janie Wulf; Fairfax, VA  
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Jonathan Trenn; InterActivate; Vienna, VA  
Lynn Smith; Alexandria, VA  
Marsha Joiner; Woodbridge, VA  
Naomi Laue; Ashburn, VA  
Peggy Elgin Smith; Bristow, VA  
Rebecca Burke; Stafford, VA  
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Roger Ney; McLean, VA  
Susan K. LaMontagne; Arlington, VA  
Susan O'Brien; Sterling, VA  
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#### **WASHINGTON**

Alyssa Bosold; Seattle, WA  
Andrea Elliott; Bellingham, WA  
Christian Carter Klepac; Seattle, WA  
Clayton Halverson; Nurse; Vancouver, WA  
Isabella Hellstrand; Seattle, WA  
Jessica Smith; Vancouver, WA  
Judith Krieger; Bellingham, WA  
Julianna Hinckley; Seattle, WA  
Lauren Phillips; Phillips Medical Writers, Ltd.;  
Bellingham, WA  
Liam Ferguson; Seattle, WA  
Neal Wood; Credit and Financial Management, LLC;  
Port Ludlow, WA  
Noreen Wedman; Seattle, WA  
Norman Gurfinkel; Seattle, WA  
Patricia J Hale; Camano Island, WA  
Regina Downey; Shoreline, WA  
Richard Walsh; La Conner, WA  
Ronald Otis; Bellingham, WA  
Shakil H Haroon; MPIRICA Health Inc.; Medina, WA  
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#### **WEST VIRGINIA**

David Yelton; Morgantown, WV  
Elizabeth Scott; Winfield, WV  
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Cheryl Hinz; River Falls, WI  
Cheryl Mealey; Mercer; Milwaukee, WI  
Donald Zelinski; Manitowoc, WI  
Heather Godley; Greendale, WI  
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**WYOMING**

Anne Ladd; Wyoming Business Coalition on Health;  
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