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June 8, 2022

Ms. Chiquita Brooks-LaSure, MPP
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Baltimore, MD

RE: RIN 0938-AU84

Dear Ms. Brooks-LaSure,

On behalf of Pittsburgh Business Group on and our 130 members, we are writing today to express our strong opposition to the Centers for Medicare & Medicaid Services' proposal to **suppress calculation and publication of the CMS Patient Safety and Adverse Events Composite (CMS PSI 90) for FY 2023 and to potentially suppress other measures in the future without seeking public comment.**

Suppressing CMS PSI 90 would be a giant leap backward in patient safety and transparency, literally life-threatening, and an outrageous violation of the trust Americans place in the Medicare program. Failing to report these dangers to the American public is an abdication of the most profound responsibility entrusted to our policymakers: to make sure patients know at least as much as government officials do about risks to their lives.

We oppose the suppression of PSI 90 data for the following reasons:

- **PSI 90 Represents Real Patient Harm:** Nearly 25,000 people die and another 94,000 suffer each year from the ten preventable medical and surgical complications.¹ PSI 90

¹ Armstrong Institute for Patient Safety and Quality, *Lives Lost, Lives Saved: An Updated Comparative Analysis of Avoidable Deaths at Hospitals Graded by The Leapfrog Group*, May 2019: <https://www.hospitalsafetygrade.org/media/file/Lives-Saved-White-Paper-FINAL.pdf>. Agency for Healthcare Research and Quality, *Patient Safety Indicators (PSI) Benchmark Data Tables, v2021*, July 2021: https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2021/Version_2021_Benchmark_Tables_PSI.pdfhttps://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2021/Version_2021_Benchmark_Tables_PSI.pdf

data includes rates of preventable complications from surgery, such as blood leakage, kidney harm, breathing failure, sepsis, wounds that split open, and accidental cuts and tears, as well as preventable complications from medical care such as deep bed sores, lung collapse, falls that break a hip, and blood clots.

- **CMS is the Only Source of this Data:** Data on these complications is not available to the public from any other source. If CMS suppresses this data, all of us will be in the dark on which hospitals put us most at risk, yet we all shoulder the burden of these dangerous preventable complications: lost life, pain and suffering, lost productivity, and wasteful health costs.
- **Suppression of Data Perpetuates Inequities:** In a groundbreaking report, Urban Institute researchers found that hospitalized Black patients were far more likely than their white counterparts to these medical and surgical complications at the same hospital, and the results were “clinically large.”¹ The findings from the study point to the need for the public to have continuous access to this data by hospital. To name a few, Black patients had 27% higher rate of experiencing sepsis after an operation and 15% higher rate of experiencing a kidney injury requiring dialysis.
- **CMS Should Not Attempt to Hide a Known Problem:** Federal officials recently warned the American public about a significant spike in rates of harm and now want to cover up the data.² Just two months ago, leaders at CMS and the Centers for Disease Control and Prevention (CDC) reported that since 2020, federal data shows a significant increase in the number of common hospital infections and patient safety mistakes. These federal officials have the data, but now want to suppress much of it from the American public.
- **CMS is going back on a Commitment to Safety and Transparency:** In early May, the HHS Office of the Inspector General (OIG) investigated Medicare and concluded CMS was not reporting enough of the errors and complications that harm Medicare beneficiaries.³ The OIG report recommended CMS report more of the harms that patients suffer, and CMS agreed. But instead, CMS proposes to do the opposite, reducing the harms they report by suppressing ten of them and threatening to suppress even more.
- **COVID 19 is Not an Excuse for Hiding Poor Safety:** While we recognize that hospitals were under tremendous strain in 2020 and 2021 during the peak of the pandemic, they

¹ Gangopadhyaya, 2021. “Do Black and White Patients Experience Similar Rates of Adverse Safety Events at the Same Hospital?” Urban Institute: https://www.urban.org/sites/default/files/publication/104559/do-black-and-white-patients-experience-similar-rates-of-adverse-safety-events-at-the-same-hospital_0.pdf

² Fleischer, MD et al. “Health Care Safety During the Pandemic and Beyond - Building a System that Ensures Resilience, *New England Journal of Medicine*, February 17, 2022: <https://www.nejm.org/doi/full/10.1056/NEJMp2118285>

³ Department of Health and Human Services, Office of the Inspector General. *Adverse Events in Hospitals: A quarter of Medicare Patients Experienced Harm in October 2018*. May 9, 2022: <https://oig.hhs.gov/oei/reports/OEI-06-18-00400.asp>

must be held accountable for protecting the lives of their patients. The public has a right to know the truth about preventable complications that results in needless suffering and lost lives.

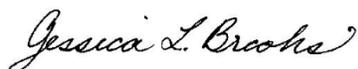
- **Transparency is Especially Important Now:** Transparency is important to public trust, especially in times of public health crisis. Policymakers have warned the public that dangerous complications increased during the pandemic; hiding the CMS PSI 90 data from the public now serves no purpose and betrays the public trust.
- **Hiding Data Makes it Harder to Improve Patient Safety:** Suppressing the data means we lose precious insights that could improve patient safety and disaster preparedness in the future. Publication of the CMS PSI 90 would answer critical questions like:
 - Were patient safety problems confined to COVID-19 peaks or did they occur at higher rates throughout the year?
 - Which hospitals excelled in protecting their patients despite COVID-19 surges, and how did they accomplish that?

Recommendations:

1. **Withdraw Proposal to Suppress New PSI 90 Data in 2023:** CMS should fully withdraw its proposal to suppress the calculation and publication of PSI 90 data and should publish its data on its regular schedule, or preferably in a timelier fashion.
2. **Continue to Maintain Publication of Previous PSI 90 Data:** It is important that employers, public health experts, and policymakers have access to all previous PSI 90 data from Calendar Year 2019 and years previous.
3. **Do Not Suppress Future Measures Without Public Comment:** The American public deserves to have access to lifesaving data about hospital quality and safety. If CMS continues to propose to suppress these types of measures, it is imperative that they allow the public to comment before a decision is made so others can see the rationale and share feedback.

We are grateful for the opportunity to provide our comments on this pressing issue.

Sincerely,



Jessica Brooks
President and CEO
Pittsburgh Business Group on Health