



June 28, 2021

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

RE: RIN 0938–AU44 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 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Proposed Changes to Medicaid Provider Enrollment; and Proposed Changes to the Medicare Shared Savings Program

Dear Ms. Brooks-LaSure,

On behalf of the undersigned national coalition of individuals and organizations, I am writing to comment on the Centers for Medicare & Medicaid Services (CMS) proposed change to the FY 2022 Inpatient Prospective Payment System (IPPS) rule regarding the proposed removal of “Death Among Surgical Inpatients with Serious Treatable Complications” (PSI-4) from the Inpatient Quality Reporting (IQR) Program. This measure is of critical importance to the public and to purchasers for the following key reasons.

- **PSI-4 is a powerful and important patient safety measure, and patient safety is one of the most significant death risks Medicare beneficiaries and the public will ever encounter.** According to a landmark article in BMJ that summarized earlier research, safety problems in U.S. hospitals are estimated to kill over 250,000 people every year. Despite this, there are relatively few patient safety measures reported in the IQR or used in payment programs, especially considering the evidence of the risk faced by Medicare beneficiaries and the public at large. CMS should be adding more patient safety measures, not removing any.
- **PSI-4 is one of the highest priority measures for purchasers and consumers.** The Leapfrog Group uses PSI-4 in its Leapfrog Hospital Safety Grade which assigns letter grades to hospitals based on their record of patient safety, and from that experience interacts with thousands of consumers and purchasers. Without a doubt, PSI-4 is the measure in the Safety Grade that resonates most with purchasers and consumers.
- **Deaths counted in PSI 4 can be prevented by hospitals; deaths from all causes are not always the fault of the hospital.** The Hybrid Hospital-Wide All-Cause Risk Standardized Mortality measure is not a replacement for PSI 4, because many hospital deaths are not related to preventable safety problems. While the all-cause mortality measures are useful, they are not a substitute for reporting hospital mortality from preventable safety problems that occur after surgery. Medicare beneficiaries deserve to know which hospitals perform best at protecting patients from surgical harm.
- **PSI-4 is a Surgical Measure.** When consumers are researching hospitals, they are often searching for a place to have a surgical procedure. There are very few measures that are focused on surgical safety or surgical outcomes in general. CMS should be adding more surgical outcome measures, not removing the one most important to consumers and purchasers.

- **Improvements to PSI-4 can occur while the current measure continues to be included in the IQR and is publicly reported.** Medicare beneficiaries and the public deserve the best available information to protect their lives and health, and PSI-4 provides that. We are aware that the measure developer has suggested refining the types of surgical patients and complications included in the measure. However, these improvements will only strengthen an already robust measure and can be made while the current measures continue to be used in the IQR and in public reporting.

On behalf of The Leapfrog Group, our Board, our members, and the undersigned coalition of individuals and organizations, we strongly urge CMS to retain PSI-4 in the IQR and in public reporting. Thank you for the opportunity to provide comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Leah Binder".

Leah Binder, M.A., M.G.A
President & Chief Executive Officer
The Leapfrog Group

Cosigning Individuals and Organizations Supporting these comments on the CMS FY 2022 proposed rule: