June 17, 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,

Led by The Leapfrog Group, the undersigned organizations represent patient safety advocates, patients, health care consumers, employers, and health care workers. While some organizations are submitting separate comment letters on the 2023 Hospital Inpatient Prospective Payment (IPPS) Proposed Rule, we have joined together here to express our strong opposition to CMS’ proposal to suppress calculation and publication of the CMS Patient Safety and Adverse Events Composite (CMS PSI 90) for FY 2023. 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.

In its rule, CMS proposes to suppress the PSI 90 measure “due to the fact that the reference period (calendar year 2019) … does not include data affected by the COVID-19 Public Health Emergency and the applicable period (calendar year 2020) does include such data, this would result in risk adjustment parameters that do not account for the impact of COVID-19 on affected patients.”\(^1\) While we recognize that the COVID-19 pandemic has put an unprecedented strain on the entire health care system, we firmly reject the implication that this is an adequate reason to simply stop reporting lifesaving patient safety information. Indeed, in the middle of a global pandemic, it is more important than ever that the public have access to information that could save their lives.

We oppose the proposal to suppress PSI 90 for the following reasons:

- **25,000 Deaths A Year Should Never Be Ignored or Hidden**
  
  The 10 dangerous complications that make up PSI 90 are largely preventable yet kill 25,000 people per year and harm 94,000.\(^2\) There is no other publicly available source for data on the complications included in PSI 90. If CMS suppresses it, the American public will be in the dark.

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on which hospitals put them most at risk. Suppressing 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. Medicare beneficiaries and the American public have the right to access this lifesaving data.

- **Dangerous Spikes in Infections and Medical Errors Are Relevant**
  Suppressing information on hospital dangers covers up an alarming spike in those dangers that federal officials themselves have warned us about. Just two months ago, leaders at CMS and CDC reported that since 2020, federal data shows a significant increase in the number of common hospital infections and patient safety mistakes.³ These federal officials have the data, but now want to suppress much of it from the American public.

  It is particularly concerning that most of the patient safety measures included in PSI 90 reveal significant health care disparities. While health inequities are often caused by sociodemographic factors outside the health care system, the data included in PSI 90 allows policymakers and researchers to see the differential impact on people of color by hospital patient safety lapses. For example, Black patients are 27 percent more likely to experience sepsis after an operation than white patients and are 15 percent most likely to experience a kidney injury requiring dialysis. By proposing to suppress information on PSI 90, CMS is effectively seeking to hide invaluable data regarding real inequities in health care delivery.

  In early May, the HHS Office of the Inspector General (OIG), an independent governmental watchdog, reported that one in four Medicare beneficiaries admitted to a hospital were harmed by an error or accident during the stay.⁴ The OIG advised that CMS’ current reporting on safety problems is inadequate to capture all the dangers they discovered, and recommended CMS expand their reporting to include more measures. In the report, CMS agreed. But now CMS is heading in the opposite direction: instead of expanding measures, they want to suppress ten of those they currently report.

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Recommendations

Given our profound opposition to the suppression of PSI 90 data, we offer the following recommendations to CMS:

1. **Withdraw the 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 more timely fashion.

2. **Continue to Maintain Publication of Previous PSI 90 Data**: It is important that historians, 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 thank you for the opportunity to comment on this rule and look forward to working with CMS to advance patient safety and transparency, by putting the needs of Medicare beneficiaries and the American public at the forefront of policy.

Sincerely,

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

**Cosigning Individuals and Organizations Supporting these comments:**

**Organizations**
A Leading Light LLC
Alabama Employer Health Consortium
Ariadne Labs/ Harvard School of Public Health
Arizona Benefit Consultants LLC
Building4Health, Inc.
Bukaty Companies
California Health Care Coalition
California Schools VEBA
Catherine M Baase, MD Consulting LLC
Center for the Study of Services/Consumers’ Checkbook
Chicago Hispanic Health Coalition
Citrus Pulmonary and Sleep Disorders
Connecticut Center for Patient Safety (CTCPS)
Council for Affordable Health Coverage
DFW Business Group on Health
Economic Alliance for Michigan
Employee Benefit Consultants, Inc
Florida Alliance for Healthcare Value
Fringe Benefit Analysts, LLC
Gillroy & Associates Inc
Greater Philadelphia Business Coalition on Health
Health Action Council
Healthcare Purchaser Alliance of Maine
Heartland Health Research Institute
Houston Business Coalition on Health
HR Policy Association
ICI
Louisiana Business Group on Health
Louisiana Health Care Quality Forum
Lucerno Dynamics
Mothers Against Medical Error
MGH Stoeckle Center for Primary Care Innovation
Moxtek
New England Patient Voices
New Jersey Health Care Quality Institute
Nile’s Project mrsa
North Carolina Business Group on Health
OAI Consult, Db
Patient Advocate Certification Board
Patient Safety Action Network
Patient Safety Advocacy
Patient Safety America
Patients for Patient Safety US
Pennsylvania Health Access Network
PHC4
Pittsburgh Regional Health Initiative
PURCHASER BUSINESS GROUP ON HEALTH
Rhode Island Business Group on Health
Sepsis Alliance
Silicon Valley Employers Forum
St. Louis Area Business Health Coalition
SwipeSense
The Burrows of Hollywood, Inc.
The ERISA Industry Committee
The Mosaic Company
The Texas Patient Safety Initiative
U.S. PIRG
Value Capture LLC
WellOK - The Oklahoma Business Coalition on Health
WOConsultation, LLC
Zaggo, Inc.
Individuals
Lenore Alexander, Executive Director, Leah’s Legacy
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Mary Arnold-Long, President, WOConsultation LCC
Catherine Baase, Owner, Catherine Baase MD Consulting LLC
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Linda Baldino
Marlene Bandfield, Physical Therapist
Rosie Bartel
Larry Becker
Hale Becker, Director of Analytics and Information Services
Joan Benincasa
Louis Bernardi, Founder, BritePath
Emi Bevacqua, Assessment & Intake Coordinator
Calvin Beyer, Patient Advocate
Bruce Bradley, Founder of The Leapfrog Group
Linda Burton
Anne G. Cann
Roberta Carson, President, Zaggo, Inc.
Laurie Casale, Senior Nurse Consultant
Deborah Castagnola
Joleen Chambers, Former Patient Representative Member
Ann Chellis
Della Coburn
Mary Coffey
Don Cohen
John Coleman
Mark Compton
Enid Conley, PhD, EdS
Susan Conn, RN
Caroline Corum RN, Patient Advocate
Will Craghead
Vicki Dailey
Kathy Day, RN, Patient Safety Advocate/Activist
Mike Delaney
Helene DeLuca
Scott Deru, President, Fringe Benefit Analysts, LLC
Debra Downing
Susan Edgman-Levitan, Executive Director
Deborah Ellis
Emily Ervin
Rob Ervin
Ellen Esposito
Betty Fackler
K. Douglas Fillmore, Vice President of Human Resources & Administration
Mark Fishman
Crissy Flake, Quality Improvement Director
Beverly Ford  
Edward Ford, RN, Regulatory Project Manager  
Ted Fox, Founder and Leader, The Texas Patient Safety Initiative  
Kathleen Fox  
Rockefeller Frances  
Harold Freehling Jr.  
Philip Fulchino  
Chuck Gamsu, Principal, Milliman  
Loretta Garrett  
Sharon Giarrizzo-Wilson, Assistant Professor  
Donna Gillroy, Gillroy & Associates Inc  
Venus Gines, President, Dia de la Mujer Latina  
Carol Grubb  
Carole Guinane RN, MBA, FNAHQ, CPHQ, BBS  
Martin Hatlie, President & CEO, Project Patient Care  
Peter Hayes, President & CEO, Healthcare Purchaser Alliance of Maine  
Joan Hebden, President, IPC Consulting Group LLC  
Carole Hemmelgarn, Patient Activist  
Steve Hetey, Associate Chief Pharmacy Officer (Retired)  
Marian Hollingsworth, Patient Safety Advocate, Patient Safety Action Network  
Kathryn Horton  
Bill Hughes, President, Benafix  
Krista Hughes, BCPA, Founder and CEO, Passion 4 Patients  
Cathrine Iaderosa  
Tracy Imperi  
Vanessa Ivey, Health and Wellness Director  
Gregory Jacobs  
John James, CEO, Patient Safety America  
Nancy J. Johnson  
Tina Jones, Analytics Leader  
Sylvia Jones  
Soojin Jun, Patients for Patient Safety US  
Karen Jupiter, Vice President for Development  
Terry Karjalainen, Core Faculty  
Carol Keeling  
Sally Kerr  
Toni Ketterman  
Anne Klar, Student Nurse  
David Knowlton, CEO, New Jersey Health Care Quality Institute (Retired)  
Ellen Kovac  
Susan Krhounek  
Ronald Lattanze, CEO, Lucerno Dynamics  
Joel Lee, Professor Emeritus  
Sandra Less  
David Lind, President, Heartland Health Research Institute  
Taylor Lindsey, Vice President, Employee Benefit Consultants, Inc  
Diana Little, Payroll and Benefit Manager  
Elizabeth Londo, Vice President of Client Services