CMS Proposes to Suppress Data on 25,000 Preventable Hospital Deaths Last Year. We Say No.

Talking Points

SUMMARY

- The Centers for Medicare and Medicaid Services (CMS), the federal agency that runs Medicare, proposes to suppress data on some of the most dangerous medical and surgical complications that happen in hospitals. These dangerous complications are largely preventable yet kill 25,000 people a year and harm 94,000. Medicare beneficiaries and the American public need to come together to demand this data.

- CMS will receive public comments on its proposed rule through June 17, 2022, and the final rule will be published later in the year. **Leapfrog and our coalition of leaders are urging individuals and organizations to tell CMS that their proposal to keep the public in the dark is unacceptable--by writing letters and signing in support of Leapfrog's letter.**

- The data CMS proposes to suppress include 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. The rates of harm for these medical and surgical complications are reported by hospital as part of a measure called CMS Patient Safety and Adverse Events Composite or CMS PSI 90.

- 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.

- 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.

- 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.

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WHAT'S AT STAKE FOR PATIENTS AND PURCHASERS

- Nearly 25,000 people die and another 94,000 suffer each year from the ten preventable medical and surgical complications CMS proposes to suppress.

- The hospital you choose matters because some hospitals are more dangerous than others. For instance, patients are four times more likely to die from a preventable blood clot, twice as likely to suffer a deep pressure ulcer (bedsore), and nine times more likely to have a surgical hemorrhage if they choose the worst performing hospital instead of the best. If CMS suppresses this data, patients will have no way of knowing their risk at their local hospital.

- CMS' proposal is also bad business. Patients won't have the information they need to pick the safest hospital, resulting in more dangerous and costly complications, and Medicare isn't alone in paying these bills. Employers, purchasers, and health plans, as well as individuals and families paying out-of-pocket, pay the inflated costs associated with these complications.

IT'S AN EQUITY ISSUE

- In a groundbreaking report, Urban Institute researchers found that hospitalized Black patients were far more likely than their white counterparts to experience these medical and surgical complications at the same hospital, and the results were "clinically large." The findings from the study point to the need for continued monitoring of these patient safety indicators.

- 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. More information on surgical complication disparities can be found here.

A POLICYMAKING FAILURE

- CMS should not 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. 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.

- In early May, the HHS Office of the Inspector General (OIG), an independent governmental watchdog, investigated Medicare and concluded CMS was not reporting enough of the errors and complications that harm Medicare beneficiaries. 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.

- Federal agencies and elected officials have a responsibility to the American public, and that responsibility is violated when they suppress data on rates of harm to patients occurring in hospitals.

COVID-19 IS NOT A REASON TO HIDE DATA ABOUT PATIENT DANGERS

- While we recognize that hospitals were under tremendous strain in 2020 and 2021 during the peak of the pandemic, they 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.

- 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?

- 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.

HOW TO USE YOUR VOICE TO FIGHT FOR PUBLIC REPORTING

- The Centers for Medicare and Medicaid Services (CMS), the federal agency that runs Medicare, proposes to suppress data on some of the most dangerous medical and surgical complications that happen in hospitals. These dangerous complications are largely preventable yet kill 25,000 people a year and harm over 94,000. Medicare beneficiaries and the American public need to come together to demand this data.

- Some may wish to add a comment on another CMS proposal, to suspend a program called the HAC Reduction Program, which reduces Medicare payments to hospitals that do poorly on the ten patient safety hazards in PSI 90 as well as hospital-acquired infections. This will cost the Medicare Trust Fund over $350 million. We believe some payment penalty should be imposed for hospitals that are catastrophically dangerous to patients, especially in a public health emergency.

- But the issue of public reporting is more important than payment penalties because those penalties address past problems. Public reporting is about the future: patients must make decisions today and tomorrow about which hospital is safest.

- Patients and families, patient safety advocates, employers, purchasers, clinicians, and policymakers must make it clear: Patient safety matters, especially amid a pandemic. Government officials should never suppress the truth from the American public**.**

DETAILS ON THE CMS PROPOSAL AND TECHNICAL ISSUES

- The proposal appears in the FY 23 Medicare Inpatient Prospective Payment System (IPPS) Proposed Rule. CMS states on page 912-913 that: "we propose to not calculate measure results for CMS PSI 90, to not provide the measure results for the CMS PSI 90 measure to hospitals via their hospital-specific reports. and to not publicly report those measure results on the Care Compare tool hosted by Health and Human Services…" We expect that CMS will use the proper rulemaking process, allowing the public to weigh in, for future suppression decisions or substantive changes to publicly reported measures.

- According to the Agency for Healthcare Research and Quality (AHRQ), PSI 90 is "a composite measure that is intended to reflect the safety climate of the hospital by providing a marker of patient safety... As a single and transparent metric, it can be easily used to monitor performance over time … using a methodology that can be applied at the national, regional, State, and provider level."

- PSI 90 provides a clear, high-level overview of patient safety indicators and is a vital tool to understand patient safety culture. As AHRQ notes, "Use of a composite can assist consumers in selecting hospitals, assist clinicians in allocating resources, and assist payers in assessing performance; especially in the presence of competing priorities or where than more than one component measure may be important."

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Statistic and Data Charts

ESTIMATED ANNUAL INCIDENCES, DEATHS, VARIATION IN DEATHS AT HOSPITALS IN THE U.S. FROM COMPLICATIONS INCLUDED IN PSI 90[1]			
Complication	Annual Incidences: How often it happens in the U.S.	Number of Deaths	Increased risk to patients cared for in worst vs. best performing hospital
PSI 3--Pressure Ulcers *Advanced bedsores (also known as stage 3 or 4 pressure ulcers) that become large and very deep, sometimes reaching muscle or bone, causing severe pain and serious infection.*	9,877	262	15.1* (15 times more likely if you go to the wrong hospital)
PSI 6--Iatrogenic Pneumothorax *A collapsed lung when air leaks out of the lung and goes into the area between the lungs and the chest wall that can lead to severe chest pain and other complications.*	4,315	101	4.0 (4 times more likely if you go to the wrong hospital)
PSI 8--In-Hospital Fall with Hip Fracture *Falls causing broken hips delay a patient's recovery time, require longer hospital stays, and cause depression when patients lose their ability to move.*	1,834	Not Available	2.3 (2 times more likely if you go to the wrong hospital)
PSI 9--Perioperative Hemorrhage or Hematoma *Blood clots or internal bleeding caused by blood vessels injured during surgery that can cause significant damage to the body's organs, potentially leading to organ failure or even death.*	14,404	697	4.4 (4 times more likely if you go to the wrong hospital)
PSI 10--Postoperative Acute Kidney Injury Requiring Dialysis *Kidney injury after surgery that can cause kidney failure that can lead to the need for dialysis, an artificial way of replacing the kidneys' function.*	2,921	Not Available	5.9 (6 times more likely if you go to the wrong hospital)
PSI 11--Postoperative Respiratory Failure *Serious breathing problem in which lungs either cannot take in enough oxygen or cannot get rid of carbon dioxide.*	20,050	10,295	10.3 (10 times more likely if you go to the wrong hospital)
PSI 12--Postoperative PE/DVT *Dangerous blood clot caused by damage to tissue during surgery that can break away and travel through the bloodstream to other areas of the body.*	21,875	2,155	5.1 (5 times more likely if you go to the wrong hospital)
PSI 13--Postoperative Sepsis *Sepsis infection after surgery is the body's extreme reaction to an infection and requires immediate treatment or the patient may experience lifelong complications including organ failure or death.*	13,056	9,894	4.2 (4 times more likely if you go to the wrong hospital)
PSI 14--Postoperative Wound Dehiscence *Surgical wound splits open after a major surgery on the stomach or abdomen area that is very painful and increases risk for infection.*	1,608	755	2.7 (3 times more likely if you go to the wrong hospital)
PSI 15-- Unrecognized abdominopelvic accidental puncture/laceration *Accidental cuts and tears on the abdomen and pelvis that can happen during surgery or a procedure in which doctors use a tube to look into a patient's body.*	4,415	237	10.7 (11 times more likely if you go to the wrong hospital)
Total	**94,335**	**24, 396**	N/A

*Compared best performing to average performance as worst performance was extreme outlier

[1] Annual Incidences derived from AHRQ PSI Benchmark Data Tables, v2021.
https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2021/Version_2021_Benchmark_Tables_PSI.pdf

Number of Deaths and Increased Risk of based on hospitals that received a Spring 2022 Safety Grade from The Leapfrog Group. PSI rates obtained from data.medicare.gov based on the data collection period of 07/01/2018 – 12/31/2019.

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DIFFERENCE IN INCIDENCE RATE BETWEEN BLACK AND WHITE PATIENTS	
Component Patient Safety Indicators Included in CMS PSI 90	Difference in incidence rate between Black and white patients[2]
PSI 3--Pressure Ulcers *Advanced bedsores (also known as stage 3 or 4 pressure ulcers) that become large and very deep, sometimes reaching muscle or bone, causing severe pain and serious infection.*	Not Available
PSI 6--Iatrogenic Pneumothorax *A collapsed lung when air leaks out of the lung and goes into the area between the lungs and the chest wall that can lead to severe chest pain and other complications.*	Not Available
PSI 8--In-Hospital Fall with Hip Fracture *Falls causing broken hips delay a patient's recovery time, require longer hospital stays, and cause depression when patients lose their ability to move.*	Not Available
PSI 9--Perioperative Hemorrhage or Hematoma *Blood clots or internal bleeding caused by blood vessels injured during surgery that can cause significant damage to the body's organs, potentially leading to organ failure or even death.*	20%
PSI 10--Postoperative Acute Kidney Injury Requiring Dialysis *Kidney injury after surgery that can cause kidney failure that can lead to the need for dialysis, an artificial way of replacing the kidneys' function.*	15%
PSI 11--Postoperative Respiratory Failure *Serious breathing problem in which lungs either cannot take in enough oxygen or cannot get rid of carbon dioxide.*	18%
PSI 12--Postoperative PE/DVT *Dangerous blood clot caused by damage to tissue during surgery that can break away and travel through the bloodstream to other areas of the body.*	30%
PSI 13--Postoperative Sepsis *Sepsis infection after surgery is the body's extreme reaction to an infection and requires immediate treatment or the patient may experience lifelong complications including organ failure or death.*	27%
PSI 14--Postoperative Wound Dehiscence *Surgical wound splits open after a major surgery on the stomach or abdomen area that is very painful and increases risk for infection.*	19%
PSI 15-- Unrecognized abdominopelvic accidental puncture/laceration *Accidental cuts and tears on the abdomen and pelvis that can happen during surgery or a procedure in which doctors use a tube to look into a patient's body.*	2%

[3] Gangopadhyaya, Anuj. Do Black and White Patients Experience Similar Rates of Adverse Safety Events at the Same Hospital? Urban Institute. July 2021. https://www.urban.org/research/publication/do-black-and-white-patients-experience-similar-rates-adverse-safety-events-same-hospital.