**Template PSI 90 Comment Letter – Employers / Purchasers**

***NOTES:***

* ***Comments may be submitted at:*** [*https://www.federalregister.gov/documents/2022/05/10/2022-08268/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the#open-comment*](https://www.federalregister.gov/documents/2022/05/10/2022-08268/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the#open-comment)*.*
* *The comment period closes promptly* ***at 5:00 p.m. EST on June 17, 2022.***
* *We encourage commenters to individualize their letters using their own examples, stories, and data. Individualized letters receive greater attention by the regulators that review and respond to comments. Additional talking points and national data on incidence, mortality, and cost of PSI 90 events are available at:* [*https://bit.ly/3Gm3s1G*](https://bit.ly/3Gm3s1G)

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,

[Introduction about your company / organization. Include location and number of employees / covered lives.] We write 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.**

As a health plan sponsor, we are deeply concerned about the avoidable errors and accidents in hospitals that cause great suffering or even death, and waste money that would be better spent improving the health and well-being of our plan enrollees. We are held to a fiduciary standard in how we design and administer our health plan and deserve to know when our plan enrollees face life-threatening risks. Suppressing the PSI 90 measure undermines our ability to inform and protect our employees as a fiduciary should. It is also a huge step backward in efforts to improve the safety of the U.S. health system.

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

* The ten preventable surgical and medical complications in PSI 90 kill 25,000 people ever year. The dangerous complications reported within PSI-90 are largely preventable and harm 94,000.[[1]](#footnote-1) This information is too important to suppress.
* Data on these complications is not available from any other source. Employers and purchasers rely on Medicare data to provide a picture of patient safety and quality for all patients. If CMS suppresses this data, employers will be in the dark on which hospitals put our employees and families most at risk. Employers use patient safety data to build high quality networks. The hospitals people 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, employers will lose the ability to ensure their networks include the safety hospitals and exclude those that have a poor safety record.
* Suppressing vital patient safety information is costly. Employees and their families 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. [Where possible, we recommend employers add their own information about the cost of patient safety errors here. Employers may use Leapfrog’s data tables in its talking points document: *<https://bit.ly/3Gm3s1G>*.]
* 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.” The findings from the study point to the need for the public to have continuous access tothis 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]](#footnote-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.
* COVID-19 is not an excuse for poor patient safety. 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. Purchasers and the general public have a right to know the truth about preventable complications that results in needless suffering and lost lives.

**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,

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.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2021/Version_2021%20_Benchmark_Tables_PSI.pdf) [↑](#footnote-ref-1)
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, 2002: <https://www.nejm.org/doi/full/10.1056/NEJMp2118285> [↑](#footnote-ref-2)