**Template PSI 90 Comment Letter – Consumer / Patient Organizations**

***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. ET 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 organization. Include your location and constituents you represent.] 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.**

America’s patients and families deserve to know which hospitals offer the best patient care, and which are the least safe. 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.

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

* **Lives Lost and Patients Harmed:** Nearly 25,000 people die and another 94,000 suffer injuries each year from the ten preventable medical and surgical complications CMS is proposing to suppress.[[1]](#footnote-1) These deaths and injuries occur from unacceptable 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. [If possible, add information here about your constituency – their experience with patient safety issues and associated costs. More information on the incidence, mortality, and cost of PSI 90-related conditions is available at [*https://bit.ly/3Gm3s1G*](https://bit.ly/3Gm3s1G)]
* **CMS is the Only Source for This Data:** Data on these complications is not available to the public from any other source. If CMS suppresses this data, America’s families 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.
* **Health Equity Implications:** In a groundbreaking report, Urban Institute researchers found that hospitalized Black patients were far more likely than their white counterparts to suffer these medical and surgical complications at the same hospital, and the results were “clinically large.”[[2]](#footnote-2) For example, black patients had 27% higher rate of experiencing sepsis after an operation and 15% higher rate of experiencing a kidney injury requiring dialysis. PSI 90 data is particularly impactful for populations traditionally the victims of bias.
* **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.[[3]](#footnote-3) 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 to Hide Data:** 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. America’s families have a right to know the truth about preventable complications that results in needless suffering and lost lives. 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.

**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> [↑](#footnote-ref-1)
2. 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> [↑](#footnote-ref-2)
3. 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-3)