ALLIANCE OF
WOUND CARE
STAKEHOLDERS
POWER THROUGH COLLECTIVE ADVOCACY

June 24, 2018

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1694-P
Mail Stop C4-26-05
7500 Security Boulevard,
Baltimore, MD 21244-1850

Comments Submitted Electronically to www.regulations.gov

RE: CMS-1694-P Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2019 Rates

Dear Administrator Verma:

On behalf of the Alliance of Wound Care Stakeholders ("Alliance"), we are pleased to submit the following comments in response to the proposed regulation entitled, "Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2019 Rates". The Alliance is a nonprofit multidisciplinary trade association of physician medical specialty societies and clinical associations whose mission is to promote quality care and access to products and services for people with wounds through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. These comments were written with the advice of Alliance clinical specialty societies and organizations that not only possess expert knowledge in complex chronic wounds, but also in wound care research. A list of our members can be found at www.woundcarestakeholders.org.

The proposed regulation contains many issues in which CMS is seeking comment. While the Alliance will offer specific comments below regarding only those areas of the proposed rule that impact wound care, we would like to offer the following general comments:

The Alliance supports the following provisions contained in the proposed regulations:

- Adopting one additional factor to consider when evaluating measures for removal from the hospital IQR program measure set – and specifically when the cost associated with a measure outweighs the benefit of its continued use in the program.
- Removal of 18 previously adopted measures that are topped out, no longer relevant, or where the burden of data collection outweighs the measure's ability to contribute to improved quality of care.

5225 Pooks Hill Rd | Suite 627S | Bethesda, MD 20814
T 301.530.7846 | **C** 301.802.1410 | **F** 301.530.7946
marcia@woundcarestakeholders.org

- Aligning IQR reporting with the Medicare and Medicaid EHR incentive programs.
- De-duplicate or remove 21 measures to simplify and streamline measures across programs. These measures will remain in one of the other 4 hospital quality programs but no longer be required as part of the IQR program.

Our specific comments follow.

Specific Comments

The Alliance is supportive of the simplification and streamlining of measures across the Medicare program. The Alliance submitted comments last year that addressed this issue. In our comments we stated the following, "The Alliance is trying to understand why CMS would create so many different measures to measure the same thing – quality of care for treating patients with pressure ulcers." However, one of the measures that will be impacted by this streamlining of measures includes the NQF #5031 - Patient Safety and Adverse Events composite measure.

Last year CMS proposed and for the FY 2023 Program Year and Subsequent years ***the*** The Patient Safety and Adverse Events composite measure which replaced the claims-based Patient Safety Indicator (PSI) #90 measure from the Hospital program. The specific component in which we submitted comments, which is still applicable in this proposed rule, relates to the PSI 03 Pressure Ulcer Rate - which is one of the 10 individual PSI components contained in the current NQF #5031 Patient Safety and Adverse Events measure.

CMS calculates this composite using administrative claims data and uses a Generalized Estimating Equation hierarchical modeling approach that will allow for demographic and clinical characteristics. While the Alliance agrees that improving patient care/safety and providing hospitals incentives to ensure patients are not harmed by the medical care they receive is important and necessary, we do not agree with including PSI 03 [pressure ulcer rate] as a part of the composite measure NQF #5031 nor do we agree that claims data is the method by which CMS should calculate the composite rate.

AHRQ recently released a National Scorecard on Hospital-Acquired Conditions (Updated Baseline Rates and Preliminary Results 2014-2016). The scorecard shows that the rate of overall hospital acquired conditions (HACs) decreased 17% saving $19.9 billion in health care costs and preventing 87,000 deaths. Yet, it is also noted that data for pressure ulcers from the same period of time showed an increase of 10%. Considering the burden of pressure ulcers for patients in hospitals (preliminary 2016 = >700K) and the additional cost per patient of over $14.5K, we believe it is not only beneficial for the Agency to separate pressure ulcers out of the composite measure (NQF #5031) it would benefit patients and the hospitals as well. The Alliance suggests that the Agency create a stand alone measure for pressure ulcers to allow more focus on pressure ulcers rather than pressure ulcers being one of 10 components within the single composite measure NQF #5031.

Pressure ulcers are complex and due to the incidence and the interest of the community, the development of evidence based protocols should be used and not minimized in a composite measure with other factors. The scorecard highlights the CMS goal to reduce hospital acquired conditions by 20% from 2014 - 2019 – including pressure ulcers – and recognizes that there are opportunities for further improvement in reducing harm. While the Alliance appreciates that CMS is trying to streamline the number of measures created and

utilized, this is one situation where CMS would benefit from not streamlining measures. The Alliance encourages CMS to rethink including the PSI 03 for pressure ulcers in Patient Safety and Adverse Events composite measure NQF #5031. Given the attention that pressure ulcers receive in regulations (hospital acquired conditions and adverse events) and the recent score card highlighting the increase in pressure ulcers, the Alliance recommends that the PSI O3 for Pressure Ulcers be removed from the NQF # 5031 and instead CMS create a stand alone measure. This will lead to better reporting and outcomes since the measure will solely focus on pressure ulcer safety and adverse events.

While the Alliance believes that creating a stand alone measure for pressure ulcers is the best solution, should CMS not want to invest the time or effort to address this issue properly, an alternative is to increase the current weight for PSI 03 that has been provided in the proposed regulations. The current weight for PSI 03 is 0.059841. However, **the weight provided to all other measures within the composite are higher than what was assigned to PSI 03 Pressure Ulcers**. If CMS is so concerned about safety and adverse events in pressure ulcer treatment then the weight should be higher in order to adequately and accurately capture pressure ulcer rates within the acute care setting. As a result, the Alliance is in support of the Equal Measure Weights approach identified by CMS in the proposed rule. This approach would eliminate the domains and weights in each of the six measures equally when calculating the Total HAC Score. Under this "equal measure weights" approach, each measure would receive a weight of 16.7 percent.

Conclusion

The Alliance generally supports CMS' efforts to streamline and de-duplicate measures, however we recommend that CMS:

1. Remove pressure ulcers (PSI 03) from the NQF #5031 Patient Safety and Adverse Events Composite Measure
2. Create a stand alone quality measure for PSI 03, Pressure Ulcer Rates
3. In the alternative, CMS should increase the weight currently outlined in the proposed rule for pressure ulcers.
4. CMS should implement the Equal Measure Weights approach outlined in the proposed rule.

The Alliance appreciates the opportunity to provide you with our comments. If the Agency needs further information or has any questions, please do not hesitate to contact me.

Sincerely,

Karen Ravitz, JD
Health Care Policy Advisor
301 807 5296