

2023 Measures Under Consideration Public Comment Summary

HOSPITAL COMMITTEE

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Summary of Public Comment: Hospital Committee

Public Comment Period Overview

Each Pre-Rulemaking Measure Review (PRMR) cycle begins with the publication of the Measures Under Consideration (MUC) list. The PRMR process engages a diverse group of interested parties in making consensus-based recommendations regarding the inclusion of considered measures. The 25 Hospital Committee measures and sub-measures range across six health care priority domains and are under consideration for inclusion in multiple reporting programs as shown in Figure 1.

Figure 1. Hospital Committee Measures Under Consideration



With the release of the MUC list on December 1, 2023, Battelle held a 21-day call for public comment along with a series of setting-specific listening sessions. Battelle received a total of 495 written comments from 147 professional organizations and 49 patients/patient representatives.

Figure 2. Public Comment Period Summary



Of these written comments, 359 were for measures assigned to the Hospital Committee. The 2023 MUC List Hospital Measures Listening Session garnered verbal comments from 30 individuals encompassing a spectrum of perspectives, including patients and representatives from various professional organizations.

Alongside comments and feedback from the advisory and recommendation groups, insights from public comment will help identify areas of non-consensus to focus on during the Clinician Recommendation Group meeting and ensure that the voices of many interested parties are adequately represented in pre-rulemaking.

Measure-Specific Summary

The following brief summaries include themes and considerations gathered from both written and verbal comments provided during the comment period. Due to the didactic nature of the listening sessions that led to both comments and questions from the public, only the number of written comments is reported. While not counting towards the tally of total comments, themes and key points provided by listening session attendees are included in the summary tables for each measure.

All comments were assessed and categorized as “support”, “support with considerations” or “oppose”. A comment was considered “support with considerations” if it expressed support for measure intent or content while providing additional questions, requests for CMS to consider additional information, or discussed challenges to use of the measure in the selected program. For these summaries, duplicate comments submitted for the same measure were analyzed as one comment.

MUC2023-048 Hospital Harm – Falls with Injury

Number of Comments: 11; Support (1); Support with Considerations (6); Oppose (4)

Reasons for Support
<ul style="list-style-type: none"> Falls are a serious and preventable harm for which hospitals should be held accountable. Implementation will raise awareness of falls.
Reasons for Opposition
<p>Validity:</p> <ul style="list-style-type: none"> Concern that existing evidence-based guidance on fall prevention is insufficient. Differences in electronic health record (EHR) workflows may affect measure performance. The risk adjustment model and denominator exclusion list limit patients included in the measure (given by the commenter as a potential drawback to the measure). <p>Reliability:</p> <ul style="list-style-type: none"> Concerns about volume bias and requests for additional testing to better establish reliability. The “major/minor” classification of injuries is not part of the Common Formats taxonomy and may be used inconsistently. <p>Unintended Consequences:</p> <ul style="list-style-type: none"> Implementation may reduce opportunities for patient mobilization, which is critical for recovery.

Other:

- The measure should be endorsed by the Consensus Based Entity (CBE) prior to implementation.

MUC2023-049 Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure-to-Rescue)

Number of Comments: 11; Support (1); Support with Considerations (4); Oppose (6)

Reasons for Support

- Commenters expressed support for measuring patient outcomes.

Reasons for Opposition

Validity:

- Limited evidence to support broadening the measure to 30 days after discharge; evidence submitted by the measure developer was limited to inpatient stays
- Lack of numerator exclusions may penalize hospitals for unrelated deaths.
- Social risk factors are not included in the risk adjustment model.

Reliability:

- Commenters raised concerns about the measure’s reliability, especially for low-volume sites.

Other:

- One commenter encouraged CMS to consider artificial intelligence (AI) in measure development to provide real-time feedback on measure performance.
- The measure should be endorsed by the CBE prior to implementation.

MUC2023-050 Hospital Harm - Postoperative Respiratory Failure

Number of Comments: 8; Support (3); Support with Considerations (2); Oppose (3)

Reasons for Support

- Postoperative respiratory failure is a critical, preventable patient safety risk.
- The measure will encourage assessing patients for risk and putting them under the correct protocols early, allowing for proper intervention and decreased risk for respiratory failure.
- The measure is specified as an electronic clinical quality measure (eCQM), which supports timely reporting and limits provider burden.

Reasons for Opposition

Validity:

- Differences in EHR workflows may affect measure performance.
- One commenter indicated concerns about numerator criterion A2, stating it is unclear why the second requirement is needed .

Unintended Consequences:

- The measure may result in the use of inappropriate therapies or avoidance of using necessary procedures for high-risk patients.

Other:

- The measure should be endorsed by the CBE prior to implementation.

MUC2023-114 Global Malnutrition Composite Score (GMCS)

Number of Comments: 31; Support (14); Support with Considerations (16); Oppose (1)

Reasons for Support

- The proposed expansion to encompass all adults aged 18 years and older is welcomed.
- Reviewers appreciate GMCS's potential in improving healthcare outcomes, enhancing nutrition support, and reducing hospital admissions and expensive morbidities.
- A significant number of commentators believe that the GMCS can ensure early action against malnutrition, reduce the incidence of the disease, and prevent hospital admissions.
- Some reviewers noted that malnutrition is often under-recognized and under-diagnosed, supporting the need for the GMCS measure.
- Reviewers expressed hope that the GMCS would help shift away from the belief that malnutrition occurs only in underweight or older adults.
- Several commentators appreciate the GMCS's potential to improve patient outcomes by addressing malnutrition, reducing its negative impact on patient outcomes.

Reasons for Opposition

- Reviewers voiced concerns about overlapping measures, suggesting that this measure may be duplicative with other frailty screening metrics.
- A commentator stressed the importance of including registered dietitians in this measure as they argue that dietitians play a crucial role in identifying, treating, and documenting malnutrition diagnoses.
- There were queries as to why the GMCS measure focused solely on adults aged 18 and older—indicating a potential need for application across all age groups.

MUC2023-117 Excess Days in Acute Care (EDAC) after Hospitalization for Acute Myocardial Infarction (AMI)

Number of Comments: 8; Support (3); Support with Considerations (1); Oppose (4)

Reasons for Support

- Outcome measures related to harm are important and meaningful for the public and patients.
- Replacing the current AMI readmissions measure with the EDAC measure would reduce excess utilization from emergency department (ED) visits and observation stays and ensure that patients are not subject to boarding to avoid counting as a readmission.

Reasons for Opposition

Validity:

- One commenter questioned the validity of an all-cause EDAC measure, stating if the measure is specific to a diagnosis, the readmission measure should also be specific to that diagnosis.
- One commenter stated there is evidence the window of impact for preventing readmissions or returns to the ER may be as short as 7 days, and therefore the measure holds entities accountable for factors outside their control.

<p>Other:</p> <ul style="list-style-type: none"> • Unclear if the statute authorizing the Hospital Readmissions Reduction Program (HRRP) permits CMS to use the EDAC measures in the program, stating ED visits and observation stays are not readmissions. • There were requests for more transparency about how the measure was developed. • One commenter requested the phrase “excess days” be removed from the measure, stating needed care varies from patient to patient.

MUC2023-119 Excess Days in Acute Care (EDAC) after Hospitalization for Heart Failure (HF)

Number of Comments: 5; Support (2); Support with Considerations (0); Oppose (3)

Reasons for Support
<ul style="list-style-type: none"> • Outcome measures related to harm are important and meaningful for the public and patients. • Replacing the current AMI readmissions measure with the EDAC measure would reduce excess utilization from ED visits and observation stays and ensure that patients are not subject to boarding to avoid counting as a readmission.
Reasons for Opposition
<p>Validity:</p> <ul style="list-style-type: none"> • One commenter stated there is evidence the window of impact for preventing readmissions or returns to the ER may be as short as 7 days, and therefore the measure holds entities accountable for factors outside their control. <p>Feasibility:</p> <ul style="list-style-type: none"> • Requested the measure be developed as an eCQM to facilitate timely and accurate reporting. <p>Other:</p> <ul style="list-style-type: none"> • Unclear if the statute authorizing the HRRP permits CMS to use the EDAC measures in the program, stating ED visits and observation stays are not readmissions. • There were requests for more transparency about how the measure was developed.

MUC2023-120 Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia (PN)

Number of Comments: 6; Support (2); Support with Considerations (0); Oppose (4)

Reasons for Support
<ul style="list-style-type: none"> • Outcome measures related to harm are important and meaningful for the public and patients. • Replacing the current AMI readmissions measure with the EDAC measure would reduce excess utilization from ED visits and observation stays and ensure that patients are not subject to boarding to avoid counting as a readmission.
Reasons for Opposition
<p>Specification:</p> <ul style="list-style-type: none"> • The measure may count post-discharge diagnoses of PN that are not preventable. <p>Validity:</p>

- One commenter stated there is evidence the window of impact for preventing readmissions or returns to the ER may be as short as 7, days and therefore the measure holds entities accountable for factors outside their control.
- Feasibility:
- Requested the measure be developed as an eCQM to facilitate timely and accurate reporting.
- Other:
- Unclear if the statute authorizing the HRRP permits CMS to use the EDAC measures in the program, stating ED visits and observation stays are not readmissions.
 - There were requested for more transparency about how the measure was developed.

MUC2023-138 End-Stage Renal Disease (ESRD) Dialysis Patient Life Goals Survey (PaLS)

Number of Comments: 14; Support (2); Support with Considerations (3); Oppose (9)

Reasons for Support
<ul style="list-style-type: none"> • Promotes shared decision making in treatments that impact quality of life and engagement in meaningful activities. • Patient surveys allow patients to communicate about the quality of their experiences.
Reasons for Opposition
<p>Validity:</p> <ul style="list-style-type: none"> • Patients were unclear how information gathered through this survey could improve treatment. • Patients believed meeting immediate health care needs was more important than life goals. • The survey excludes patients who are not proficient in English. • The patient-level data provided as part of the submission is not sufficient to evaluate the measure as a tool to measure facility-level performance. <p>Feasibility:</p> <ul style="list-style-type: none"> • Patients experience survey burnout and are frustrated by surveys with no follow-up <p>Other:</p> <ul style="list-style-type: none"> • The measure is not currently endorsed by a CBE. • The measure was previously not recommended for endorsement by a CBE. It is not clear if changes have been made to address concerns that led to this recommendation. • An outcome measure would be better suited to improving patient care.

MUC2023-139 Hospital Equity Index

Number of Comments: 10; Support (3); Support with Considerations (1); Oppose (6)

Reasons for Support
<ul style="list-style-type: none"> • Health equity measures are difficult to establish and should remain a focus in health care. • The index could be expanded in the future to include other indicators of health equity • The measure does not rely on imputed race and ethnicity data. • Patients shared support for CMS placing value and focus on equity.

<ul style="list-style-type: none"> • Support for expansion of this measure to ambulatory care settings with consideration for rural population. • Support for publicly available reporting of this measure via Care Compare.
Reasons for Opposition
<p>Validity:</p> <ul style="list-style-type: none"> • The measure may not adequately capture health equity because it is only composed of readmission and mortality measures. • Concern the measure could cause readmission rates to be “double counted”. • The Area Deprivation Index has limitations for identifying differences in risk factors for some communities. • Results from reliability or validity testing of the index using a scoring approach of the Within and Across Disparity Method results have not been reported. • Concern that hospitals may inaccurately represent practices to improve reporting on this measure; Data Accuracy and Completeness Acknowledgment required yearly may address this concern. <p>Usability:</p> <ul style="list-style-type: none"> • Patients and caregivers may not be able to accurately interpret scores on this index • Information derived from this measure may not be sufficient to support quality improvement. • It is not clear how hospitals could improve their performance on the measure. • The measure combines variables across disparities, which makes the potential impact of patient-specific interventions more challenging to identify. <p>Other:</p> <ul style="list-style-type: none"> • Request for additional technical documentation and transparency.

MUC2023-146, 147, 148, 149 Hospital Patient Experience of Care

Number of Comments: 24; Support (8); Support with Considerations (12); Oppose (4)

Reasons for Support
<ul style="list-style-type: none"> • Patient experience measures are a critical consideration for purchasers and consumers in decision making, and important to hospital staff and leadership in driving toward comprehensive, culturally sensitive, and quality care. • When patients have a positive experience of care, they are more likely to follow clinical guidelines and will have better outcomes as a result. • These sub-measures align with CMS’s goal of fostering engagement and bringing patient voices to the forefront. • The updated Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures will provide a fuller patient assessment of the care received in a hospital through more specific questions. • Ensuring the HCAHPS survey focuses on outcomes that are meaningful to patients may help increase survey response rates. • HCAHPS measures are well established in hospital workflows. • Rest and sleep are foundational occupations that affect patient function and quality of life. • Providing personalized, clear discharge instructions is important to compliance and follow through with medical recommendations. • Follow-up recommendations are not always communicated clearly.

Reasons for Opposition
<p>Validity:</p> <ul style="list-style-type: none"> • Appropriate care in an inpatient setting requires monitoring, medications, therapies, and other services, which can disrupt rest. • In some cases, caregivers could provide valuable feedback but are excluded. <p>Reliability:</p> <ul style="list-style-type: none"> • There were concerns about the response thresholds for these measures. <p>Feasibility:</p> <ul style="list-style-type: none"> • The value of patient reported outcome measures must be balanced against survey fatigue. • HCAHPS survey response rates are low and have been decreasing due to survey fatigue. • Collecting and analyzing patient reported outcome measures is burdensome for hospitals. <p>Other:</p> <ul style="list-style-type: none"> • Some commenters believed they did not have sufficient information to comment on whether these new sub-measures should be added to existing surveys. They requested information on changes to the survey mentioned during the December 15 listening session be released to the Hospital Committee prior to voting. • Commenters were unclear if these measures are intended to replace existing HCAHPS Survey items or if they would be additive. • Commenters recommended including these domains as part of HCAHPS Survey rather than distributing them as a separate survey. • These measures may lead to unintended consequences like use of pharmacologic sleep aids or may create a disincentive for appropriate overnight monitoring.

MUC2023-156 Screening for Social Drivers of Health (SDOH)

Number of Comments: 14; Support (4); Support with Considerations (7); Oppose (3)

Reasons for Support
<ul style="list-style-type: none"> • Identifying and addressing social needs will help reduce health inequities. • Measure has been successfully implemented in other CMS programs. • To address inequities, it will be important to address the full spectrum of SDOHs, including housing, food security, transportation, and social isolation. • Measure is consistent with recommendations by clinician organizations and by other health care providers related to the need for national uniform standards of quality measures to reduce the burdens on providers. • Measure will be particularly valuable in rural areas where there is initiative to screen for SDOH but also potential knowledge and instrument gaps in the ability to screen. • Support expressed for aligning measures across settings.
Reasons for Opposition
<p>Specification:</p> <ul style="list-style-type: none"> • Economic insecurity should be added as a social risk factor for screening. • Applicable procedural codes should be expanded to include occupational therapy evaluation/revaluation codes. • Terms and domains related to the measure need to be more clearly defined.

<ul style="list-style-type: none"> Does not account for geographic variations in communities and therefore may be missing an opportunity to prioritize screening for needs that are relevant to the community. <p>Validity:</p> <ul style="list-style-type: none"> There is no demonstration collecting these data drives improvements in health outcomes. The measure has not been tested in ambulatory surgical center settings. There is no data demonstrating reliability and validity at the hospital level. <p>Feasibility:</p> <ul style="list-style-type: none"> The measure should be developed as an eCQM to reduce provider burden. <p>Other:</p> <ul style="list-style-type: none"> While hospitals can identify and facilitate addressing social needs, they cannot resolve them. Screening for needs without a way to address them may strain relationships with patients. Ambulatory surgical centers cannot safely screen patients for interpersonal violence. CMS should ensure measures used to evaluate under-resourced facilities do not unfairly penalize these facilities for the populations they serve. The measure may be appropriate to report at the system or regional level.

MUC2023-162 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer

Number of Comments: 1; Support (1); Support with Considerations (0); Oppose (0)

Reasons for Support
<ul style="list-style-type: none"> Purchasers believe patient-reported outcome measures are an essential element in the new CMS Enhancing Oncology Model. Few oncology measures address quality of care during curative treatment or other patient-centered elements. The measure would provide a standard way for the care team to assess and track patient pain and adjust management strategies accordingly. Eliciting and quantifying patient ratings of symptom management can improve health equity by helping patients articulate their priority symptoms to their doctors.
Reasons for Opposition
<ul style="list-style-type: none"> NA

MUC2023-171 Screen Positive Rate for Social Drivers of Health (SDOH)

Number of Comments: 12; Support (4); Support with Considerations (4); Oppose (4)

Reasons for Support
<ul style="list-style-type: none"> • Social needs impact an individual’s quality of life, health, and daily functioning . • Identifying and addressing social needs will help reduce health inequities. • To address inequities, it will be important to address the full spectrum of SDOHs, including housing, food security, transportation, and social isolation. • This measure is consistent recommendations by clinician organizations and by other healthcare providers related to the need for national uniform standards of quality measures to reduce the burdens on providers. • This measure will be particularly valuable in rural areas where there is initiative to screen for SDOH but also potential knowledge and instrument gaps in the ability to screen. • Support expressed for aligning measures across settings.
Reasons for Opposition
<p>Specification:</p> <ul style="list-style-type: none"> • Terms and domains related to the measure need to be more clearly defined. • It is unclear why the selected social drivers were chosen and how the positivity rate of those drivers is related to health outcomes. • Does not account for geographic variations in communities and therefore may be missing an opportunity to prioritize screening for needs that are relevant to the community. <p>Validity:</p> <ul style="list-style-type: none"> • There is no demonstration collecting these data drives improvements in health outcomes. <p>Feasibility:</p> <ul style="list-style-type: none"> • The measure should be developed as an eCQM to reduce provider burden. • Concern that rural and low resource settings will experience costly data collection. burden <p>Other:</p> <ul style="list-style-type: none"> • Unclear how this measure would be used in payment and public reporting programs. • Unclear how patients or facilities could use the results of this measure to determine quality and/or equity of care. • Measures that evaluate care outcomes stratified by patient characteristics such as race or ethnicity would more meaningfully address health equity. • While hospitals can identify and facilitate addressing social needs, they cannot resolve them. • CMS should ensure providers serving patient populations with unmet social needs are not unfairly penalized for the populations they serve. • The measure may be appropriate to report at the system or regional level. • The measure has not been reviewed by a CBE.

MUC2023-172 Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure

Number of Comments: 2; Support (2); Support with Considerations (0); Oppose (0)

Reasons for Support
<ul style="list-style-type: none"> • This measure seeks information about the care patients received in both hospital-based outpatient departments and ambulatory surgical centers. • The ability to compare care received in these settings will help people decide where they would like to receive care. • Addresses gap in current measurement strategies by providing patient-defined information on best practices during recovery. • Support for the intent and relevance of this measure with additional translations requested for broader multi-lingual use. • Measure encourages clear communication of key information between patients and healthcare facility staff; patient understanding of clinical information related to recovery supports improved patient outcomes.
Reasons for Opposition
<ul style="list-style-type: none"> • NA

MUC2023-175 Facility Commitment to Health Equity

Number of Comments: 9; Support (1); Support with Considerations (5); Oppose (3)

Reasons for Support
<ul style="list-style-type: none"> • This measure could promote better collection of demographic data and monitoring for health care disparities. • Better data and understanding of where there are deficits in quality are essential to advancing health equity. • It is critical for CMS to take steps to move away from the institutional biases that have plagued the reimbursement structure and health care system. • Support for expansion of this measure to ambulatory care settings with consideration for rural population. • Patients shared support for CMS placing value and focus on equity.
Reasons for Opposition
<p>Validity:</p> <ul style="list-style-type: none"> • Commitment to health equity is evidenced by the actions of the organization, and these may or may not be effectively captured through attestations of those actions through this measure. • A measure focused on developing administrative documents may not drive improvements. • The measure may “top out” quickly and should be removed from the portfolio when it does. • There is not a documented practice gap in recent literature addressed by this measure. • This measure may overlook common challenges to coordinated health equity responses.

- Hospitals may inaccurately represent practices to improve reporting on this measure; Data Accuracy and Completeness Acknowledgment required yearly may address this concern.
- Feasibility:
- The measure is not appropriate for implementation in ambulatory surgery centers, which do not have EHRs or staff to complete all the required activities.
 - Some facilities may not have access to resources to adequately participate in this measure.
 - CMS should ensure the measure is feasible to implement.
- Other:
- There was concern structural measures lack mechanisms for audit and public accountability or any indication that the intent is to support development of outcome measures.
 - The measure should be reviewed by a CBE.

MUC2023-176 Hospital Commitment to Health Equity

Number of Comments: 11; Support (2); Support with Considerations (6); Oppose (3)

Reasons for Support
<ul style="list-style-type: none"> • Encourages hospital commitment to improving health equity through substantive changes to infrastructure, policy, and capabilities. • Leading hospitals have long engaged in efforts to address health equity within their communities. This measure will incentivize providers to continue and expand these efforts. • Could promote better collection of demographic data and monitoring for health care disparities. • Patients shared support for CMS placing value and focus on equity.
Reasons for Opposition
<p>Validity:</p> <ul style="list-style-type: none"> • Commitment to health equity is evidenced by the actions of the organization, and these may or may not be effectively captured through attestations of those actions through this measure. • A measure focused on developing administrative documents may not drive improvements. • The measure may “top out” quickly and should be removed from the portfolio when it does . • There is not a documented practice gap in recent literature addressed by this measure. • This measure may overlook common challenges to coordinated health equity responses. • Hospitals may inaccurately represent practices to improve reporting on this measure; Data Accuracy and Completeness Acknowledgment required yearly may address this concern. <p>Reliability:</p> <ul style="list-style-type: none"> • Further specificity regarding what would specifically satisfy each of the statements is needed to ensure that every hospital interprets and attests to them consistently. <p>Feasibility:</p>

- Some facilities may not have access to resources to adequately participate in this measure.
 - CMS should ensure the measure is feasible to implement.
- Other:
- Hospital associations already have a variety of programs underway for addressing equity.
 - There was concern structural measures lack mechanisms for audit and public accountability or any indication that the intent is to support development of outcome measures.
 - The measure should be reviewed by a CBE.

MUC2023-181 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge (IPF ED Visit measure)

Number of Comments: 2; Support (1); Support with Considerations (1); Oppose (0)

Reasons for Support
<ul style="list-style-type: none"> • This measure assesses an important outcome. • Patients discharged from inpatient psychiatric care are at greater risk than the rest of the population for adverse outcomes. This measure will support better follow-up care after discharge and improved cooperation between caregivers.
Reasons for Opposition
<ul style="list-style-type: none"> • The measure should be reviewed by a CBE.

MUC2023-188 Patient Safety Structural Measure

Number of Comments: 97; Support (81); Support with Considerations (10); Oppose (6)

Reasons for Support
<ul style="list-style-type: none"> • Patient safety improvements are crucial and urgent, with a zero preventable harm goal seen as an important aspiration for every hospital. • The measure focuses on robust hospital leadership and the active engagement of staff in improving patient safety. The measure is expected to guide and incentivize hospital leadership to prioritize patient safety. • Commentators applauded the requirement for hospitals to establish a culture of safety where systems are put in place to prevent and learn from medical errors. • The measure demands transparency following harm events, which is crucial for patient trust and the overall enhancement of safety culture in hospitals. • It is important to involve patients and families in safety work. They would like better access to medical records and opportunities to correct errors. • The measure aligns with other national guidance such as Safer Together: The National Action Plan to Advance Patient Safety, which is crucial and timely. • Commenters included numerous patients and family members who aligned their experiences with the medical system and preventable harms with this measure's intent and domains to emphasize the importance for improving patient safety.
Reasons for Opposition

- The measure lacks visible mechanisms for audit and public accountability even within the hospital setting or any indication that the intent is to identify future needs for development of related outcome measures.
- Some participants expressed concern that because this is a process measure, if adopted, it might give the public confusing information about how hospitals are prioritizing patient safety.
- The measure could lead to a rapid high-performance rate with unclear links to actual quality and safety in care delivery. It is unclear whether the effort expended in implementing this measure is worthwhile or if it will need to be phased out by other process or outcome measures in the near future.
- Providing recognition and resources for hospitals that demonstrate leadership and tangible action in patient safety are necessary aspects of the measure.
- Concern expressed for burn-out and reporting fatigue with suggestion of using novel AI approaches for future iterations of similar measures.

MUC2023-196 Age Friendly Hospital Measure

Number of Comments: 25; Support (16); Support with Considerations (5); Oppose (4)

Reasons for Support
<ul style="list-style-type: none"> • This measure is a “programmatic composite” measure, addressing the full program of care geriatric patients need in hospitals. • Captures evidence-based best practices in providing clinically effective and patient-centered care for older patients. • Developed using a modified Delphi method with input from over 50 national organizations. • Has support across organizations who care for older adults and was recently highlighted in Health Affairs. • Combines and streamlines two measures previously reviewed by a CBE. • The measure concept captures care provided by programs shown to improve patient care. • When the measure is made public, it will help patients and caregivers identify where they can get high quality care that is in line with their values. • Components of the measure have been implemented nationally, demonstrating its feasibility. • Commenters expressed support for the malnutrition components of the measure, indicating addressing malnutrition is essential to improving patient care.
Reasons for Opposition
<p>Specification:</p> <ul style="list-style-type: none"> • Attestations with ambiguous and/or statements should be clarified. • The measure would be more impactful if it required all patients to receive care meeting the standard rather than the 51% currently specified. <p>Validity</p> <ul style="list-style-type: none"> • Meaningful measures should focus on patient outcomes or experiences of care. Attestation measures do not have the same level of significance as measures that display performance in terms of discrete data. • The measure may unfairly penalize small hospitals for not having the resources needed to address all required attestations. <p>Other</p>

- Hospitals should participate in non-emergency medical transportation programs.

MUC2023-199 Connection to Community Service Provider

Number of Comments: 15; Support (2); Support with Considerations (2); Oppose (11)

Reasons for Support
<ul style="list-style-type: none"> • Connecting patients to community providers is an important step in addressing SDOHs. • If implemented, the measure would help address the health-related social needs of beneficiaries and improve health equity. • This is a critical opportunity to standardize and universalize measures for documenting the work that occurs in multi-specialty teams and building paths toward reimbursing care teams for that effort. • Measure may provide insight into where patients are requiring specific resources, where those needs are being addressed and resolved, and where the gaps are persisting or worsening.
Reasons for Opposition
<p>Specification:</p> <ul style="list-style-type: none"> • Stakeholders recommended finalizing screening measures before advancing related measures. • The measure needs clearer definition of key constructs such as how contacts are tracked. • The measure should include an exception for patients ineligible to receive services. <p>Validity:</p> <ul style="list-style-type: none"> • The measure developer did not submit evidence to justify the five social needs or sufficient justification for connecting patients to a community service provider. • Clinicians and facilities who serve disadvantaged populations or practice in rural or low socioeconomic status communities may be unfairly penalized. • The measure has not been tested for reliability and validity at the hospital level. • The inpatient setting is intended to treat complex, acute health issues and is not designed for longitudinal care post-discharge. <p>Feasibility:</p> <ul style="list-style-type: none"> • CMS should ensure this measure can be implemented feasibly and fairly as the availability of community service providers and their capacity to address new cases varies regionally. • Providers treating disproportionate numbers of disadvantaged patients require additional dedicated resources to connect patients with community service providers. • Inpatient episodic care does not lend itself readily to the practice of long-range tracking of referrals and follow-up with community providers. • If this measure is implemented in more than one program, patients may be asked the same health-related social needs questions more than once a year . • Tracking referrals to community service providers would require staff and resources that hospitals do not have available. • This measure would burden community service providers, many of which do not have the staff or the technological capabilities to manage “closed loop referrals”. <p>Other:</p> <ul style="list-style-type: none"> • This measure may be more appropriate if reported at a system or regional level. • Documenting patients are at risk of interpersonal violence could them at risk.

- The measure should be reviewed by a CBE.

MUC2023-210 Resolution of At Least 1 Health-Related Social Need

Number of Comments: 17; Support (3); Support with Considerations (1); Oppose (13)

Reasons for Support
<ul style="list-style-type: none"> • Resolving at least one health-related social need can assist patients in achieving positive health outcomes. • This measure captures existing health system efforts to complete social risk screening, provide referrals, and offer assistance.
Reasons for Opposition
<p>Specification:</p> <ul style="list-style-type: none"> • Specifications for demonstrating that a need has been resolved are unclear. • Patients who live in communities without community service providers should be excluded. • Stakeholders recommended finalizing screening measures before advancing related measures. <p>Validity:</p> <ul style="list-style-type: none"> • The measure developer did not submit evidence to justify the five social needs or sufficient justification for resolving at least one health-related social need within 12 months. • Clinicians and facilities who serve disadvantaged populations or practice in rural or low socioeconomic status communities may be unfairly penalized. • The measure has not been tested for reliability and validity at the hospital level. • The inpatient setting is intended to treat complex, acute health issues and is not designed for longitudinal care post-discharge. <p>Feasibility:</p> <ul style="list-style-type: none"> • The measure would be difficult to comply with outside a closed health system setting. • CMS should ensure this measure can be implemented feasibly and fairly as the availability of community service providers and their capacity to address new cases varies regionally. • Providers treating disproportionate numbers of disadvantaged patients require additional dedicated resources to implement interventions addressing SDOHs. • If this measure is implemented in more than one program, patients may be asked the same health-related social needs questions more than once a year. <p>Other:</p> <ul style="list-style-type: none"> • This measure may be more appropriate if reported at a system or regional level.

MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio

Number of Comments: 4; Support (2); Support with Considerations (2); Oppose (0)

Reasons for Support
<ul style="list-style-type: none"> • This measure addresses an important patient safety concept. • There was support for stratifying the measure for oncology locations.
Reasons for Opposition
<p>Specification:</p> <ul style="list-style-type: none"> • This measure should not be risk adjusted because infections are preventable. <p>Validity:</p> <ul style="list-style-type: none"> • Requested additional testing to determine if volume bias exists. <p>Other:</p> <ul style="list-style-type: none"> • One commenter encouraged CMS to consider AI in measure development to provide real-time feedback on measure performance. • Requested additional information about how the measure will be calculated at the unit level.

MUC2023-220 Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio

Number of Comments: 4; Support (2); Support with Considerations (2); Oppose (0)

Reasons for Support
<ul style="list-style-type: none"> • This measure addresses an important patient safety concept. • There was support for stratifying the measure for oncology locations.
Reasons for Opposition
<p>Specification:</p> <ul style="list-style-type: none"> • This measure should not be risk adjusted because infections are preventable. <p>Validity:</p> <ul style="list-style-type: none"> • Requested additional testing to determine if volume bias exists. <p>Other:</p> <ul style="list-style-type: none"> • One commenter encouraged CMS to consider AI in measure development to provide real-time feedback on measure performance. • Requested additional information about how the measure will be calculated at the unit level.

