Comments on 2023 MUC Outcome Measures

Washington Advocates for Patient Safety

Washington Advocates for Patient Safety (WAPS) appreciates this opportunity to comment on the 2023 outcome measures currently under consideration by the Center for Medical Care and Medicaid Services. These outcome measures include Patient Safety Measures, MUC2023-048/049/050; Excess Days in Acute Care, MUC2023-117/119/120; Emergency Department Visit, MUC2023-181; and CLABSI/CAUTI infections, MUC2023-219/220.

WAPS is a nonprofit organization and represents patients and family members who were harmed by medical errors. All of us with WAPS are highly motivated to promote healthcare quality and safety as well as public transparency and accountability.

Because of our personal experiences with medical errors and harms, we strongly support all new and existing outcome measures on the 2023 MUC list and would recommend that these measures be endorsed by the Hospital Committee.

Patient outcomes are largely the direct results of the care they received. Therefore, the only true measures on care quality are the outcomes that matter to patients. As such, these measures offer a broad view of the quality of care that encompasses more than what process and structure measures can offer. In particular, the outcome measures can capture the direct impacts of the health care services that involve complications and safety events. So, when patient outcomes are measured, the results can be used effectively to drive improvement of hospital performance, reduce patient harm, strengthen public accountability and transparency, and better inform consumers about care quality and safety at their hospitals.

However, we are concerned about the use of risk adjustment in the outcome measures. We understand that patients' age, severity of illness, and comorbidities may make them more vulnerable to bad outcomes when compared to younger and healthy patient population. But, the vulnerabilities of elderly patients and patients with comorbidities should not be used as a free pass for the absence or lack of quality and safe care. Risk-adjusted outcome measures should be applied only when there is no effective way to prevent adverse outcomes. Yet, under most circumstances, many complications such as infections can be avoided even for elderly patients and patients with comorbidities, when prudent care and effective prevention are provided. Therefore, to write these patients off by using "risk" adjustment in the outcome measures is discriminatory and does not promote incentive for hospitals to provide better, safer care for these vulnerable patient populations.

To best address the unique challenges in measuring outcomes for these vulnerable patient populations and to truly capture the impacts of care quality on these patients, we believe a more effective way would be to use patient population stratification. It is time to adopt age-friendly outcome measures, just like MUC2003-196.

Sincerely,

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