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Partnership or Quality Measurement (PQM)  
Pre-Rulemaking Measure Review (PRMR)  
Measures Under Consideration (MUC)

Submitted electronically via [PRMR MUC List Commenting Form](#)

Stratis Health is a non-profit organization whose mission is to lead collaboration and innovation in health care quality and safety. Stratis Health has expertise and experience in working with hospitals across the country in improving quality and patient safety, and we have a long history of working closely with Critical Access Hospitals in supporting quality reporting and improvement as well as in geriatric care.

**Measures under consideration for both the REHQR and OQR Programs (MUC2023-156, MUC2023-171, MUC2023-176)**

We support the inclusion of all three of these health equity related measures for Rural Emergency Hospitals. REHs play a vital role in ensuring health care access in rural and remote communities, and inclusion of these measures will help assure a focus on health-related social needs and addressing health equity across the facility. Additionally, we encourage CMS to prioritize inclusion of a patient experience related measure(s) in the next PRMR cycle as measurement related to that critical component of ensuring quality of care is currently missing from the REHQR program.

We strongly support the inclusion of the social drivers measures to the OQR program. It is important that health-related social needs are identified and addressed across all points of the health care system and feels particularly relevant for inclusion in emergency department related care.

Lastly, the added value of incorporating the Hospital Commitment to Health Equity structural measure to the OQR program is unclear. We're supportive of the measure, but it feels duplicative since the measure is hospital-wide and is already included in the IQR program.

**Measure under consideration for the OQR Program (MUC2023-172)**

We are supportive of the concept of the *Patient Understanding of Key Information Related to Recovery* measure but have concerns about implementation and survey burden. We suggest potential adaptation or updates to the current OAS CAHPS survey to better address this important issue, rather than implementation of a measure based on a separate survey process.

**Measures under consideration for the IQR Program**

Proposed updates to Hospital Experience of Care (HCAHPS) measures (MUC2023-146, 147, 148, 149)

We're generally supportive of the proposed updates and addition to the HCAHPS sub-measures, but offer some comments regarding some of the new and revised survey questions:

- *Sub-measure 1- Care Coordination:* For the first new question "During this hospital stay, how often were doctors, nurses and other hospital staff informed and up to date about your care".  
- There is the need for better clarity, i.e., does it imply that *all* staff should be informed about the care plan (e.g., environmental services staff)? In considering our own patient and family experiences, we're also wondering if a patient is really be able to assess this with any confidence.

*Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety and serves as a trusted expert in facilitating improvement for people and communities.*

- *Sub-measure 2 - Restfulness of Hospital Environment:*  
Question: “During this hospital stay, did doctors, nurses, and other hospital staff help you to rest and recover?”  
- We caution that the wording on this question could be interpreted that medication should be given to help you rest.
- *Sub-measure 3 – Responsiveness of Hospital Staff:*  
Question: “During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?”  
- While we understand the intent behind the update to this question, we find it to be confusing as written.
- *Sub-measure 4 – Information about Symptoms:*  
Question: “During this hospital stay, did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?”  
  - We question why this question doesn’t include the patient (i.e., should it be, “give **you**, your family or caregiver enough information...?”).

#### Patient Safety Structural Measure (MUC2023-188)

We are strongly supportive of measures that will help hospitals prioritize and focus on patient and workforce safety. However, as the attestation statements are currently framed, an organization could answer "yes" to one or more of the statements while having minimal practices in place. Attestation to these practices may not add benefit if there is not capacity or resources to implement them in a meaningful way.

#### Age-Friendly Hospital Measure (MUC2023-196)

We applaud the commitment of CMS in signaling the critical importance of the quality of care for older patients and appreciate the streamlining and revisions that have been made since the consideration of the two different Geriatric Structural measures in the 2022 MUC list. We’re generally supportive of the measure but have identified opportunities for improvement components of the measure domains, noted here. We also encourage CMS to assess this measure and the measure domains to assure they do not further exacerbate ageism in care delivery.

- Domain 1: Eliciting Patient Healthcare Goals – We’re supportive of the current attestation statement but are concerned that there is a missed opportunity in this domain to focus on the “What Matters” component of age-friendly care – what matters the most to the person, not just their treatment preferences.
- Domain 2: Responsible Medication Management – While review for PIMs is important, there is missed opportunity to encourage broader consideration to medication management such as opportunities to ensure an accurate medication list, considering risks and benefits of each medication and de-prescribing as appropriate.
- Domain 3: Frailty Screening and Intervention – The framing of this could be interpreted as only focusing on addressing current frailty, and we caution the combination of mobility, mentation, and malnutrition in one domain. We encourage clarifications that help ensure there is a focus making sure the person does not lose mobility as part of the hospital stay, and that the focus on mentation includes the hospital creating an environment that does not put the person at higher risk for delirium while being adept at recognizing and addressing delirium when it occurs.

- Domain 4: Social Vulnerability – While critically important, we caution the availability of infrastructure and resources to support addressing these issues. Hospitals can play a critical role in screening and referring patients to services; but in many areas, particularly in rural and remote communities, the availability of community resources to help address these issues is very limited or simply does not exist.

SDOH related follow up measures (MUC2023-199, MUC2023-210)

We're supportive of CMS moving toward inclusion of measures that help ensure follow-up from health-related social needs screening but we have significant concerns about the burden and practical implementation of both measures. The processes and systems to help ensure closed-loop referrals from community-based organizations and service providers which would be needed for hospitals to report the Connection to Community Service Provider measure are underdeveloped and/or non-existent in many parts of the country. We have a primary concern regarding the potential burden this measure will place on the community-based organizations providing those services. Based on our experience, the resolution of at least one-health related social need measure is better suited as a primary care or clinic measure – where there is expected ongoing patient interaction with the health care system. For most, hospitalization is a rare occurrence, and the resources and infrastructure it may take for many hospitals to be able to track this information is better served by focusing on ensuring that resources are available in their community rather than the tracking of the data back to the hospital.

Hospital Harm – Falls with Injury eCQM (MUC2023-048)

This measure addresses an important patient safety issue, and we believe it will be relevant in small rural hospitals. However, we also encourage CMS to consider a balancing measure related to patient mobility. We have some concern that the focus on reducing falls could result in hospitals implementing protocols that will limit or restricting patient mobility and movement, which can create different health issues. We encourage consideration of the potential unintended consequences.

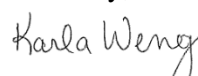
Thank you for the opportunity to submit comments on the measures under consideration. To achieve effective measurement and reporting, we ask that CMS consider that technical assistance or additional resources be available for small rural hospitals to help ensure they can implement the systems and processes to document the information needed to accurately report measure that are incorporated into these programs.

Sincerely,



Jennifer P. Lundblad, PhD, MBA  
President & CEO

Sincerely,



Karla Weng, MPH, CPHQ  
Senior Program Manager