Kansas Hospital Association

December 24, 2024

2024 Pre-Rulemaking Measure Review (PRMR) Measures Under Consideration (MUC) List for Public Comment

To whom it may concern,
Please find below comments from the Kansas Hospital Association regarding select 2024 Measures Under Consideration (MUC). These comments are submitted on behalf of KHA member hospitals, with input and expertise provided by the KHA Quality and Patient Safety Committee, a diverse committee of hospital clinical and quality professionals from all hospital types across the state of Kansas.

MUC2024-027 - Patient Safety Structural Measure
There are 25 metrics for the PSSM. KHA encourages simplification of this measure and continuation of this as an attestation.

MUC2024-030 - Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization
MUC2024-032 - Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization
MUC2024-040 - Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
MUC2024-041 - Hospital-Level, 30-Day, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
MUC2024-042 - Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
MUC2024-043 - Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity
MUC2024-045 - Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
MUC2024-046 - Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery
MUC2024-085 - Hospital Harm – Anticoagulant-Related Major Bleeding
The Kansas Hospital Association requests that CMS or PRMR explain how these measures differ from current measures and specify the changes. Additionally, all COVID patients should be excluded from pneumonia, COPD, and other diagnoses that we know are impacted by COVID. Hospitals are still being penalized due to COVID because of the long term impacts to patients not being recognized in quality measures. As a result, KHA recommends that COVID patients be excluded from all readmissions measures. Additionally, volumes are so low in small PPS and CAHs that the measures end up unfairly penalizing those hospitals and do not accurately reflect the quality care that is provided by these facilities. In addition, having a Medicare Advantage plan is a risk factor for readmission, as hospitals are seeing patients being readmitted because MA denied or delayed that patient's care.

MUC2024-067 - Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life
MUC2024-068 - Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life
MUC2024-078 - Proportion of patients who died from cancer admitted to hospice for less than 3 days
The MUC list indicates that these measures will be included in OQR and IQR programs. It is unclear how applicable these measures will be to rural hospitals and could increase reporting burden significantly. We encourage more study of these measures to determine rural relevance.

MUC2024-069 and MUC2024-072 - Addressing Social Needs Assessment & Intervention
While the Kansas Hospital Association supports the assessment of social drivers of health and the documentation of the assessment, we do not support requiring intervention be part of this measure. In rural communities, especially frontier communities, there is a lack of social supports and services that makes intervention difficult if not impossible. Additionally, patients may be more apt to decline services offered in small communities where there is less privacy than in a larger, urban community. Another option to address this would be to add exclusions to this measure if there are no support services available in the community to address the individuals' needs and if the patient declines referral for intervention or the services offered. Further, we urge CMS to provide reimbursement for hospital staff to provide interventions in order to make this a sustainable practice.

MUC2024-074 - Median Time to Pain Medication for Patients with a Diagnosis of Sickle Cell Disease (SCD) with Vaso-Occlusive Episode (VOE)
While this measure is very narrow in scope and most rural hospitals will have low to no volume to report, this measure does provide an opportunity to discuss best practices with staff and draw attention to an important condition and issue.

MUC2024-075 and MUC2024-095 - Emergency Care Capacity and Quality (ECCQ)
The Kansas Hospital Association would like to note that more often than not, wait times in the ED are driving by lack of bed availability at higher level of care, behavioral health facility or long term care facility, lack of EMS transport, and continuing workforce. This measure does not take into account the challenges in communities with these issues and there is too much in one measure. CMS is already requiring gathering in OP-18 median time to dismissal. Some EHRs have the capabilities to track components of this measure, but not all, and EHR buildout can be costly. This measure appears to be duplicative of OP-22. Is CMS planning to retire OP-22 if this is added? KHA recommends this measure not be included. Additionally, it appears that the 'retired' ED-1 and ED-2 which were burdensome for hospitals to report, are included in these measures. It is a complicated measure and will cause a significant increase in reporting that some of our hospitals do not have. This measure also does not align with CMS's initiative to have all measures moved to eCQM. This measure is a burden to all hospitals to gather 100% of the time, especially for REH staff to gather these data points.

Kansas Hospital Association

Thank you for the opportunity to provide comments on the 2024 MUC list. Please feel free to contact me with any questions at kbraman@kha-net.org.

Sincerely,

Karen Braman
Senior Vice President, Clinical and Strategic Initiatives