

CMS FY 2018 Hospital IPPS Final Rule Analysis

Leapfrog Group Recommendations	Outcomes in CMS Final Rule
Strongly support proposal to make hospital accreditation reports available to the public	<p>CMS withdrew the proposal and will not be making the reports public.</p> <p>Below are links to media coverage on the subject:</p> <ul style="list-style-type: none"> • ProPublica • Modern Healthcare • Becker's Hospital Review • Statement from Leah Binder
Differentiate between hospitals on quality and safety on CMS Hospital Compare	Did not respond to Leapfrog's comment.
Report on CMS Hospital Compare by bricks-and-mortar facility, not Medicare Provider Number	Did not respond to Leapfrog's comment.
Restore HACs and Never Events to CMS Hospital Compare	Did not respond to Leapfrog's comment.
Don't exempt critical care hospitals, pediatric hospitals, military hospitals or hospitals in Maryland, Guam and Puerto Rico from public reporting	Did not respond to Leapfrog's comment.
Support for CMS' efforts to develop peer groups among participating hospitals for the purposes of payment. For purposes of calculating readmission rates and for public reporting, Leapfrog strongly opposes risk adjustment	<p>CMS will be determining payment adjustment factors based on performance relative to the peer group median in order to reduce the penalty for safety-net hospitals as well as non-safety net facilities that do outreach to at-risk patients and thus have a higher proportion of these patients. CMS will not make changes in its public reporting of readmission rates on Hospital Compare. Hospitals will be stratified into quintiles.</p>
Urge CMS against the use of social risk factors to adjust quality measures for Hospital Readmission Reduction Program	CMS is considering the best options for accounting for social risk factors and reviewing several reports.
Learn from assigning hospitals to peer groups for the purposes of determining payment penalties through the Readmissions Reduction Program before including social risk factors in additional programs (including Hospital VBP Program)	CMS cited Leapfrog's comment and said they'll consider this moving forward.

<p>Don't remove PSI 90 from CMS Hospital Compare or the VBP Program for three years while the new measure is being created. Use the old PSI 90 measure in the meantime</p>	<p>CMS is moving forward with removing the old PSI 90 measure beginning in FY 2019, and adopting the updated PSI 90 measure beginning in FY 2023.</p>
<p>Support the inclusion of the Patient Safety and Adverse Events composite measure in the VBP Program</p>	<p>CMS will adopt the Patient Safety and Adverse Events composite measure beginning in FY 2023.</p>
<p>Consider the addition of a Medication Safety Domain (Domain 3) within the HAC Reduction Program to include a medication reconciliation measure and the CPOE Evaluation Tool</p>	<p>CMS cited Leapfrog's suggestions and said they'll consider them for future rules and measure selection.</p>
<p>Don't support any adjustment for social factors to patient safety measures or payment programs focused on reducing patient harm, such as the HAC Reduction Program</p>	<p>CMS is awaiting the results of the NQF trial on risk adjustment for quality measures before finalizing its adjustment methodology. CMS has stated it is concerned about holding providers to different standards for the outcomes of their patients with social risk factors and continues to seek comments on what method or combination of methods would be most appropriate for accounting for social risk factors.</p>
<p>Any adjustment to CDC NHSN Measures used by CMS should come directly from CDC</p>	<p>CMS cited Leapfrog's comment and said they'll continue to partner with the CDC to analyze the need for risk adjustment.</p>
<p>Urge against using social risk factors in Hospital IQR Program</p>	<p>CMS continues to assess the appropriateness and feasibility of accounting for social risk factors in the Hospital IQR Program. Any such changes would be proposed through future notice-and-comment rulemaking.</p>
<p>Support proposed rule to refine the Communication About Pain HCHAPS measure to dissuade the over prescription of opioids and encourage adoption on Hospital Compare in 2018, instead of holding until 2019</p>	<p>CMS will be adopting the proposed refinement of the Communication About Pain HCAHPS composite. It will also submit the measure to the MAP for review at the next opportunity. CMS will not publicly report results of the refined measure until 2019 once four quarters of data have been collected.</p>
<p>Support addition of the Quality of Informed Consent Documents for Hospital-Performed, Elective Procedures Measure in Hospital IQR Program and suggested several additions to strengthen measure</p>	<p>CMS views the Quality of Informed Consent Documents measure as an important quality improvement tool, but will not be adding it to the IQR at this time.</p>

<p>Support the addition of the four EOL Measures for Cancer Patients</p>	<p>CMS is reviewing comments submitted about the EOL measures and considering adopting one or more of the measures into the Hospital IQR program.</p>
<p>Support the inclusion of the two Nurse Staffing Measures</p>	<p>CMS is reviewing comments submitted about the two nurse staffing measures and considering adopting them into the Hospital IQR program.</p>
<p>Support the addition of The Safe Use of Opioids—Concurrent Prescribing measure and urge CMS to report non-adjusted results</p>	<p>CMS cited Leapfrog’s comment and said they’ll consider this view and other comments as they develop a future policy regarding the use of this measure.</p>
<p>Consider the addition of PC-02: All-Payer Cesarean Births to the Hospital IQR Program</p>	<p>CMS cited Leapfrog’s comment and said they’ll take the suggestion into consideration for future measure selection and rulemaking.</p>
<p>Support addition of the following measures to the PCHQR program, support no risk adjustments, and suggest adding to Hospital IQR Program: Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (NQF #0210); Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life (NQF #0213); Proportion of Patients Who Died from Cancer Not Admitted to Hospice (NQF #0215); and Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (NQF #0216)</p>	<p>CMS is adopting all proposed measures for the FY 2020 program year and following years.</p>