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Overall Hospital Quality Star Rating Response to CMS & YNHHS/CORE Public Input Request

March 26, 2019

On behalf of our more than 135-member hospitals and integrated health systems, the Wisconsin Hospital Association (WHA) appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) proposed methodology updates to the overall hospital quality star rating program.

According to the February 28, 2019, data refresh, Wisconsin had the highest average star score of any other state. The Agency for Healthcare Research and Quality (AHRQ) has ranked Wisconsin among the top four states in 11 of the past 12 years for providing high-quality health care delivery. Wisconsin hospitals outperform the national average in several health care associated infections, and our state's hospital patient experience survey data score higher than the national average, in every category where experience is surveyed.

WHA has a long history of public transparency and every hospital in the state voluntarily reports quality measures and summary ratings on a WHA website. We continue to support ratings that benefit the public and are useful to hospitals in driving their quality improvement work. That level of transparency and utility is lost in star ratings.

WHA is disappointed that CMS chose to refresh the star ratings data after making very few of the proposed changes to the methodology suggested by stakeholders in the 2017 request for public input. Despite the removal of measures with statistically significant loading factors, and the replacement of measure denominators for "predicted" healthcare associated infection rates, the continued complexity of the star rating methodology and statistical process makes replication of the results and action by hospitals to improve their scores daunting.

We acknowledge that the aged star ratings frozen on CMS' Hospital Compare website were less than ideal. CMS could have chosen to remove the ratings from the website, acknowledging that revisions to the program were underway.

Further, because CMS intended to solicit public input to future changes to the calculation method and reporting schedule, CMS could have limited the refreshed ratings to hospitals and stakeholders in preview only, demonstrating the effect of the updated methodology, while simultaneously requesting comment. Payers and other stakeholders who use star ratings for reimbursement and other unintended purposes will continue to do so, basing their uses on a ratings program that is admittedly still in need of redesign.

We recommend that CMS immediately suspend the star ratings for hospitals until updates to the calculation and reporting methods are done, such that:

- CMS engages an independent auditor to verify the updates have been applied correctly;
- CMS removes the Imaging Efficiency measure group;
- The calculations to the star ratings are transparent and replicable by hospitals; and
- The public and other stakeholders have been provided with education on the intent of the program.

More specifically WHA is offering comment on the topics addressed in the request for input:

- **Measure Grouping and Re-grouping:** WHA fully supports including measures of care that reflect and align to CMS' priorities aimed at improving the effectiveness of care that leads to positive patient outcomes. WHA recognizes that the PSI-90 composite measure and the Hip/Knee Complication rate measure factor heavily into the safety of care measure group. However, the option of un-bundling PSI-90 to include only select component measures will prove challenging because of the scarce quantity of data and high-performance levels of hospitals in several of the metrics. WHA agrees with the Technical Expert Panel (TEP) in not supporting either of the re-grouping options.
- **Measure Precision:** WHA agrees that incorporating measure precision (where possible) should be considered by CMS. However, none of the approaches articulated in the request document provide a definite advantage over another. WHA's concern is for the accuracy and reliability of more complicated approaches to incorporating measure precision. Regardless of the method adopted, transparency and independent audit of the results will assist stakeholders in being assured of accurate calculations.
- **Period-to Period Shifts:** WHA supports refreshing star ratings annually, which should decrease shifts, allow CMS to test and validate data results, and provide time for continuous stakeholder input and feedback.
- **Peer Grouping:** WHA strongly discourages peer grouping and the creation of multiple star ratings for a hospital. This multiplicity will complicate transparency and add unnecessary burden to the program. Hospital Compare already lists an additional star rating for survey of patient experience data. Our members and the public already contend with multiple star ratings, rankings, and best lists published by a variety of sources.

WHA reiterates that health care quality improvement is best achieved through transparent, meaningful, and actionable data.

We thank you for the opportunity to provide input and look forward to your thoughtful consideration of our comments. Should you have additional questions, please contact WHA's Chief Quality Officer Beth Dibbert at 608-274-1820 or bdibbert@wha.org.