

Analysis of the Outcome of Leapfrog Comment Letter to the Centers for Medicare & Medicaid Services (CMS)

Regarding the CMS Proposed Rule on Hospital Inpatient Prospective Payment Systems (IPPS):

Expanded version to include summaries of CMS responses to Leapfrog comments

Based on FY 2025 Final Rule Issued by CMS August 1, 2024; Analysis Prepared August 2024

Leapfrog Group Recommendation	Page # in Leapfrog Letter	Does the Final Rule Align with Leapfrog Recommendation?	CMS Final Ruling
Hospital Inpatient Quality Reporting Program (IQR) <i>This is the program to equip consumers with quality data to make more informed health care decisions.</i>			
Support adding seven measures to the IQR Program as follows: <ul style="list-style-type: none"> • Patient Safety Structural measure • Age Friendly Hospital measure • CAUTI Standardized Infection Ratio Stratified for Oncology Locations measure • CLABSI Standardized Infection Ratio Stratified for Oncology Locations measure • Hospital Harm - Falls with Injury electronic clinical quality eCQM • Hospital Harm - Postoperative Respiratory Failure eCQM • Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications (Failure to Rescue) measure 	5	Yes	<p>CMS will add the seven proposed measures to the IQR Program. [p.1423]</p> <p><u>CMS response to Leapfrog comment:</u> CMS refers to the Hybrid Hospital-Wide All-Cause Risk-Standardized Mortality measure in the IQR and claims it accounts for the most vulnerable cases. Further, CMS states they do not plan to expand the Failure to Rescue measure to include other populations or stratify the measure at this time.</p>
Oppose the removal of four measures from the IQR Program as follows: <ul style="list-style-type: none"> • Hospital-level, Risk Standardized Payment Associated with a 30-Day Episode-of-Care for AMI measure • Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for HF measure • Hospital-level, Risk Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia measure • Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Elective Primary THA and/or TKA measure 	5	No	<p>CMS will remove these four measures from the IQR Program. [p. 1536]</p> <p><u>CMS response to Leapfrog comment:</u> CMS cites trends in performance across these four measures indicating they have not been as beneficial recently to the IQR. The agency also notes they are removing these four measures focused on clinical groups to focus on the most meaningful measures.</p>

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Recommend that there be no gap in public reporting of performance with the retirement of CMS PSI 4 and the introduction of the Failure to Rescue measure.	5	Yes	<p>CMS PSI 4 will be removed beginning with the 7/1/23 – 6/30/25 reporting period and the Failure to Rescue measure will be adopted with the 7/1/23 – 6/30/25 reporting period. [p. 1544]</p> <p><u>CMS response to Leapfrog comment:</u> CMS states there will be no gap from publicly reporting CMS PSI 4 and the Failure to Rescue (FTR) measure as outlined above.</p>
Recommend introducing an alternative measure that accounts for the most vulnerable cases given removing CMS PSI 4 and introducing the Failure to Rescue measure.	5	No	<p>CMS will remove the CMS PSI 4 measure without replacing it with a measure of cases at a similar high risk for death. [p. 1531]</p> <p><u>CMS response to Leapfrog comment:</u> CMS states an issue with PSI 4 is the denominator is too varied with a case mix that includes both very high risk and very low risk patients. Comparatively, CMS notes the Failure to Rescue measure mitigates this issue.</p>

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<p>Support modifications to the HCAHPS measure by:</p> <ul style="list-style-type: none"> • Adding three new sub-measures <ul style="list-style-type: none"> -Care Coordination -Restfulness of Hospital Environment -Information About Symptoms • Removing one existing sub-measure <ul style="list-style-type: none"> -Care Transition • Revising one existing sub-measure <ul style="list-style-type: none"> -Responsiveness of Hospital Staff 	6	Yes	<p>CMS will modify HCAHPS as proposed. [p. 1356]</p> <p><u>CMS response to Leapfrog comments on the following:</u></p> <ul style="list-style-type: none"> • Addition of a medication reconciliation question: CMS states they will consider adding such questions in future program years. • Require facility to offer the survey in language preferred by family or family: CMS states they will take the recommendation into consideration for future program years. • Report results by race and ethnicity: CMS states they will take the recommendation into consideration for future program years.
<p>Support modifications to the Global Malnutrition Composite Score measure to expand cases from age 65 and over to age 18 and over.</p>	6	Yes	<p>CMS will expand cases eligible for the measure as proposed. [p. 1551]</p>
<p>Support the increase in the number of eCQMs required to be reported.</p>	7	Yes	<p>CMS will progressively increase the number of required eCQMs. Over time the number of eCQMs reported will total 11 where eight are to be specified by CMS and three self-selected. [p. 1569]</p> <p><u>CMS response to Leapfrog comment:</u> CMS acknowledges that in this rule they didn't propose to make all patient safety outcome eCQMs mandatory, but they will continue to prioritize improving patient safety and consider adding eCQMs focusing on safety in the future. CMS also adds that the agency encourages hospitals to voluntarily report on as many patient safety eCQMs as possible.</p>

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<p align="center">Hospital Value-Based Purchasing Program (HVBP) <i>This is the program that financially rewards hospitals for good performance.</i></p>			
<p>Support modifying HVBP scoring based on the HCAHPS revisions. -See the IQR section above for a discussion of the revisions to HCAHPS.</p>	7	Yes	CMS will revise HVBP scoring based on changes to HCAHPS as proposed. [p. 1402]
<p align="center">Medicare Promoting Interoperability Program <i>This program encourages the exchange of healthcare data for public health purposes.</i></p>			
<p>Support modifying the Antimicrobial Use & Resistance Surveillance measure by creating two measures:</p> <ul style="list-style-type: none"> • An Antimicrobial Resistance Surveillance measure • An Antimicrobial Use Surveillance measure 	7	Yes	CMS will revise the measure as proposed. [p. 1658]
<p>Recommendation to raise minimum score from 60 to 100 points to meet Medicare Promoting Interoperability Program's threshold.</p>	7	No	<p>CMS will raise the minimum score threshold from 60 to 80 as proposed. [p. 1690]</p> <p><u>CMS response to Leapfrog comment:</u> CMS states that they may consider raising the threshold to 100 points in future rulemaking.</p>

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Additional Comments – Not Program Specific			
<p>Recommendations regarding means to “Advance Patient Safety Across the Hospital Quality Programs” include:</p> <ul style="list-style-type: none"> • Measure and publicly report emergency department (ED) boarding • Measure patient reported outcomes post-discharge • Explore the addition of Excessive Days in Acute Care measures to the Hospital Readmissions Reduction Program (HRRP) 	8	NA	<p>As this was a request for comment, CMS did not make a final determination. [p. 1412]</p> <p><u>CMS response to Leapfrog comments on the following:</u></p> <ul style="list-style-type: none"> • Expand HRRP focus, which may entail statutory language changes: CMS states they will continue evaluate ways to measure patient outcomes within the statutory limits of quality reporting and value-based purchasing programs. • Public reporting on ED boarding measures: CMS cites another section of the IPPS which discusses updates to Z codes regarding homelessness and housing instability. (While there is evidence that ED boarding may occur more frequently with people who are homeless, the problem appears to be associated with inpatient bed availability and affects the full range of patients.
<p>Recommendations regarding obstetrical services Conditions of Participation (CoPs) include:</p> <ul style="list-style-type: none"> • Align CoPs standards with IQR measures • Add Elective Delivery or Early Induction Without Medical Indication < 39 Weeks measure as a CoP and reinstate it in IQR • Develop standards for managing risk for obstetric bleeding and severe hypertension <ul style="list-style-type: none"> • Report maternity measures by race, ethnicity and other factors • Publicly report a hospital’s resources that protect obstetrical patients, such as doulas, midwives and lactation services • Support, but not exempt, rural and/or challenged hospitals from quality standards and public reporting 	8-10	NA	<p>As this was a request for information, CMS did not make a final determination. [OPPS CY25 proposed rule: p. 752]</p>

Key Terms

AMI

- Acute Myocardial Infarction.

CAUTI

- Catheter associated urinary tract infection.

CLABSI

- Central line associated blood stream infection.

Conditions of Participation

- Qualifications established by CMS that healthcare providers must meet to qualify for participation in federally funded healthcare programs (e.g. Medicare, Medicaid).

eCQM

- Electronic clinical quality measures are measures that use data electronically abstracted from electronic health records.

ED boarding

- Holding people in the emergency department while there are no inpatient beds available.

HCAHPS

- A standardized survey instrument and data collection methodology collecting information about patient experience.

HF

- Heart Failure.

HRRP

- Hospital Readmissions Reduction Program.

OPPS CY25 proposed rule

- CMS' draft calendar year 2025 rule in regard to the outpatient prospective payment system.

PSI 4

- Patient Safety Indicator 4, which is a mortality measure regarding surgical cases with serious treatable conditions.

THA/TKA

- Total hip arthroplasty / Total Knee Arthroplasty.