

# Consumer-Purchaser DISCLOSURE PROJECT

Better information. Better decisions. Better health.

April 9, 2012

The Honorable Secretary Kathleen Sebelius  
The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Sebelius:

The undersigned organizations represent a collaboration of leading consumer, labor, and employer organizations. We are united in our commitment to improving quality and affordability of health care through the use of performance measurement and public reporting that supports consumer decision-making and helps us improve quality and implement appropriate payment strategies. We are writing to share our strong support for retaining the following healthcare-acquired conditions (HACs) measures in both the Medicare Hospital Inpatient Quality Reporting (IQR) and Hospital Value-Based Purchasing (HVBP) programs, as well as continuing to report these measures on the *Hospital Compare* website:

- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Stage III and IV pressure ulcers
- Falls and trauma
- Vascular catheter-associated infection
- Catheter-associated urinary tract infection<sup>1</sup>
- Manifestations of poor glycemic control

The administration clearly understands the urgency of improving the safety of our nation's hospitals, as reflected by the launch – under your leadership – of the *Partnership for Patients* initiative. Retaining these eight HAC measures in Medicare payment and reporting programs is a cornerstone to achieving the *Partnership for Patients* goals, including reducing preventable all-cause harm rates by 40 percent by the end of 2013. Furthermore, removing these measures would move us backwards in our efforts to provide meaningful information to consumers, purchasers, and providers.

---

<sup>1</sup> We understand that CMS is planning to implement the CDC's CAUTI measure in FY 2014, and may ultimately use that data to replace the HAC measure.

[www.healthcaredisclosure.org](http://www.healthcaredisclosure.org)

Pacific Business Group on Health  
221 Main Street, Suite 1500, San Francisco, CA 94105  
415.281.8660 | tel

National Partnership for Women & Families  
1875 Connecticut Avenue, NW Suite 650, Washington, DC 20009  
202.986.2600 | tel

We believe that the concerns expressed by some hospitals about the use of these HAC rates are insufficient to warrant their removal. Some have stated that publicly-reported information on these HACs (as well as others, such as the “Serious Complications Composite”) on *Hospital Compare* could potentially mislead or confuse consumers due to irregularities in the coding of data used to calculate these rates. We certainly acknowledge the importance of improving coding practices, but these technical issues are not new, and are long overdue for remedy. We urge CMS to work with appropriate stakeholders to address these concerns in a timely manner, rather than allow this frequently cited problem to delay urgently needed safety improvements or become a rationale for eliminating valuable information already being publicly reported.

Removing these HAC measures in the absence of alternative NQF-endorsed replacement measures would eliminate an important source of information about the safety of our nation’s hospitals, and it would deprive consumers and purchasers of critical information needed for decision-making about medical care or the design of employee benefit plans. It would also be a set-back to current efforts to align patient safety improvement activities across the public and private sectors. Finally, we note that improving these technical coding practices would also improve the reliability of data that providers currently submit to CMS and private purchasers to obtain reimbursement.

As an alternative to removing these HAC measures, we recommend that they remain and be considered “interim,” while concurrent and rapid efforts are made to develop HAC measures that meet the needs of all key stakeholders. Members of the Consumer-Purchaser Disclosure Project are deeply engaged in the work of both the National Quality Forum (NQF) and the Measure Applications Partnership (MAP), and we believe that these are the appropriate forums for this process. We know that the MAP Ad Hoc Safety Workgroup is already planning to work on a core set of safety measures that will allow consumers and purchasers to effectively gauge safety risks and make informed health care choices. We hope that this effort, along with others, will result in the ability to fast-track the development of new and better HAC measures for submission to NQF for endorsement. This process would drive us toward our goal of having consensus-based measures that ultimately improve patient outcomes and lower costs.

When it comes to patient safety, we simply cannot afford – in either human or financial terms – to delay or derail progress toward greater transparency and accountability. Nor can we wait until the arrival of perfect measures before addressing patient safety gaps in our health care system. As always, we applaud your leadership on this issue, and your courage in standing up on behalf of patients who depend on our health care system for safe care and reliable information to inform their medical decisions.

On behalf of the millions of Americans represented by the undersigned organizations, we appreciate the opportunity to voice our concern. If you have any questions, please contact either of the Consumer-Purchaser Disclosure Project's co-chairs, Debra L. Ness, President of the National Partnership for Women & Families, or Bill Kramer, Executive Director for National Health Policy at the Pacific Business Group on Health.

Sincerely,

[signators]