Consumer-Purchaser
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Inpatient Prospective Payment System FY 2013 Proposed Rule
Summary of Consumer-Purchaser Disclosure Project Comments on Proposed Changes

Each spring, CMS makes available for public comment a proposed Inpatient Prospective Payment System (IPPS) rule that outlines changes in the myriad programs that affect Medicare payments to hospitals' inpatient settings. This year, the IPPS FY 2013 proposed rule includes changes to a wide range of programs, including:

- Non-payment program for Hospital-Acquired Conditions (HACs)
- Hospital Readmission Reduction program
- Inpatient Quality Reporting (IQR) program
- Hospital Value-Based Purchasing program
- PPS-Exempt Cancer Hospital Quality Reporting Program
- Long-Term Care Hospital Quality Reporting Program

The IPPS comment period has traditionally offered consumers, labor unions, and purchasers a tremendous opportunity to sign on their support, to convey a strong and cohesive advocacy message to CMS on issues of concern. **This year it is more important than ever, given the plethora of issues related to patient safety, transparency, alignment between the public and private sectors, and overall access to care**. The following is a summary of the comments on all of the above-listed programs, serving as a companion piece to help guide you through the more detailed comment letter. Additional background information on each of these programs is provided in the letter itself. **The deadline for signing your organization to this letter is next Monday, June 25 at 12:00 p.m. ET. The deadline for submission to CMS is 5 p.m. that day.** We encourage you to contact Tanya Alteras at talteras@nationalpartnership.org or at 202-238-4820 if you have any questions about the IPPS proposed rule and/or the consumer-purchaser comments.

Program	Proposed Rule	Consumer-Purchaser Comments
Preventable Hospital-Acquired Conditions (HACs), Including Infections	In addition to retaining the current set of 10 Hospital-Acquired Conditions (HACs) in the non-payment program, CMS proposes to add two more: • Surgical Site Infection (SSI) following cardiac implantable electronic device (CIED) procedures • Iatrogenic Pneumothorax with Venous Catheterization	• We fully support these two additional HACs being added to the program. • We recommend adding three more HACs related to Surgical Site Infection for cesarean sections, hip replacement surgery, and knee replacement surgery. • We urge CMS to report the HAC rates on *Hospital Compare,* particularly if the HACs are removed from the Inpatient Quality Reporting Program (see below).
Hospital Readmissions Reduction Program	CMS outlines the proposed methodology for determining amount of the payment reduction hospitals will experience if they have higher than average preventable readmissions.	• We support the program, but are concerned that reducing payments to safety net hospitals may reduce access to care for vulnerable populations. We suggest that CMS use its authority to waive the payment reduction for safety net and other hospitals that serve a higher-than-average proportion of low SES patients and are found to be at risk of experiencing a payment reduction. To receive the waiver, the hospital would be required to submit a comprehensive and aggressive preventable readmission rate improvement plan that would be monitored and the results reported to CMS.
Hospital Inpatient Quality Reporting Program (IQR)	CMS proposes removing 17 measures: • 8 Hospital-Acquired Conditions (HACs) that are a subset of the HACs used in the above non-payment program • 8 AHRQ Patient Safety Indicators (PSIs) and Inpatient Quality Improvement Indicators (IQIs) • Surgery Patients with Recommended VTE Prophylaxis Ordered CMS proposes adding the following measures: • All-condition, All-cause Hospital Readmission • Care Transition Measure-3 Question Survey (CTM-3) • Complication Rates Following Hip and Knee Replacement • 30-Day Readmission Following Hip and Knee Replacement • "About You" Questions (added to HCAHPS survey)	• We recommend that CMS retain HACs that aren't considered redundant with already-implemented measures (such as CLASBI and CAUTI), and work to develop defined measures for them that address the concerns posed by stakeholders about the HAC rates. • We do not oppose removal of the 8 AHRQ PSI/IQI measures since they are captured by a Patient Safety composite measure, but ask for confirmation that stakeholders can "drill down" to get information on the individual measures within the composite. • We support removing the VTE Prophylaxis measure • We support the addition of all the proposed new measures, **except** for the "About You" questions, which do not seem to have a strong rationale.
Hospital Value-Based Purchasing Program (HVBP)	CMS proposes to remove two measures from the program: • Surgery Patients with Perioperative Temperature Management	• We support removal of the two measures in the proposed rule, as well as three additional measures: 1) Heart Failure Discharge Instructions; 2) Prophylactic Antibiotic Selection for Surgical

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	• Prophylaxis for VTE Ordered CMS proposes adding the following measures • AHRQ Patient Safety for Selected Indicators Composite • Central Line-Associated Blood Stream Infection (CLASBI) • Medicare Spending per Beneficiary (delayed until FY 2015) CMS proposes a new set of weights for each domain of measures in the HVBP: • Patient Experience: 30% • Outcomes: 30% • Efficiency: 20% • Clinical Processes: 20%	Patients; and 3) Post-Operative Urinary Catheter Removal on Post-Op Day 1 or Day 2 • We support the proposed additional measures, but express disappointment with delaying the Spending measure until FY 2015. • We strongly support the continued weighting of patient experience measures at 30%, and are fully supportive of the new overall weighting scheme.
PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)	CMS proposes to inaugurate this program with five measures: • Catheter-Associated Urinary Tract Infection (CAUTI) • Central-Line Associated Blood Stream Infection (CLABSI) • Adjuvant chemotherapy is considered or administered within 4 months of surgery to patients under the age of 80 with AJCC III colon cancer • Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with AJCC T1c or stage II or III hormone receptor negative breast cancer • Proposed Adjuvent hormonal therapy (for women 18 years or older who have a first diagnosis of breast cancer at AJCC T1c or Stage II or III whose primary tumor is hormone receptor positive.	• Despite the prevalence of process measures, we support this initial set of five measures for the first year of the program. • We recommend that CMS take a leadership role in developing measures of risk-adjusted, stage-specific survival curves for various types of cancer, including lung, pancreas, liver, thyroid and esophagus, in addition to breast and colorectal. • We support CMS's proposal to publicly report these measures on *Hospital Compare.*
Long-Term Care Hospital Quality Reporting Program (LTCHQR)	CMS proposes a number of new measures for this program, including: • Catheter-Associated Urinary Tract Infection • Central Line-Associated Blood Stream Infection • New or Worsened Pressure Ulcers. CMS does not propose to publicly report these measures on *Hospital Compare* but rather proposes to consider public reporting possibilities in future rulemaking.	• We support the three measures listed. • We ask CMS to take the lead in addressing the measurement gaps identified by the Measure Applications Partnership (MAP), particularly those related to patient experience and patient outcomes measures in the long-term care hospital setting. • We urge CMS to report the data from this program on *Hospital Compare.* There is no rationale given for why this program would be excluded from *Hospital Compare.*