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Colorado Business Group on Health  
Connecticut Business Group on Health  
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Employers' Advanced Cooperative on Healthcare (AR)  
Employers' Forum of Indiana  
Employers Health Coalition of Idaho  
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Florida Alliance for Healthcare Value  
FrontPath Health Coalition (OH)  
Greater Philadelphia Business Coalition on Health  
Health Services Coalition (NV)  
Healthcare Purchaser Alliance of Maine  
HealthCare21 Business Coalition (TN)  
Houston Business Coalition on Health  
Kansas Business Group on Health  
Kentuckiana Health Collaborative  
Lehigh Valley Business Coalition on Healthcare  
Memphis Business Group on Health  
Mid-America Coalition on Health Care (KS)  
MidAtlantic Business Group on Health  
Midwest Business Group on Health  
Mississippi Business Group on Health  
Montana Association of Health Care Purchasers  
Nevada Business Group on Health  
New Hampshire Purchaser Group on Health  
New Mexico Coalition for Healthcare Value  
North Carolina Business Group on Health  
Northeast Business Group on Health  
Purchaser Business Group on Health  
Pittsburgh Business Group on Health  
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San Diego Purchasers Cooperative  
Savannah Business Group on Health  
Silicon Valley Employers Forum  
St. Louis Area Business Health Coalition  
The Alliance (WI)  
The Economic Alliance for Michigan  
Virginia Business Coalition on Health  
Washington Health Alliance  
WellOK - Northeast Oklahoma

June 15, 2022

Ms. Chiquita Brooks-LaSure, MPP  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Baltimore, MD

**RE: RIN 0938-AU84**

Dear Ms. Brooks-LaSure,

The National Alliance of Healthcare Purchaser Coalitions (National Alliance) is pleased to submit his comment letter in reference to the Inpatient Prospective Payment System (IPPS) Notice of Proposed Rulemaking (NPRM) published on May 10, 2022. Our letter is limited to one very important proposal contained in this NPRM. We write today to express our strong opposition to the Centers for Medicare & Medicaid Services' proposal to **suppress calculation and publication of the CMS Patient Safety and Adverse Events Composite (CMS PSI 90) for FY 2023 and to potentially suppress other measures in the future without seeking public comment.**

The National Alliance is the only nonprofit, purchaser-led organization with a national and regional structure dedicated to driving health and health care value across the country. Our members represent private and public sector employers, nonprofit and Taft-Hartley organizations, covering more than 45 million Americans, and spending over \$300 billion annually on health care.

As the only national health care purchaser advocacy organization with local and regional members "on the ground," we are deeply concerned about the avoidable errors and accidents in hospitals that cause great suffering or even death, and waste money that would be better spent improving the health and well-being of our plan enrollees. We are held to a fiduciary standard in how we design and administer our health plans and deserve to know when our plan enrollees face life-threatening risks. Suppressing the PSI 90 measure undermines our ability to inform and protect our employees and their families as a fiduciary should. It is also a huge step backward in efforts to improve the safety of the U.S. health system.

## We oppose the suppression of PSI 90 for the following reasons:

- The ten preventable surgical and medical complications in PSI 90 kill 25,000 people every year. The dangerous complications reported within PSI-90 are largely preventable and harm 94,000 annually.<sup>1</sup> This information is too important to suppress.
- Data on these complications is not available from any other source. Employer purchasers, both public and private, rely on Medicare data to provide a picture of patient safety and quality for all patients. If CMS suppresses this data, employers will be in the dark on which hospitals put our employees and their families most at risk.
- Employer purchasers use patient safety data to build high quality networks. The hospitals people choose matters because some hospitals are more dangerous than others. For instance, patients are four times more likely to die from a preventable blood clot, twice as likely to suffer a deep pressure ulcer (bedsore), and nine times more likely to have a surgical hemorrhage if they choose the worst performing hospital instead of the best. If CMS suppresses this data, employers will lose the ability to ensure their networks include the safest hospitals and exclude those that have a poor safety record.
- Suppressing vital patient safety information is costly. Employees and their families won't have the information they need to pick the safest hospital, resulting in more dangerous and costly complications, and Medicare isn't alone in paying these bills. Employer purchasers, as well as individuals and families paying their out-of-pocket shares, pay the inflated costs associated with these complications. We have been fighting for increased transparency across the entire health care system, including hospitals, for decades. We strongly believe that this proposal would be a significant step backwards by limiting our access to important data that employer purchasers use in designing plans and networks to meet the needs of their employees and their families and keep overall costs manageable. If patients won't have the information they need to pick the safest hospital, employers will be stuck paying for unnecessary and costly complications. We believe this proposal, if finalized, will have the net effect of increasing health care costs across the entire system. Employer purchasers, as well as covered employees and their families, pay the inflated costs associated with these complications in the form of increased premiums and cost-sharing.
- Suppression of data perpetuates inequities. In a groundbreaking report, Urban Institute researchers found that hospitalized Black patients were far more likely than their white counterparts – *within the same hospital* – to suffer medical and surgical complications, and the results were “clinically large.” The findings from this study point to the need for the public to have continuous access to this data by hospital. Because this data is currently available, we know that Black patients had a 27% higher rate of experiencing

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<sup>1</sup> Armstrong Institute for Patient Safety and Quality, *Lives Lost, Lives Saved: An Updated Comparative Analysis of Avoidable Deaths at Hospitals Graded by The Leapfrog Group*, May 2019:

<https://www.hospitalsafetygrade.org/media/file/Lives-Saved-White-Paper-FINAL.pdf>.

Agency for Healthcare Research and Quality, *Patient Safety Indicators (PSI) Benchmark Data Tables, v2021*, July 2021: [https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2021/Version\\_2021\\_Benchmark\\_Tables\\_PSI.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2021/Version_2021_Benchmark_Tables_PSI.pdf)

sepsis after an operation and a 15% higher rate of experiencing a kidney injury requiring dialysis. If we don't have this data, how can we ever address these equity issues?

- CMS should not attempt to hide a known problem. Federal officials recently warned the American public about a significant spike in rates of harm and now want to cover up the data.<sup>2</sup> Just two months ago, leaders at CMS and the Centers for Disease Control and Prevention (CDC) reported that since 2020, federal data shows a significant increase in the number of common hospital infections and patient safety mistakes. These federal officials have the data, but now want to suppress much of it from the American public.
- COVID-19 is not an excuse for poor patient safety. While we recognize that hospitals were under tremendous strain in 2020 and 2021 during the peak of the pandemic, they must be held accountable for protecting the lives of their patients. Purchasers and the general public have a right to know the truth about preventable complications that results in needless suffering and lost lives. During times of crisis, transparency is even *more* important.

#### **Recommendations:**

1. **Withdraw Proposal to Suppress New PSI 90 Data in 2023:** CMS should fully withdraw its proposal to suppress the calculation and publication of PSI 90 data and should publish this data on its regular schedule, or preferably in a timelier fashion.
2. **Continue to Maintain Publication of Previous PSI 90 Data:** It is important that employers, public health experts, and policymakers have access to all previous PSI 90 data from Calendar Year 2019 and years previous.
3. **Do Not Suppress Future Measures Without Public Comment:** The American public deserves to have access to lifesaving data about hospital quality and safety. If CMS continues to propose to suppress these types of measures, it is imperative that they allow the public to comment before a decision is made so others can see the rationale and share feedback.

We are grateful for the opportunity to provide our comments on this pressing issue.

Sincerely,



Michael J. Thompson  
President & CEO

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<sup>2</sup> Fleischer, MD *et al.* "Health Care Safety During the Pandemic and Beyond - Building a System that Ensures Resilience, *New England Journal of Medicine*, February 17, 2002: <https://www.nejm.org/doi/full/10.1056/NEJMp2118285>