Association of
American Medical Colleges
655 K Street, N.W., Suite 100, Washington, D.C. 20001-2399
T 202 828 0400
www.aamc.org

August 5, 2015

Patrick Conway, M.D.
Deputy Administrator for Innovation & Quality
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: **Need for More Comprehensive, Timely, and Coordinated Data Release to Drive Quality Improvement**

Dear Deputy Administrator Conway:

The Association of American Medical Colleges (AAMC or the Association) is writing to request modifications to the quarterly Hospital Compare files and to the three Medicare pay-for-performance downloadable files. As hospital payments are increasingly tied to quality and performance measures, hospitals need complete and accurate information to understand their performance and how that performance affects payments.

Medicare has multiple programs that monitor inpatient hospital quality and pay differentially for performance. In fiscal year (FY) 2016 alone, hospitals will have up to 5.75 percent of their base payment at risk based on their performance in Hospital Value-Based Purchasing (HVBP), the Hospital Readmission Reduction Program (HRRP), and the Hospital-Acquired Conditions Reduction Program (HACRP.) Each program has different measures and rules which makes it difficult to understand how performance across the multiple programs affects payments. **Simple changes in data distribution files would improve this process. Therefore, we ask CMS to move expeditiously to make the changes described below.**

The AAMC is a not-for-profit association representing all 144 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 148,000 faculty members, 83,000 medical students, and 115,000 resident physicians. While the AAMC has numerous concerns about measures in the pay-for-performance programs, the Association is also committed to working with its members to understand the measures and improve performance. In this regard, the AAMC has developed a model which uses the public data files to demonstrate in a step-by-step format how a hospital's performance on quality measures is converted to payment adjustments and thereby assists hospitals in assessing which areas they need to target.

While developing the model, the AAMC has identified some gaps and inconsistencies in the available data. Further complicating matters is that many of the data components are not

synchronized in a single release, but are released at different times. The AAMC recommends several adjustments to these data files that would result in a synchronized data release that provides hospitals with all the information needed to understand previous performance and to estimate future performance. The following is a list of detailed recommendations related to each program.

Recommendations related to HACRP:

- Currently, the standardized infection ratios (SIRs) in Domain 2 of the HACRP program are based on performance over a two-year period. However, information on Hospital Compare is based on performance for a one-year period. In addition, the "FY2015 Hospital-Acquired Condition Reduction Program" downloadable data file includes the decile information, but not the actual performance rates used to create the deciles. **The AAMC requests that CMS include:**
    - **The SIR based on the 2-year performance period in a downloadable database for the quarterly Hospital Compare release.**
    - **The actual performance data, as well as the decile data, in future versions of the HACRP downloadable file.**
- For the Patient Safety Indicator (PSI)-90 measure, the current Hospital Compare quarterly release is rounded to 2-digits, which causes slight discrepancies when replicating the decile ranking needed for the HACRP program. **The AAMC requests that:**
    - **CMS release the same number of digits that the agency uses for decile ranking for both the Hospital Compare release and the HACRP file; and**
    - **The PSI-90 information be updated quarterly if possible.**

Recommendations related to HRRP:

- The "Hospital Readmission Reduction" file released on Hospital Compare rounds predicted and expected readmission rates to one digit after the decimal point, which causes a significant discrepancy when calculating excess readmission ratios for each condition. This discrepancy affects the predictability of the payment adjustment.
    - **The AAMC requests that CMS produce a file that includes the same number of digits for the readmissions rates that CMS uses to compute the excess readmission ratios.**
- The case counts for each condition from the two worksheet tabs in the "Hospital Readmissions Reduction Program Supplemental Data File" does not match exactly (average absolute difference of about 1.3% in case counts across files). Also, the file provides both transfer-adjusted and non-transfer-adjusted case count and case mix.
    - **The AAMC asks CMS to confirm which case count is the best to use to replicate the readmissions methodology.**
    - **In addition, we ask CMS to confirm how the transfer-adjusted and non-transfer-adjusted information should be used.**

- Finally, the AAMC requests that CMS evaluate how it can provide more up-to-date readmissions data to hospitals. Currently, hospitals receive feedback from Hospital Compare only once per year.
    - **The AAMC asks that CMS update the readmission rates quarterly.**

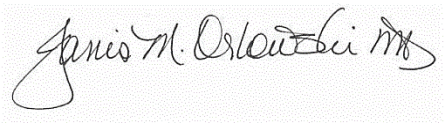
Recommendations related to HVBP:

- The HVBP supplemental data files released on Hospital Compare provide data about a hospital's performance period, but not the corresponding rate for the baseline period. In addition, the benchmark data is not included.
    - **The AAMC recommends creating a comprehensive file by adding the baseline and benchmark information to the performance rates that are included in the HVBP supplemental files.**

The AAMC urges CMS to release the data elements missing from the current data release to hospitals as soon as possible. More comprehensive, coordinated and timely data support from CMS will help hospitals improve their performance on Medicare quality programs and as a result achieve the Agency's vision on better care for seniors.

If you have any questions or concerns with this request, please contact Susan Xu at sxu@aamc.org or 202-862-6012.

Sincerely,



Janis Orlowski, M.D., M.A.C.P.
Chief Health Care Officer

cc: Ivy Baer, AAMC
Scott Wetzel, AAMC
Susan Xu, AAMC
Kate Goodrich, CMS
Pierre Yong, CMS
James Poyer, CMS
Don Thompson, CMS