TO:      cmsstarratings@yale.edu

FROM: Kansas Hospital Association

Date:    March 29, 2019

RE:      Overall Hospital Quality Star Ratings on Hospital Compare Public Input Request, February 2019


The Kansas Hospital Association (KHA) welcomes the opportunity to provide comments on CMS' proposed changes to the Star Ratings methodology. KHA is a voluntary, non-profit organization that provides leadership and services to 124 member Kansas hospitals and other affiliated healthcare organizations to achieve our shared vision of optimal health for all Kansans. Importantly, KHA supports making meaningful, accurate quality data available in an easy to understand format for patients and the public.

While KHA appreciates CMS' effort to reevaluate the STAR ratings, we were disappointed that CMS published Star Ratings updates for hospitals at the end of February at the same time that it sought public input on proposed changes to address problems with the current methodology. It was our hope that CMS address the methodology changes first rather than publish ratings based on flawed methodology.

Based on our review of the Star Ratings methodology, proposed changes and input from member hospitals, KHA offers several comments regarding the proposed changes.

**Single overall rating** - While we applaud CMS' efforts to enhance the validity of the Star Ratings and we strongly support the goal of making data on Hospital Compare easier to understand, KHA believes that one overall rating for each hospital may not provide patients with meaningful information regarding specific care that they need. A single rating may not capture information regarding an area of expertise that most important to a patient. Further, KHA agrees with the American Hospital Association's recommendation to CMS to explore developing an alternative approach to star ratings based on specific clinical conditions or topic areas.

With respect to **measure precision**, while KHA agrees that having a higher loading factor for measures in which a hospital has more patients seems intuitive, hospitals have legitimate concerns that the loading factor may have the potential to have an overly sensitive impact on overall score and caution should be used in "over-loading" measures which then does not provide reliable or accurate information.

**Specific to the PSI-90**, it is our concern, and our understanding that CMS shares this concern, that the PSI-90 may not accurately reflect quality, and that specific measures within the PSI-90 may be weighted too heavily. It is also concerning that the scoring of the PSI-90 has varied significantly since 2017 and could contribute to significant changes in overall Star Ratings. A more specific measure or measures should be considered that more accurately reflect hospital quality.

Regarding **period to period shifts**, the way CMS' methodology currently weights measures, a hospital may experience a significant shift in Star Ratings in one rating period. Swings like this point to a problem in the methodology in that the measures may not be weighted appropriately; or outdated data is used to determine the rating. The lag time in the data used also may not accurately reflect a hospital's current status. For example, data that is used to determine the rating

for some metrics ranges from 7/2014 – 6/2017, and therefore does not demonstrate current practice. KHA encourages CMS to use more current data reflective of a hospital's performance.

Pertaining to **peer grouping**, KHA believes that grouping hospitals in peer groups may be one potential way to demonstrate hospital performance compared to like hospitals. However, there are so many variables that could be used for grouping, and the opportunity for greater confusion to be created for consumers, KHA agrees with the AHA's recommendation that this be considered as a potential interim step while CMS pursues further improvements to the rating methodology. KHA also encourages CMS to extend the public comment period and host virtual focus groups to gain more input and insights from hospitals regarding this approach.

KHA continues to be concerned that Star Ratings do not account for **social risk factor differences** across hospitals. Hospitals that care for poor communities may be at an unfair disadvantage based on the current Star Ratings methodology.

A specific comment on the format of how information is displayed for small hospitals - for small hospitals, such as critical access hospitals that have too few patients to report on a particular safety measure, rather than CMS stating "no data to report", it is recommended that CMS provide a clear statement such as "not enough data to report" to clarify that the measure is not applicable to that hospital rather than potentially giving consumers the incorrect perception that the hospital did not report their data or made an oversight.

Finally, KHA agrees with AHA's recommendations to CMS to engage experts on the latent variable model to ensure accurate calculation, and examine how to best mitigate the impact of outliers in calculating readmissions measures in the ratings.

Providing meaningful, accurate quality data in an easy to understand format is such a complex issue with significant implications for consumers and providers that we ask CMS to suspend the Star Ratings until problems with the methodology are addressed in a comprehensive way. We believe that more than thirty days is needed to seek and analyze feedback on the methodology and ask that CMS continue to seek public input as it works to enhance the validity of Star Ratings.

Thank you for the opportunity to provide comment.