FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

December 13, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244–1850

Re: Key Recommendations for Continued Equity Improvements, FY2025 IPPS Proposed Rule, IQR Program

Dear Administrator Brooks-LaSure:

As a leading national, non-partisan voice for health care consumers, Families USA commends the work CMS has done to build deliberate strategies to center health equity across its programs. Advocating for equitable and anti-racist health care policy is built into the driving mission of our organization. For over 40 years, our work has centered on advancing health equity and ensuring that families do not face barriers to living a healthy life because of who they are, where they live, or how they identify. We believe that work to reduce health inequities and improve health outcomes must happen at all levels of the health care system, and beyond, to realize a healthier and thriving nation.

I'd like to begin by commending President Biden and the Administration for the remarkable achievements in the last three years toward the goal of health equity. Passage of the American Rescue Plan Act, Bipartisan Infrastructure legislation, and the Inflation Reduction Act have helped to improve health care coverage for low-income families and pregnant people, lowered the cost of prescription drug costs for millions of Medicare patients, and increased Black and Hispanic employment by supporting minority-owned businesses. Under this Administration's guidance, the CMS Framework for Health Equity 2022-2032 was published, which lays out the agency's strategy for advancing health equity, expanding coverage, and improving health outcomes for the most marginalized communities. This framework has been adopted and woven into the fabric of federal health care programs including Medicaid, Medicare, and the work of the Center for Medicare Innovation. These, and many other actions this Administration has taken, have made significant advancements in achieving equity, especially health equity, across the country.

Families USA has spent the last year endorsing health equity advancements made by the Biden Administration and advocating for new policies and reforms that would address decades of institutionalized racism in health care. As the Medicare regulatory cycle comes to a close, we want to take this moment to highlight important reforms for the Administration to consider as we enter 2024, to ensure continued progress in its health equity work. In particular, this letter focuses on **five improvements to the IQR program to inform the FY 2025 IPPS rulemaking.**

Hospitals are critical to improving health equity.

Hospitals are essential to the U.S. health care system and to the communities they serve. They have a significant role in driving individual and population health improvements for our nations' families and communities, and are all well-positioned to leverage their monetary and political resources to drive

significant advancements in health equity.[1] Unfortunately, too many hospitals now have become large corporate entities focused more on maximizing revenue at the expense of improving health, which has distorted health care access, delivery, and outcomes nationwide and exacerbates the deep inequities in marginalized communities.[2] For example, in pursuit of higher margins and profits, many hospital corporations have shifted financial resources away from low-income or Medicaid-covered neighborhoods, which has left many rural, Black and brown communities with access to fewer hospitals, smaller staff, and lower clinical quality.[3] Hospitals across the nation have cut maternity wards, behavioral health services, and ended contracts with nurses in order to maximize profits.[4,5,6]

Despite this shift, hospitals still have a critical responsibility to drive improvements in health equity and must be held accountable for driving those improvements and reversing the effects of implicit bias and institutional racism in health care. One of the most important tools to unveil and hold hospitals accountable to their mandate to provide equitable care is by requiring a key set of equity, quality, and outcomes measures that integrated into all hospital quality reporting programs, including the Hospital Inpatient Quality Reporting (IQR) program.

Families USA applauds CMS' efforts to infuse equity into the IQR and other quality reporting programs, specifically with the adoption of the Screening for Social Drivers of Health measures and the formation of the MAP Health Equity Advisory group in the IQR program. However, persistent and widening disparities indicate that more is needed. Maternal mortality rates have consistently risen in the last decade, especially for Black and Native American mothers; life expectancy disparities by race continue to persist; and the COVID-19 pandemic highlighted deep health and access disparities for Black, brown and immigrant communities across the country.[7,8,9] The quality and outcome metrics collected by hospitals and in the health system are a key tool in identifying these disparities and developing solutions to achieve health equity.

The focus of this letter is the IQR program because it is updated each year in the Inpatient Prospective Payment System (IPPS) rule and is essential to driving quality improvements in hospital care and making health care delivery data transparent for consumers. Created to inform consumers' decisions on where they receive care, the IQR Program is uniquely equipped to support health equity through the provision of strong quality measurement and reporting.[10] A majority of hospitals in the United States participate in the IQR Program and are held accountable for how well they report on and perform in the required quality measures, making it an important and impactful lever for improving inpatient quality data collection across the country.[11]

While this letter focuses on the IQR program, the underlying principles can be applied to other quality improvement programs and payment systems. We strongly encourage CMS to implement similar changes across other measure sets, including the Hospital Outpatient Quality Reporting (OQR) program.

Accordingly, this letter proposes five improvements to the IQR program to inform the FY 2025 IPPS rulemaking and encourage CMS to consider:

1. CMS should **require all hospitals participating in the IQR program to collect patient-reported demographic data** disaggregated by race, ethnicity, primary language, geographic location, socioeconomic status, gender identity, sexual orientation, age, and ability status through the adoption of an evidence-backed standard for data collection.
2. CMS should require all hospitals participating in the IQR program **to report on social need**

interventions to promote actions to address social drivers.

3. CMS should standardize **the collection of the Social Drivers of Health measures** to be in line with studied best practices to support the interoperability of such data to promote health equity.
4. CMS should **adopt additional disparities-sensitive clinical measures within the electronic clinical quality measure (eCQM) set,** specifically the "controlling high blood pressure" measure and the "HIV viral load suppression" measure.
5. CMS should **adopt geriatric specific care measures** into the IQR program, specifically the "Geriatric Hospital (MUC2022-112)" and "Geriatric Surgical (MUS2022-032)" measures either individually or in a combined format to reduce administrative burden.

Each of these recommendations is discussed further below.

Recommendation 1: Mandate the collection of self-reported disaggregated demographic data.

Existing health disparities result in $95 billion in excess health care costs and 3.5 million lost life years due to premature deaths.[12] Disaggregating data by race, ethnicity, gender, sexual orientation, language and other demographic information is essential to advancing health equity and ensuring that health care providers are effectively managing both the health of individuals and the broader populations they serve by accurately identifying where health disparities exist and developing targeted clinical and health management solutions to reduce gaps in care delivery and outcomes.[13] Data collected through the IQR program, as well as other quality reporting programs, lack the needed requirements and consistency to allow for uniform disaggregation, which is a major barrier in gaining an accurate and comprehensive understanding of how well hospitals are managing individual and population health outcomes, especially for marginalized populations. To truly drive improvement in health equity across the health care system, including hospital quality reporting programs, **we strongly recommend that CMS make the collection of disaggregated demographic data a top priority by requiring all hospitals participating in the IQR program to collect patient self-reported data disaggregated by race, ethnicity, gender, sexual orientation, language, geographic location, socioeconomic status, age, and ability status.**

Recommendation 2: Require the reporting of social need interventions to better address social drivers of health.

There is overwhelming evidence that social needs interventions improve a variety of health outcomes including overall health status, mental health status, and quality of life, yet the current Social Drivers of Health (SDOH) measures within the IQR program fail to collect data on how hospitals respond to positive social needs screenings.[14,15] This lack of data makes it much more difficult for consumers, researchers, and policymakers to have a comprehensive and accurate understanding of how hospitals may or may not be addressing the social needs of the patient populations they serve. Given that hospitals are on the frontlines of providing health care to our nation's seniors and families, they have a significant role and obligation to meet the health needs of their patients by providing social need referrals and interventions. Importantly, data suggests that consumers find social risk screening in health care settings appropriate and often want their providers to know about their social needs.[16] To drive meaningful improvements in population health outcomes, it is essential that health care providers including hospitals be held accountable for addressing the social drivers of health that directly influence individual and population health outcomes. **As a result, we recommend that CMS develop, validate, and adopt a measure for social need interventions following a positive SDOH screening into the IQR program, such as the HEDIS Social Needs Screening and Intervention measure (SNS-E).[17]**

Recommendation 3: Standardize the collection of the SDOH measures (SDOH-1 and SDOH-2) to ensure interoperability.

Ensuring that hospital quality metrics and patient data are interoperable guarantees that hospitals are able to share data across systems to improve patient health care delivery and better address health disparities at the individual and population level. Secure, comprehensive, and interoperable data enables providers to effectively coordinate care, manage the health needs of their patients and ultimately deliver the high-quality health care that our nations seniors and families deserve.[18] We applaud CMS for mandating the collection of both SDOH-1, "Screening for Social Drivers of Health" and SDOH-2, "Screen Positive Rate for Social Drivers of Health" measures in the IQR program, however steps must be made to ensure that this data is interoperable. To ensure that SDOH measures in the IQR program reduces health disparities at the population level, **we recommend that CMS: 1) identify best-practices around SDOH measure collection by partnering with stakeholder groups such as the Gravity Project - who have worked to establish consensus on SDOH measures; and 2) build data standards for the interoperability and use of that data in the IQR program, and eventually in all CMS quality programs.[19]**

Recommendation 4: Include disparities-sensitive measures in eCQM for quicker reporting of high-disparity metrics.

The electronic clinical quality measure (eCQM) set are a set of measures within the IQR program and the Medicare Promoting Interoperability Program that are submitted through an electronic health record which allows CMS to streamline the assessment of quality metrics to drive improvements. For the calendar year 2023, eligible hospitals must submit four eCQM measures out of the available 13 measures each quarter. Of the 13 available eCQM measures, only four are disparities-sensitive, as defined by the Core Quality Measures Collaborative (CQMC) in their 'Health Equity Final Report'.[20] In the 'Health Equity Final Report,' the CQMC found 19 measures to be highly disparities-sensitive. Adding several of these measures to the eCQM would allow CMS to more immediately assess measures that negatively affect certain patient communities and allow hospitals to more immediately address those disparities in care delivery. **Families USA specifically recommends the adoption of the "controlling high blood pressure" measure and the "HIV viral load suppression" measure, for which there are disparities for communities of color and the LGBTQ+ community, respectively.**

Recommendation 5: Adopt two key geriatric specific care measures to improve geriatric health.

While current IQR measures include geriatric populations in data samples, they fail to identify the shortcomings specific to the health care delivered to older adults and therefore likely mask gaps in care and geriatric needs more broadly. [21] By adding geriatric specific care measures to the IQR Program, CMS would not only equip researchers and policy makers with the data necessary to improve geriatric health care, it would also provide older adults with the quality information they need to make an informed decision on where they receive their care.[22] Importantly, CMS and the IQR program are already working towards adopting measures that provide better insight into geriatric care. In 2022 the Geriatric Hospital measure and the Geriatric Surgical measure, which measures a hospital's commitment to improving the outcomes of patients 65 or older, were placed under consideration.[23] **We recommend that CMS move forward and adopt the Geriatric Hospital (MUC2022-112) and Geriatric Surgical (MUC 2022-032) measures either individually or in a combined format to reduce administrative burden.**

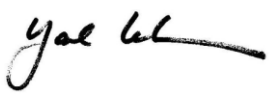
Conclusion

Families USA appreciates CMS' commitment to health equity and the tremendous progress the Biden Administration has made to make the promise of health available to all in our nation. We believe that to achieve health equity, health systems and providers must robustly assess communities' health outcomes, identify the underlying drivers of those disparate health outcomes, develop strategies to reduce health inequities, and mitigate the effects of racism within our health care system and in neighborhoods where health starts. Hospitals and hospital systems have significant resources, play a key role in community health care, and have great potential to identify and address health disparities in their patient populations. By incorporating additional health equity measures into the IQR and other measure sets, ensuring that measures data is disaggregated, and ensuring that SDOH data is interoperable in the next IPPS rule, CMS can pave the way for the rest of the health system to successfully work towards reducing disparate health outcomes, addressing social drivers of health, and ultimately achieving health equity.

Families USA is excited for the future of health equity under the Biden Administration and CMS' leadership. We look forward to continuing this conversation to develop strategies to ensure that communities, particularly those unfairly burdened by poor health outcomes and neighborhood disinvestment, obtain the high-quality health care and health supportive resources they need.

For questions or comments regarding the recommendations made in this letter, please reach out to Staci Lofton, Senior Director of Health Equity, at slofton@familiesusa.org. Thank you for your time and consideration.

Sincerely,



Yael Lehmann

Interim Executive Director

Families USA

---

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9730019/
[2] https://patientengagementhit.com/news/even-at-top-hospitals-racial-health-disparities-in-patient-safety-are-steep
[3] https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0593
[4] https://www.modernhealthcare.com/patient-care/maternity-units-closure-payment-staffing
[5] https://www.advisory.com/daily-briefing/2022/08/29/hospital-layoffs
[6] https://kffhealthnews.org/news/article/hospitals-cut-jobs-services-rising-costs-budgets-covid-pandemic-inflation/
[7] https://www.scientificamerican.com/article/why-maternal-mortality-rates-are-getting-worse-across-the-u-s/
[8] https://www.kff.org/racial-equity-and-health-policy/issue-brief/what-is-driving-widening-racial-disparities-in-life-expectancy/
[9] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8426700/
[10] https://www.cms.gov/medicare/quality/initiatives/hospital-quality-initiative/inpatient-reporting-program

[11] https://www.cms.gov/medicare/quality/initiatives/hospital-quality-initiative/hospital-compare
[12] https://wkkf.issuelab.org/resource/business-case-for-racial-equity.html
[13] https://www3.paho.org/ish/images/toolkit/IS4H-KCDD-EN.pdf
[14] https://www.pcori.org/impact/evidence-synthesis-reports-and-interactive-visualizations/evidence-maps-and-visualizations/social-needs-interventions-improve-health-outcomes
[15] https://www.commonwealthfund.org/sites/default/files/2022-09/ROI_calculator_evidence_review_2022_update_Sept_2022.pdf
[16] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6876708/
[17] https://networkhealth.com/__assets/pdf/provider-resources/quality/hedis-101-reference-guide.pdf
[18] https://www.aha.org/system/files/2019-01/Report01_18_19-Sharing-Data-Saving-Lives_FINAL.pdf
[19] https://thegravityproject.net/
[20] https://www.qualityforum.org/CQMC_Core_Sets.aspx
[21] https://www.healthaffairs.org/content/forefront/need-geriatrics-measures
[22] https://www.healthaffairs.org/content/forefront/need-geriatrics-measures
[23] https://www.federalregister.gov/documents/2023/08/28/2023-16252/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the