

Public Comment Period: Measuring Disparities in Hospital Outcomes

Public Comment Background

What is a public comment period?

A public comment period is an opportunity for the public to weigh in on actions the federal government plans to take. In this case, the Centers for Medicare & Medicaid Services (CMS) is offering a public comment period for patients, caregivers, healthcare providers, or any interested member of the public to give their feedback on quality measures for hospitals. Quality measures are tools used to figure out how well hospitals or clinicians care for their patients.

What can you comment on?

You can comment on any aspect of the measures. You can say you like or dislike the measures. You can say how you might use the measures, or how to change the measures to be more useful to you or your family. All input is helpful to make the measures as good as they can be.

Why participate in public comment periods?

Public comment is an opportunity for you to help improve health care across the country. You can shape new quality measures that have not yet been finalized or put into use. These quality measures can greatly impact patients and their families. We need your help to make sure these measures are useful and meaningful to patients and their families.

How do you submit your comment(s)?

- Email your comment to CMSDisparityMethods@yale.edu.
- The deadline for this public comment period is 11:59 PM EST **November 30, 2018**.
- **Please do not include personally identifiable information or protected health information (PHI) in your comment.** Please do not include individuals' names and locations, dates of medical events (for example, hospital admission dates), or any other information that could identify an individual.
- If you are commenting as an individual, submit your name and contact information.
- If you are providing comments on behalf of an organization, include the organization's name and your contact information.
- At the end of the public comment period, all public comments will be posted on CMS's Public Comment website along with a public comment summary report. Your complete letter or comment will be included in the report. You can let us know if you wish to remain anonymous, and we will remove your name.

How will the comment(s) be used?

At the end of the public comment period, all comments will be reviewed by the team that developed the measure. Based on the comments, the team may decide to make changes to the measure or the way the results are presented to improve measure understanding and usefulness.

Important Background Information

Healthcare disparities mean differences in access, use, and quality of care between different groups of patients. In the U.S., research has shown that patients with social risk factors receive, on average, lower

quality of care and experience worse health outcomes. Social risk factors are the social characteristics of an individual that affect health and healthcare quality through a variety of ways, including socioeconomic status, race and ethnicity, and gender, among others. Despite the impact social risk factors have on health outcomes, there are still very few measures that assess disparities in healthcare quality. We are working to develop methods that show disparities in hospital outcome measures between different patient groups. These methods can be used by hospitals for quality improvement purposes and/or by patients and family caregivers to choose their healthcare provider.

In summary, measures that identify disparities in healthcare quality at hospitals will ideally lead to a reduction in disparities in care and will provide information to patients to help them make the best decisions for themselves and their families.

What social risk factors were chosen?

The primary social risk factor chosen was **dual eligibility**:

- We define dual eligible patients as those who qualify for both Medicare and full Medicaid benefits.
- Since only individuals with a low income generally qualify for Medicaid, dual eligibility may be used as an indicator of low socioeconomic status among people aged 65 years and older.
- Numerous studies have shown dual and non-dual eligible patients have different health status and health outcomes.
- Only people on Medicare who are aged 65 years and older make up the group used to develop this measure.

A secondary social risk factor chosen was **race**:

- Race is identified by Medicare as white (not Hispanic origin), black (not Hispanic origin), Asian/Pacific Islander, Hispanic, Native American/Alaskan native, other, and unknown.
- Previous research has shown that race/ethnicity data are not consistently captured in Medicare data, making it difficult to reliably distinguish between all five groups. The only groups that have been shown to be reliably distinguishable are white and black.
- Therefore, for this measure, race was categorized as black or non-black. Non-black includes white (not Hispanic origin), Asian/Pacific Islander, Hispanic, Native American/Alaskan native, other, and unknown.

Methods Developed for Measuring Healthcare Disparities

CORE has developed two methods (or ways) to present disparities in patient health outcomes. These methods aim to show differences in the quality of care received by patients with **social risk factors**.

The goal of our work is to identify where disparities exist, and share this information with hospitals and the public in order to improve the quality of care for patients. Our work focuses on the effect of social risk factors—dual eligibility and race—on 30-day readmissions mainly for pneumonia and, to a lesser extent, heart failure (HF), acute myocardial infarction (AMI [heart attack]), chronic obstructive pulmonary disease (COPD), stroke, coronary artery bypass surgery (CABG [open heart surgery]), and total hip arthroplasty and/or knee arthroplasty (THA/TKA [hip/knee replacement]).

Why was readmission chosen as the main outcome measure?

Readmission means being hospitalized for a medical problem *after* being sent home, or discharged, from an initial hospital stay, or admission. Readmissions have become a focus of hospital quality measurement and quality improvement programs because readmissions impact health and quality of life for patients, and because they are expensive to our healthcare system. Returning to the hospital shows that a patient's health has gotten worse instead of better. Readmission also means that a patient may continue to get physically weaker, may be unable to perform normal physical functions, and must spend additional time away from family, work, and home.

In our methodology report, the main outcome measure chosen was pneumonia readmissions, which looks at how many patients are readmitted after receiving hospital care for pneumonia. Our report also provides high-level results for other outcome measures: readmissions HF, AMI, COPD, stroke, CABG surgery, and THA/TKA.

The two approaches we developed can be applied to other health outcomes such as mortality or complication measures.

What are the two methods for measuring healthcare disparities?

We developed two complementary disparity methods to assess healthcare quality for patients with social risk factors at individual hospitals:

1. The **Within-Hospital Disparity Method** shows differences in health outcomes between patients *with* and *without* social risk factors within the same hospital.
 - The goal is to show whether two patients who are admitted to the same hospital with the same condition and medical history will have similar outcomes if they only differ in terms of their social risk factor (for example, their dual eligibility status or race).
 - This method shows whether some hospitals are more successful at achieving similar outcomes between dual and non-dual patients or black and non-black patients.
2. The **Dual/Race Outcome Rate Method** shows differences between hospitals and how a hospital compares to the national average in the care of patients with social risk factors.
 - The goal is to compare outcomes for dual eligible or black patients across hospitals.
 - This method will show whether some hospitals are more successful at achieving better outcomes for their dual eligible or black patients than other hospitals.

How can you help?

We want your input. We want to know what you think of these two disparity methods and how you or your family might use the disparity results. We welcome comments about any aspect of the methods. In addition, we welcome your thoughts on:

- Would this information be useful to you in making decisions about your own care or a family member's care? Would it be useful in choosing a healthcare provider?
- Do the methods show clear differences in the quality of care received by different groups of patients, or among different hospitals? How might you use this information?
- What feedback do you have regarding the selection of these social risk factors (dual eligibility and race)? What other social risk factors should we focus on?

- How we tested the measure? what else we could do to make you feel you can trust the measure results?
- How could CMS report disparity results to be most useful to you and your family?

More details about the measures are in the methodology report attached/on the website. Refer to page 75 for additional questions to consider.