



February 27, 2018

Yale New Haven Health Services Corporation
Center for Outcomes Research and Evaluation (CORE)
Attn: HHSM-500-2013-13018I Task Order HHSM-500-T0001

RE: Development, Reevaluation, and Implementation of Outcome/Efficiency Measures for Hospital and Eligible Clinicians, Option Year 4; Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure, and Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Electronic Health Record Extracted Risk Factors project

Submitted electronically via CMS_HWMmeasure@yale.edu

Dear CORE team:

UnityPoint Health (“UPH”) appreciates the opportunity to provide comments on the proposed Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure, and Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure with Electronic Health Record Extracted Risk Factors. UPH is one of the nation’s most integrated healthcare systems – the 13th largest non-profit healthcare system and the fourth largest nondenominational healthcare system. Through more than 30,000 employees and our relationships with more than 290 physician clinics, 32 hospitals in metropolitan and rural communities and home care services throughout our 9 regions, UPH provides care throughout Iowa, western Illinois and southern Wisconsin. On an annual basis, UPH hospitals, clinics and home health provides a full range of coordinated care to patients and families through more than 6.2 million patient visits.

In addition, UnityPoint Accountable Care (UAC) is the largest Next Generation ACO. The quality performance under the Next Generation ACO model continues to improve year after year. In 2016, we achieved the 70th percentile for all metrics except for one measure that achieved the 50th percentile benchmark. Overall, UPH has embraced quality and transparency through internal publishing of provider level data and therefore understands the importance of ensuring that data is timely and accurate. We consistently use data to identify areas of opportunity and drive improvement and appreciate that measure development involves both

claims-based and EHR-based measures. We respectfully offer the following comments limited to public reporting of these measures.

Do you have input on how the measure results might be presented to the public? Our comments relate to the timing for public reporting, not whether or how the information should be reported. While we support quality transparency and encourage beneficiaries and the public to become more engaged in healthcare decisions, we want to assure that measures are accurate, reliable and can be easily understood before public reporting occurs. For the proposed measures, we encourage a larger pilot of the eCQM measures prior to public reporting. Once this occurs, we also urge that a sufficient timeframe for hospitals to preview the data prior to public reporting be instituted.

We appreciate the opportunity to provide comments. To discuss our comments or for additional information, please contact Cathy Simmons, Executive Director of Regulatory Affairs, Government and External Affairs at Cathy.Simmons@unitypoint.org or 319-361-2336.

Sincerely,



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Cathy Simmons, J.D., M.P.P
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