

March 29, 2019

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Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)  
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RE: Overall Hospital Quality Star Rating on Hospital Compare Public Input Request

*Submitted electronically via [cmsstarratings@yale.edu](mailto:cmsstarratings@yale.edu)*

Dear Administrator Verma and CMS Contractors,

UnityPoint Health (“UPH”) appreciates this opportunity to provide comment on the public input request for “Overall Hospital Quality Star Rating on *Hospital Compare*.” UPH is one of the nation’s most integrated healthcare systems. Through more than 32,000 employees and our relationships with more than 310 physician clinics, 39 hospitals in metropolitan and rural communities and 19 home health agencies throughout our 9 regions, UPH provides care throughout Iowa, central Illinois and southern Wisconsin. On an annual basis, UPH hospitals, clinics and home health provide a full range of coordinated care to patients and families through more than 6.2 million patient visits.

In addition, UPH is committed to payment reform and is actively engaged in numerous initiatives which support population health and value-based care. UnityPoint Accountable Care (UAC) is the ACO affiliated with UPH and has value-based contracts with multiple payers, including Medicare. UAC is a current Next Generation ACO, and it contains providers that have participated in the Medicare Shared Savings Program (MSSP) as well as providers from the Pioneer ACO Model. UnityPoint Health also participates in a Medicare Advantage provider-sponsored health plan through HealthPartners UnityPoint Health.

UPH appreciates the time and effort of CMS contractors, Yale New Haven Health Services Corporation –

Center for Outcomes Research and Evaluation (CORE) and Lantana Consulting Group, Inc., in developing and proposing this feedback document and respectfully offers the following comments.

## GENERAL COMMENTS

*The primary objective of the Overall Hospital Quality Star Rating is to summarize information from the existing measures on Hospital Compare in a way that is useful and easy for patients and consumers to interpret. The Overall Hospital Quality Star Rating reflects efforts to report and improve quality from individual measures on Hospital Compare, and complements the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Star Rating.*

**Comment: UPH supports transparency and accountability by hospitals to consumers on measures that accurately and timely reflect the care environment, both in terms of quality and safety outcomes.** While we appreciate that CMS paused public reporting of these Star Ratings to investigate significant changes to trend, we remain concerned that these ratings are not timely (i.e. based on old data), not intuitive (i.e. not aligned with patient priorities / ratings), not predictable (i.e. variances are subject to small, or even no, changes in performance) and, as currently structured, do not reflect true differentiated care related to patient experience and the quality and safety environment within a given hospital. As a provider organization, it is our hospital providers and staff that will ultimately field consumer questions and/or confusion about Star Ratings, and we will be responsible for explaining measure construction and trend deviations. Rating system confusion is further heightened as private organizations, such as The Leapfrog Group, now issue separate ratings using CMS datasets in part, and these ratings/scorecards are divergent from the *Hospital Compare* Star Ratings.

As we reviewed this document, there is a recurring tension between transparency of meaningful measures versus detailed analytical precision. Star Ratings displayed in *Hospital Compare* are outward-facing, public ratings meant to encapsulate quality of care at Medicare-certified hospitals. According to the *Hospital Compare* website, ratings are intended to help consumers make decisions about where to get healthcare and to encourage hospitals to improve the quality of care that they provide. **Before the analysis should shift to whether an Overall Hospital Quality Star Rating is based upon accurate and reliable indicators as detailed in this report, we believe the underlying question – whether this Star Ratings system is meaningful for consumers – must be answered.** We do not believe that it is settled that consumers equate the Overall Hospital Quality Star Ratings as a meaningful measure when making healthcare decisions. And unlike other Star Ratings methodologies, we are not aware that hospital Star Ratings are directly connected to CMS initiatives. In comparison, Star Ratings for Medicare Advantage Plans impact bonuses, benefit offerings and marketing and enrollment flexibilities and Star Ratings for Nursing Homes trigger eligibility for participation in Medicare Accountable Care Organization value-based waiver arrangements. While *Hospital Compare* may seek to encourage hospitals to improve care, its alignment with current CMS quality programs is strained and does not provide clear priorities to hospitals.

We would encourage CMS to refocus efforts on understanding what ratings / measures are meaningful for consumers and whether the current Star Ratings tool is appropriate prior to engaging in “very technical” modifications that “may not be easy for all stakeholders to interpret” to test ratings accuracy and precision. Although hospitals are subject to several CMS quality initiatives, the incorporation of some safety and quality measures are not necessarily prioritized by consumers. Our experience has been that

consumers prioritize network coverage, service line presence, travel time and past care experience over quality ratings. The Patient & Patient Advocate Work Group generally confirmed this with their interest in exploring a *Hospital Compare* filtering function that allows consumers to identify hospitals by location and healthcare network, rather than hospital characteristics. We find this preference particularly true for rural consumers in geographic areas with provider shortages and limited market competition.

**Aside from the *Hospital Compare* tool itself, critical to this discussion is CMS' marketing and outreach efforts to further engage consumers in shared decision-making related to healthcare.** We applaud the creation and input from the Patient & Patient Advocate Work Group in this work and believe that this input should guide *Hospital Compare* development with the Provider Leadership Work Group and the Technical Expert Panel playing a supportive and operational role. In particular, the Patient & Patient Advocate Work Group awarded value to targeting meaningful information, intuitive and easily understood information, having the most current information, and avoiding potentially confusing or misleading information. As *Hospital Compare* continues to be developed, we would encourage CMS to expand consumer engagement efforts to market the *Hospital Compare* tool and its uses.

## POTENTIAL FUTURE METHODOLOGY UPDATES

### MEASURE GROUPING AND REGROUPING

*CMS is considering updating the criteria used to define measure groups and evaluating the possibility of regrouping some measures; notably, by partitioning Safety of Care into two separate groups, each with its own latent variable model. Public input is sought on the reasonableness of a three-step approach (clinical coherence, confirmatory factor analysis, and ongoing monitoring) to define measure groups as well as whether the balance and consistency of loadings should be used as a factor in evaluating groupings. For Safety of Care measures, input is sought on whether such measures should be regrouped and some alternatives were outlined for public consideration.*

**Comment:** As in integrated healthcare system, UPH participates in several CMS quality reporting and value-based initiatives. Over time, we have consistently commented on the need to streamline CMS quality reporting to focus on population health and the importance of consistent quality domains across settings of care for both providers and consumers. UPH also believes that **domains should be weighted to accurately reflect high quality – process measures should be correlated to outcomes and outcome measures should receive higher weights.**

### INCORPORATING PRECISION OF MEASURES

*CMS is considering other methods to account for measure precision, other than denominator weighting. CMS identified three alternative approaches: confidence interval weighting, equal weighting (removal of denominator weighting altogether) and log weighting for non-volume denominators. Public input is sought related to preferences for these alternative approaches or whether there are other approaches that should be considered.*

**Comment:** This analysis assumes that the rankings use measures that accurately reflect consumer priorities and preferences for seeking inpatient care. While **we support a statistically sound method that results in more balanced measure loadings**, we question whether the current measures reflect consumer priorities.

## PERIOD-TO-PERIOD STAR RATING SHIFTS

*CMS is seeking methods to dampen the relatively large shifts observed during the six-month refresh cycle. CMS is considering a transition to reporting the Overall Hospital Quality Star Ratings once a year, rather than twice (as currently). Alternatively, CMS is considering mitigating between-period shifts by using a summary score based on performance from both the current and previous period. Public input is sought on the annual refresh approach, whether the Star Ratings methodology should incorporate data from previous periods through a time averaged approach, and if other alternatives should be considered.*

**Comment: To provide consumers with the timeliest information as prioritized by the Patient & Patient Advocate Work Group, UPH supports the current biannual refresh schedule.** Although we understand the advantage of ensuring that every measure refreshes before calculating each Star Rating as envisioned in an annual refresh, other Star Ratings systems such as Nursing Home Compare refresh on a more frequent quarterly basis. Significant cyclical ratings fluctuations would seem to indicate issues with the overall Star Ratings system and should not be addressed by delaying public data reporting.

## PEER GROUPING

*CMS is seeking input on whether to allow for direct comparisons of performance on Star Ratings between hospitals within a peer group for a particular hospital characteristic (proportion of dual-eligible patients, or another feasible variable such as teaching hospitals, critical access hospitals, or number of measures reported). To date, CMS has received inconsistent feedback from the Technical Expert Panel, providers, patients, and the public. Public input is sought on the overall value and use of this feature as well as feasible variables that could be used to operationalize this feature.*

**Comment: While the use of peer groupings is important for hospitals to have like comparisons, we believe that this concept may not be meaningful to consumers as a Star Ratings tool.** In addition, we would not support the release of two separate ratings due to the potential for confusion and the likelihood that our hospitals and staff will be responsible for describing Star Ratings distinctions. Again, the Patient & Patient Advocate Work Group recommendations should be given deference related to the perceived usefulness of this methodology in *Hospital Compare*.

## CLOSED-FORM SOLUTION OF LATENT VARIABLE MODELS (LVM)

*CMS is proposing to replace the quadrature approach to solve LVMs and calculate group scores with a “closed-form solution.” In comparison, this new algorithm can be performed timelier and modestly improves precision of results but does not have a major substantive impact. Public input is sought on whether this or similar technical changes should be considered in the future.*

**Comment: As the “closed-form solution” is described, UPH supports the use of the most efficient method to calculate scores, particularly when it enhances data timeliness.** That said, our response is premised on there being negligible operational impact. From this report, we do not know the extent to which coding changes, if any, would need to be incorporated beyond CMS, the associated costs as well as the timeframe to implement. In terms of whether similar technical changes should be considered in the future, we would encourage CMS to explore future improvement but would reserve comment on a specific proposal until operational implications are understood.

## POTENTIAL LONG-TERM METHODOLOGY CHANGES

### EXPLICIT APPROACH

*CMS has received feedback that LVM is not an intuitive or easy-to-understand methodology and that a less complex or more explicit approach, like those currently used in other CMS Star Ratings methodologies such as Medicare Part C & D Star Ratings, may be preferable. Public input is sought about alternative approaches to LVM that assign explicit (though arbitrary) weights to each measure in each group, independently of the performance distribution or relationships between measures.*

**Comment:** UPH agrees that the current Star Ratings methodology is overly complex and supports efforts to simplify methodology for consumers to increase its intuitive nature and understanding by users. An advantage to an explicit approach is that it is more transparent and closely correlated to better outcomes. However, even a more straightforward approach will require consumer education regarding meaning and use. Again, this raises the tension between a public facing tool and CMS value-based initiatives aimed at provider standards, and it should be noted that any transition to an explicit approach would further complicate the ability to make comparisons between *Hospital Compare* scores and CMS quality programs.

### INCORPORATION OF IMPROVEMENT

*Stakeholders have expressed interest in modifying Star Ratings methodology to account for a hospital's absolute improvement on measure scores compared to its performance in the prior period. Public input is sought on the merits of this modification and how it could be operationalized.*

**Comment:** UPH has several reservations about this proposal. First, the Patient & Patient Advocate Work Group raised concerns related to data complexity as well as timeliness. Since patients and consumers are the intended audience, we would give heightened credence to this input. Second, we would want further detail related to how improvement would be weighted within the overall score. We would not support a methodology whereby organizational improvement would inflate overall scores beyond those hospitals who have exhibited steady high-quality performance. If an underperforming hospital reaches average performance, we do not believe that such hospital should be rewarded with an overall score that exceeds those hospitals with a year-over-year history of above-average performance. Third, we would seek measure details that describe "absolute improvement," which would distinguish measurable improvement versus standard improvement over time. It would be important to understand how this improvement relates to overall trend.

### USER-CUSTOMIZED STAR RATING

*User-customized star ratings would allow Hospital Compare users to interactively set the weights of measure groups that are used to calculate hospital summary scores, and display ratings clustered based on those customized summary scores. This would allow users to prioritize domains of care that are more important to them and compare hospitals on the basis of that preference. Public input is sought on the merits of introducing this tool, its operationalization and how to incorporate with the existing Star Ratings methodology.*

**Comment:** We believe that healthcare decisions are intimate and reflect the preferences and needs of patients and their families/caregivers. While we believe that consumers should factor in quality and safety considerations when making healthcare choices, we also recognize that many consumers value other factors outside these measures. From the consumer perspective, a look-up tool that enables consumers

to incorporate healthcare and other preferences would be meaningful if such tool contains complete and accurate data and includes information beyond quality. **UPH would support the development of a CMS decision support tool for consumers; however, this user-customized tool is different and distinct from a customized Star Ratings tool, which we do not support.**

The inherent value of any Star Ratings system is its standardized rating process. The Overall Hospital Quality Star Rating is restricted to quality and safety measures selected by CMS and targeting Medicare patients. Through user customization which relies on data manipulation, standard ratings will be lost and the tool will require data literacy efforts so that consumers understand their results. We believe that there is vast potential in a look-up tool that loads consumer preferences, but we envision this as a separate tool from the Star Ratings system.

We are pleased to provide input on the Overall Hospital Quality Star Rating on *Hospital Compare* and its impact on our integrated health system and the individuals and communities we serve. To discuss our comments or for additional information on any of the addressed topics, please contact Sabra Rosener, Vice President, Government & External Affairs at [sabra.rosener@unitypoint.org](mailto:sabra.rosener@unitypoint.org) or 515-205-1206.

Sincerely,



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