June 25, 2018

Ms. Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1694-P
P.O. Box 8011
Baltimore, MD 21244-1850

[Submitted online at: https://www.regulations.gov/docket?D=CMS-2018-0046]

Re: CMS-1694-P — Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates

Dear Ms. Verma:

The Association of Black Cardiologists (ABC) appreciates the opportunity to comment on proposed changes to Hospital Inpatient Prospective Payment System (IPPS) for Fiscal Year 2019. Specifically, ABC offers its perspective and recommendations on the Hospital Readmissions Reduction Program (HRRP).

Founded in 1974, the ABC is a nonprofit organization with an international membership of over 1,800 health professionals, lay members of the community (Community Health Advocates), corporate members, and institutional members. The ABC is dedicated to eliminating the disparities related to cardiovascular disease in all people of color. ABC adheres to the vision that all people regardless of race, ethnicity or gender should benefit equally from reduction in the frequency, duration and impact of diseases of the heart and blood vessels.

Throughout the cardiovascular community there has been growing concern that the HRRP has contributed to an increase in mortality among congestive heart failure (CHF) patients as hospitals focus on reducing readmissions. For CHF, the evidence is that an inverse relationship has historically existed between a hospital’s readmission rate and its mortality rate — low-mortality hospitals tend to have higher readmissions.¹ Therefore, it is conceivable that a reduction in readmissions would result in increased rates of mortality.

The Medicare Payment Advisory Commission (MedPAC) measured the change in readmission rates from 2010 to 2016 and found that raw (not risk-adjusted) readmission rates fell 3.0 percentage points for heart failure. When risk-adjusted, readmission rates for heart failure fell 3.9 percentage points.ii
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The major concern with the HRRP is the controversy arising from disparate reports of increase in mortality temporally associated with a lowered readmission rate and introduction of the program in 2010. Data from Gupta et al. in 2017 reviewed the impact of HRRP on mortality over a one-year period and observed the increase in mortality.² MedPAC found that after the HRRP’s introduction, raw rates of mortality materially increased for heart failure.³ Of note is that mortality rates materially declined for two other HRRP-covered conditions (pneumonia and AMI) but the increase in mortality for heart failure remained statistically significant. MedPAC states in its report, “The combination of an increase in the raw rate of heart failure mortality per discharge and a decline in the risk-adjusted rate may be explained by an increase in the severity of illness for those beneficiaries admitted for heart failure.” MedPAC therefore concludes that its findings of both increasing raw rates of mortality and declining risk-adjusted mortality for heart failure admissions is plausible. Differences in 30-day and one-year mortality data has been debated, as in some studies 30-day mortality was not increased.

Studies examining whether a reduction in readmissions rates for heart failure patients are correlated with higher rates of mortality have led to contradictory results. Given these contradictions, it is incumbent upon CMS to proceed with additional data collection and analysis on the HRRP’s effect on mortality among heart failure patients.

Nevertheless, this issue is a major concern and cannot be adjudicated in this correspondence. Suffice it to say that HRRP requires some modification and the ABC is eager to work with all parties to address all concerns relative to the application of HRRP as cost containment and value-based care are desired goals.

In an effort to reduce health disparities among patient groups within and across hospitals, CMS has proposed to stratify the Pneumonia Readmission measure data by highlighting both hospital-specific disparities and readmission rates specific for dual-eligible beneficiaries across hospitals’ confidential feedback reports beginning Fall 2018. Given the contradictions in study results on the correlation between reduced heart failure readmissions and the potential increase in mortality; and considering that disparities in heart failure mortality rates may exist, including among racial and ethnic groups, we ask CMS to also stratify the Heart Failure Readmissions measure in the hospital feedback reports beginning in Fall 2018.

Furthermore, proposed changes to the HRRP that may prove to be salutary and consistent with resolving some of the concerns of the ABC would include: 1) evaluate hospitals’ readmission rates against rates for peer hospitals in similar geographic areas with similar proportions of low-income patients with numerous comorbidities, thus mitigating against unfair penalties to health systems caring for the sickest patients in the low socioeconomic status strata; and 2) remove the multiplier in the penalty as it relates to price of an initial admission. Lastly, it is unclear whether setting fixed targets for readmission would be helpful without assessing what the target should be for certain hospitals and certain geographic areas caring for heart failure patients.
The ABC respectfully submits this response and recommendations. We thank you for soliciting our viewpoints in this regard and look forward to working with you to achieve our mutual goals. This is a complex matter that requires mutual collaboration. Should you require any additional information or have any questions, please feel free to contact Camille Bonta, ABC Policy Consultant, at cbonta@summithealthconsulting.com or (202) 320-3658.

Sincerely,

[Signature]

John M. Fontaine, M.D., M.B.A., F.A.C.C., F.H.R.S.
President
Association of Black Cardiologists

[Signature]

Cheryl Pegus, M.D., M.P.H.
Board Chair
Association of Black Cardiologists

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1. Jha A. To Fix the Hospital Readmissions Program, Prioritize What Matters. JAMA, February 6, 2018, Volume 319, Number 5
4. MedPAC’s review found the 30-day mortality (in-hospital through 30 days post discharge) rate for heart failure was 11.4 in 2010 and 11.9 in 2016.


MedPAC’s review found the Raw 30-day mortality (in-hospital through 30 days post discharge) rate for heart failure was 11.4 in 2010 and 11.9 in 2016.