Congress of the United States
House of Representatives
Washington, DC 20515

July 23, 2013

The Honorable Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Tavenner:

As members of the House Congressional Heart and Stroke Coalition, we are writing to express our concerns regarding CMS's proposal as part of the FY2014 Medicare hospital inpatient payment system (IPPS) proposed rule to include two stroke-related quality outcome measures in the hospital inpatient quality reporting (IQR) program.

While we support the use of valid performance measures as part of CMS's efforts to promote quality improvement among hospitals and other health care providers, we are concerned that the proposed "30-day stroke mortality" and "stroke hospital readmission measures" would mischaracterize hospital performance and could ultimately have an adverse impact on access to care by stroke patients.

As we understand it, the proposed measures do not account for stroke severity—the single most important variable in determining a patient's outcome from a stroke. A study published in the *Journal of the American Medical Association* last year found that 58 percent of hospitals would be inaccurately classified if the stroke mortality measure is not adjusted to account for stroke severity.

Inaccurate stroke measures would do little to promote improved quality of care and could instead lead to the unintended consequences of harming patients who have the most severe strokes and unfairly penalizing hospitals that care for the sickest stroke patients. Hospitals that care for patients with the most severe strokes may inaccurately and unfairly appear to be providing lower quality stroke care simply because patients with severe strokes are more likely to die or need readmission to the hospital even when the best of care is provided. This could particularly affect safety-net hospitals that care for a disproportionate number of poor or minority patients (who tend to have more severe strokes) and tertiary care hospitals that care for the sickest stroke patients. Moreover, an inaccurate measurement tool could result in an inadvertent incentive for hospitals to "cherry pick" the patients they accept as transfers in order to improve their performance rating.

We understand that the National Quality Forum (NQF) voted to reject the stroke hospital readmission measure last October and that CMS voluntarily withdrew the stroke mortality measure from NQF consideration at that same time "in order to reevaluate their approach to risk adjustment." Although we recognize that no measure is perfect, we believe it would be a mistake for CMS to move forward with the adoption of these measures without first addressing the very significant concerns that have been raised about them by the stroke community.

Accordingly, we urge CMS to review the proposals and comments put forth by the American Heart and Stroke Associations and work with the quality community, patient groups and other stakeholders to revise the measures to effectively adjust for stroke severity prior to the issuance of a final rule.

Thank you for your time and consideration of our comments and we look forward to your response.

Sincerely,