



Maryland  
Hospital Association

January 5, 2015

Dianne Feeney  
Associate Director, Quality Initiatives  
Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore, Maryland

Dear Ms. Feeney:

On behalf of the 64 hospital and health system members of the Maryland Hospital Association (MHA), we appreciate the opportunity to comment on the proposed changes to the *Draft Recommendation for Modifying the Maryland Hospital Acquired Conditions Program for FY 2017*. We are pleased with the progress the hospital field has made over calendar year 2014 and want to continue working to make the improvements that have been gained in 2014 more deeply embedded in routine practice. The reductions in complications over the past year demonstrate that the policy is well structured to support hospitals' efforts to reduce patient harm, and as such we support your recommendation that the structure of the program remain essentially unchanged. Setting the scoring targets and associated payment impacts at the start of the year allows hospitals to track progress throughout the year and clearly understand the payment impacts.

Considering the substantial improvement hospitals have made in complications over the first three quarters of this calendar year, we believe that the improvement target should be lower, and the revenue at risk should shift toward readmissions, where it's not clear we are achieving our goal. At most hospitals, quality and care management leaders are responsible for both Maryland Hospital Acquired Conditions (MHACs) and readmissions, so holding steady on the complication reductions achieved this year without pushing for more would allow hospitals to direct more of their shared resources to readmissions reduction.

Over the coming months we will convene physicians, nurses, coders, and documentation specialists to share care practices that have been successful in reducing complications, and to review the internal hospital guidelines physicians use to identify conditions or diagnoses that could result in assignment of a complication to a case. For example, when determining whether a patient is experiencing kidney injury, some hospitals may use the Acute Kidney Injury Network's modified RIFLE (risk, injury, failure, loss, and end-stage kidney disease) staging system, while others may base the diagnosis on blood levels of important markers of kidney function such as creatinine or cystatin C.

This work differs from the "present on admission" coding reviews in that it is a more fundamental look at the criteria hospitals use to determine when a complication is diagnosed. Our goal with these clinical groups is twofold: to attempt to come to agreement on the criteria that are used to identify conditions, and to spread the implementation of practices that have reduced patient harm. To the extent that hospitals adopt or implement the successful practices, we will see further reductions in complications. The work to agree upon standard definitions for conditions that trigger assignment of a complication could lower or increase complication rates. Both the adoption of uniform guidelines

and the spread of successful practices are important steps toward our longer term goal of reducing complications, particularly those that cause the most harm to patients.

Several potentially preventable complications (PPC) have very low expected values either because the number of cases at risk is small, or the nature of the occurrence is rare. If the expected value is very low the occurrence of a single complication disproportionately affects the hospital's score. At a recent Performance Measurement Work Group meeting, the possibility of grouping those PPCs into a single combined measurement was mentioned. We believe that idea has merit and would support pursuing such an approach.

Thank you for the opportunity to participate in this process and to comment on this recommendation. If you have any questions, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Traci La Valle".

Traci La Valle  
Vice President