

Overall Hospital Quality Star Ratings on *Hospital Compare* Public Comment Executive Summary

Background

The primary goal of the Overall Hospital Quality Star Rating is to improve the usability and interpretability of *Hospital Compare* for patients and consumers. The Overall Hospital Quality Star Rating provides patients and consumers with a single tool to summarize the existing measures on *Hospital Compare*. The Centers for Medicare & Medicaid Services (CMS) designed the current methodology with substantial expert and stakeholder input and is committed to continuing to refine and update the methods.

CMS hosted a 30-day public comment period on the Overall Hospital Quality Star Ratings on *Hospital Compare* from February 28, 2019 through March 29, 2019.

CMS sought comments on nine specific potential changes to the Overall Hospital Quality Star Rating methodology. CMS identified each of these potential changes in response to previous stakeholder feedback or ongoing reevaluation activities aimed at increasing simplicity, predictability, and comparability among hospitals in the Overall Hospital Quality Star Rating.

Summary of Stakeholder Comments

CMS received over 800 comments within 145 comment letters from stakeholders including hospitals, health systems, hospital associations, and medical universities. CMS carefully read all comments and will take all comments into consideration. Below we provide a very brief description of the topics and summary of commenters' feedback. Please refer to the full Public Comment Summary Report for a detailed summary of comments, including those outside the scope of this public comment period, and responses to each topic.

General Comments

- Although some commenters recommended removing/suspending the Star Ratings from *Hospital Compare* until methodology updates were complete and the public was informed of the updates, the majority did not make this request.
- Some commenters expressed higher-level concerns also submitted during prior public comment periods regarding the Star Ratings being an oversimplification of quality, and using a complex methodology that may be less understandable to consumers for decision making.

February 2019 Methodology Updates

CMS Presented: February 2019 methodology updates: removal of measures with statistically significant negative loadings and use of alternative Healthcare-Associated Infection (HAI) measure denominators.

Stakeholder Feedback: Although stakeholders supported these updates, they generally felt more changes were needed to address concerns of the stability and predictability of Star Ratings.

Measure Grouping

CMS Presented: Potential three-step approach to evaluating measure grouping based on clinical criteria as well as several statistical guides.

Stakeholder Feedback: Most commenters supported the potential three-step approach and most commenters felt balanced and consistent measure loadings were important. While stakeholders supported measure regrouping, there was not consensus support for a specific regrouping option presented.

Incorporating Measure Precision

CMS Presented: The concept of, and four options for, incorporating measure precision into the star ratings latent variable model (LVM) methodology.

Stakeholder Feedback: In general, stakeholders agreed with the importance of incorporating measure precision within the Star Ratings methodology, with some preference for confidence interval weighting or a combined approach that varies by measure group.

Period to Period Shifts

CMS Presented: Approaches to increase the stability of Star Ratings between refreshes, including annual reporting of star ratings and using a weighted average of summary scores that incorporate older data.

Stakeholder Feedback: In general, stakeholders supported more predictability and consistency in star ratings across periods. Most stakeholders supported an annual refresh. Most stakeholders did not support weighted average summary scores to incorporate data from previous periods. Some stakeholders suggested alternatives, such as reporting both prior and current star ratings for comparison and exploring partial or half stars.

Peer Grouping

CMS Presented: Several key questions related to the usability, display, and available variables for Star Ratings to apply peer grouping, or like-to-like comparisons of hospitals.

Stakeholder Feedback: Consistent with prior public comment periods, stakeholder continued to provide mixed reactions to the incorporation of peer grouping into Star Ratings. Some commenters requested socioeconomic status (SES) risk adjustment be accounted for within Star Ratings, either on the measure-level, particularly for readmission measures, or within the Star Rating methodology.

Closed Form Solution

CMS Presented: Potential update to the statically based LVM methods to use a more efficient calculation approach that could minimize computational time and improve accuracy.

Stakeholder Feedback: Of the few stakeholders that commented on the closed form solution update to LVM, most commenters supported the update.

Explicit Approach

CMS Presented: The concept and tradeoffs of using an explicit, non-statistical model approach, to calculate measure group scores instead of LVM.

Stakeholder Feedback: Some comments supported the current statistical (LVM) approach, while most comments expressed interest in or strongly supported the removal of LVM for an “explicit approach.”

Alternatives to Clustering

CMS Presented: Questions soliciting alternatives to k-means clustering for assigning hospitals to star ratings (the final step of the methodology).

Stakeholder Feedback: Some commenters supported the current k-means clustering approach while most commenters expressed interest in alternatives including policy-determined star rating category cut offs.

Incorporation of Improvement

CMS Presented: Questions soliciting input on the incorporation of a hospital’s improvement on measure scores compared to its own prior performance into star rating calculations.

Stakeholder Feedback: Most comments did not support incorporating improvement into Star Ratings given that it may add complexity and confusion, may be misleading to consumers, may disadvantage already high

performing hospitals, and would be based on older data. Select stakeholders suggested alternatives, including displaying previous and current star ratings for comparison.

User-Customized Star Rating

CMS Presented: The concept and examples of user-customized star ratings. The example outlined within the public comment materials would allow consumers to weight measure groups based on their own preferences or values (for example, weight the safety group higher than efficiency group) or selecting measures of interest (for example, hip/knee replacement).

Stakeholder Feedback: Most stakeholders did not support user-customized star ratings as it could be confusing for consumers and would not facilitate performance improvement for providers.

Next Steps

CMS is carefully considering all feedback received during this public comment period.