March 10, 2020

SUBMITTED ELECTRONICALLY

Mr. Ben Harder
Managing Editor and Chief of Health Analysis
U.S. News & World Report
1050 Thomas Jefferson St. NW
Washington, DC 20007

Re: U.S. News Proposed 2020-2021 Rehabilitation Hospital Ranking Methodology

Dear Mr. Harder,

On behalf of the American Medical Rehabilitation Providers Association (AMRPA), we appreciate the opportunity to provide comments and recommendations on U.S. News’ proposed methodology for the 2020-2021 rehabilitation hospital rankings. AMRPA is the national voluntary trade association representing more than 650 inpatient rehabilitation hospitals and units (IRH/Us). Our members have actively engaged with U.S. News with respect to its rehabilitation rankings, both in the context of submitting physician survey data to help U.S. News calculate its expert opinion score and providing input to the U.S. News and Research Triangle Institute (RTI) team as changes have been considered to the rankings methodology over the course of the last year.

AMRPA recognizes that many inpatient rehabilitation patients and their families utilize the U.S. News rankings as part of their decision regarding treatment, and we applaud U.S. News for engaging with provider stakeholders regarding the appropriateness of the inputs and respective weights that will be utilized in the 2020-2021 methodology. In general, AMRPA supports U.S. News’ broader efforts to shift from a ranking methodology that relies exclusively on expert opinion to one that also utilizes objective datasets. We very much appreciate the incorporation of some of the concepts and measures identified by AMRPA members in our prior discussions with the U.S. News and RTI team (e.g., the inclusion of stroke in the condition volume measure and recognition of CARF Accreditation) in the proposed methodology. At the same time, we have concerns about the relevance of some of the measures that U.S. News proposes to use for the purposes of rehabilitation hospital rankings, as well as the fact that numerous measures come from a dataset (Inpatient Rehabilitation Facility (IRF) Compare) that does not capture a hospital’s often-significant non-Medicare patient services. We appreciate your consideration of these issues, and AMRPA stands ready to work with U.S. News to ensure it uses a representative and effective methodology for both 2020-2021 and future performance years.
2020-2021 Proposed Methodology Measures – Expert Opinion

Overall, AMRPA supports U.S. News’ efforts to incorporate more objective and hospital-reported data into its methodology, rather than continue to assign 100% of a hospital’s score based on the reputational measure. However, in light of the significant changes being proposed to the methodology and the lack of an all-payer data source (discussed in the following section), AMRPA recommends that U.S. News implement a more gradual transition with respect to the expert opinion weight. We also recommend that U.S. News assess the methodology internally by testing it with expert opinion set at several different weights to identify the most logical reputational weight.

Furthermore, as U.S. News makes large-scale changes to its methodology, AMRPA urges U.S. News to provide more information on the way in which the expert opinion data are captured through survey data. We understand that a hospital’s expert opinion score will continue to be based on the average number of nominations from the three most recent annual surveys of board-certified physiatrists conducted for the Best Hospitals rankings. Physicians may receive a survey if they are listed in the Doximity Masterfile; physicians who use a Doximity service receive the survey electronically, while a random sample of those physicians who do not use a Doximity service receive a survey by mail. AMRPA has concerns that this approach has at times yielded a low number of respondents, and we therefore ask U.S. News to publish the number of the expert opinion survey respondents to better inform patients and hospitals. We note, for example, that 35 hospitals were designated as “High Performing in Adult Rehabilitation” in 2019 for being recommended by 1-5% of the survey respondents. Given the number of survey respondents is relatively small, it is unclear what 1-5% means in terms of number of rehabilitation specialists that recommended a facility. This information would greatly assist AMRPA members as we assess how the expert opinion score is incorporated into the methodology in future years. Relatedly, AMRPA welcomes the opportunity to discuss ways to increase the number of responsive physician surveyors (for example, potential collaboration between U.S. News and the American Academy of Physical Medicine and Rehabilitation (AAPM&R)).

2020-2021 Proposed Methodology Measures – Condition Volume Measures

As an overarching issue, AMRPA has concerns with U.S. News’ decision to capture patient volume for certain conditions from the IRF Compare dataset. As the U.S. News and RTI team is well-aware, IRF Compare data only reflects the hospital’s Medicare patient population and is therefore an inaccurate indicator of the overall patient volume for the specified conditions. This is especially problematic for hospitals with disproportionately high numbers of non-Medicare patients, such as hospitals that have specialized in treating young (non-Medicare) traumatic brain injury (TBI) patients. While we appreciate that U.S. News is looking to address these issues by working to incorporate all-payer data in future ranking years, we urge U.S. News to explore other ways of capturing non-Medicare patients for the specified conditions sooner, and recommend a delay in publically presenting the rankings using this new method until a more truly representative assessment of hospital quality for the care of complex patients is achievable.

On a more granular level, AMRPA supports U.S. News’ decision to include stroke as one of the conditions that will be captured in the condition volume measures. AMRPA members appreciated the chance to advocate for the inclusion of stroke in the methodology in prior
discussions with U.S. News, and they support U.S. News’ findings that stroke – along with traumatic spinal cord injury (TSCI) and TBI – is among those conditions that “are considered complex or difficult to treat in a rehabilitation setting” and will therefore be captured in the 2020-2021 rankings methodology. AMRPA also appreciates that each condition will be separately weighted, as we previously raised concern that the volume for one of the three conditions does not necessarily reflect the quality of care provided by that hospital for another condition (e.g., TBI volume does not necessarily reflect the hospital’s experience with caring for patients with TSCI). We urge U.S. News to consider highlighting the different volume totals for the three conditions in the summary of the hospital’s rankings (or elsewhere) to ensure a patient is aware of the volume information specifically for TBI, TSCI, and stroke, as well as to note that these totals only represent Medicare patients.

Finally, and as a broader policy issue, AMRPA urges U.S. News to move beyond a rankings system that more broadly captures hospitals’ performance with respect to several high acuity conditions, and instead develop a diagnostic-based rankings system. AMRPA believes that the current rankings system may not appropriately guide patients based on their specific condition and clinical circumstance, and would be willing to engage with U.S. News as it considers condition-specific rankings in the future. AMRPA believes the rankings will be more useful to patients if they provide more granular information on a broader number of conditions and services, such as hospitals’ experience with oncology rehabilitation patients and transplant patients.

2020-2021 Proposed Methodology Measures – Outcomes Measures
U.S. News proposes to base 20% of a hospital’s ranking on three outcomes measures currently available on IRF Compare – potentially avoidable 30-day hospital readmission after IRF discharge, potentially avoidable readmissions during rehabilitation care, and successful discharge to home and community. We note, however, that these measures are different across the post-acute care Compare sites (such as IRF and LTCH Compare), specifically with respect to the data included in the denominator. For these reasons, AMRPA urges U.S. News to consider a different methodology and ranking system for other hospitals (such as LTCHs) to ensure that all ranked hospitals are fairly and equally assessed with respect to their outcomes measures. Given the measures on LTCH Compare include all patients and IRF Compare only includes Medicare Parts A and C, LTCHs could have an advantage over rehabilitation hospitals that treat low-proportions of Medicare patients. This issue is discussed in greater depth in our comments specific to U.S. News’ missing data adjustment methodology.

Additionally, AMRPA has tracked the significant changes that the Centers for Medicare and Medicaid Services (CMS) has implemented with respect to how these outcomes measures are reported on IRF Compare, which has impacted how a hospital’s performance category is applied. AMRPA therefore urges U.S. News to utilize risk-adjusted rates instead of the performance categories assigned to each provider based on their performance on these measures (better than, same as, or worse than the national average) and continually assess whether CMS’ methodological approach warrants these measures’ continued inclusion in the rankings methodology.
Furthermore, AMRPA believes U.S. News and RTI should consider the inclusion of two other outcome based measures available on IRF Compare for the 2020-2021 rankings: (1) rate of new or worsened pressure ulcers; and (2) percentage of patients with one or more fall with major injury.

Lastly, AMRPA notes that improvement in function is arguably the most important “outcome” measure in assessing the quality of inpatient rehabilitation care. While we understand that this data is not currently captured in IRF Compare, we urge U.S. News to consider adding the percentage of patients whose functional abilities were assessed data (from IRF Compare) into the 2020-2021 ranking methodology to capture at least some function-related data in the rankings. Furthermore, given the importance of measuring functional improvement in the context of rehabilitation hospital rankings, we ask U.S. News to consider other methods of capturing this data (for example, through IRF Patient Assessment Instrument (IRF-PAI) data included in all-payer registries) in a properly risk-adjusted manner in future ranking years.

**2020-2021 Proposed Methodology Measures – Process Measures**

U.S. News outlines two process measures from IRF Compare to be included in the new methodology – (1) influenza vaccinations – healthcare personnel; and (2) influenza vaccinations – patients. U.S. news has acknowledged that the influenza vaccinations – healthcare personnel measure is being retired by CMS but that “such data is strongly correlated with outcomes and other measures of quality.” We disagree, noting that CMS asserted directly in the FY 2019 IRF Prospective Payments System (PPS) Final Rule that “measure performance among IRFs is so high and unvarying that meaningful distinctions in improvements in performance can no longer be made.” There would be no additional value in including this measure for a single year, based on CMS’ own reasoning for removal from the IRF Quality Reporting Program (QRP), in the rehabilitation methodology, particularly since the last reported data would be from the 2017-2018 influenza season.

**2020-2021 Proposed Methodology Measures – Patient Services**

U.S. News proposes that 6% of a hospital’s score would reflect whether certain patient services are available at the hospital, within the health system, or via a partnership, based on the hospital’s response on the American Hospital Association (AHA) annual survey. AMRPA understands that U.S. News has limited sources through which it can verify this information, and in deciding to use the AHA Annual Survey as a dataset, U.S. News is forced to rely on the specific patient services included on the survey. However, AMRPA believes that there should be a number of additional patient services included in U.S. News’ list – such as adaptive seating and power wheelchair clinics, driving education and adaptive sports. AMRPA therefore recommends U.S. News to consider other ways to capture this data in future performance years, such as incorporating self-reported data for certain services and technologies, or supporting future efforts to create a survey more specific to the rehabilitation field.

**2020-2021 Proposed Methodology Measures – Accreditation**

AMRPA supports U.S. News’ proposal to incorporate accreditation into its rankings and appreciated the opportunity to discuss the importance of CARF International accreditation in prior discussion with U.S. News. Consistent with those discussions, AMRPA urges U.S. News to
Additionally consider condition-specific accreditation (such as recognition of hospitals with a CARF International Spinal Cord Specialty Program) and include that data in the accreditation measure.

Additionally, we urge U.S. News to capture this data from CARF International itself, rather than through an intermediary source (as U.S. News proposes to do through the use of AHA Annual Survey data). AMRPA is aware that CARF International has questioned the accuracy of how this data is reported on AHA Annual Surveys, and would be willing to work with U.S. News to provide the most accurate and current information.

AMRPA also recommends that U.S. News incorporate the Joint Commission’s disease-specific certifications in addition to CARF accreditation. We believe this would complement our aforementioned recommendation that U.S. News explore diagnostic-based ranking systems.

Further, AMRPA also agrees with U.S. News’ proposal to include National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) model system grant recipient status in the ranking methodology. We also suggest that additional methods for determining measures for the research and training activities of a hospital be developed in future versions of the survey.

**2020-2021 Proposed Methodology Process – Missing Data Adjustment**

In addition to our comments on the specific measures and weights that are included in the proposed methodology, AMRPA also seeks clarity on how U.S. News plans to account for hospitals that are missing certain data (such as IRF Compare data). As we noted in our comments on the Outcomes measures, AMRPA believes it is imperative that hospitals are compared to each other based on identical datasets, and that hospitals are not advantaged (or disadvantaged) through adjustments that are made to account for missing data. AMRPA therefore seeks greater information on how other measures in the methodology will be “adjusted upward” for those hospitals that do not have IRF Compare data. We have concerns that this approach could result in a measure – such as expert opinion – carrying greater weight for certain hospitals, which could in turn create concerns with the reliability and consistency of the rankings produced through U.S. News’ methodology.

AMRPA greatly appreciates the opportunity to provide input on U.S. News’ proposed methodology for 2020-2021, and also looks forward to serving as a resource as U.S. News contemplates further changes in future performance years. We are eager to provide any technical assistance or further information on our recommendations and look forward to continuing to collaborate on this important endeavor. If you have any questions, please do not hesitate to reach out to Kate Beller, AMRPA Executive Vice President for Policy Development and Government Relations (202-207-1132, kbeller@amrpa.org) or Jonathan Gold, Director of Government Relations & Regulatory Counsel (202-860-1004, jgold@amrpa.org).

Sincerely,
Robert Krug, MD
Board Chair, AMRPA
President and Executive Medical Director, Mount Sinai Rehabilitation Hospital