AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

October 12, 2021

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 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' methodology for the rehabilitation hospital rankings. As you are aware, 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 appreciates that many prospective inpatient rehabilitation patients and their families can utilize the U.S. News rankings as part of their decisions regarding treatment. We therefore commend U.S. News for engaging with provider stakeholders regarding the methodology used to rank rehabilitation hospitals. AMRPA has also been supportive of U.S. News' broader efforts to shift from a ranking methodology that relies exclusively on expert opinion to one that incorporates objective datasets. In addition, AMRPA also very much appreciates the incorporation of some of the concepts and measures identified by AMRPA in our prior discussions with the U.S. News and RTI team over the past several years.

The recommendations contained in this letter reflect the outcomes of numerous discussions among AMRPA member hospitals and leaders. Through these efforts, the Association has identified several areas where the field believes U.S. News can further refine its methodology to provide the most helpful and constructive information to consumers regarding rehabilitation care. Some of these recommendations are straightforward and AMRPA believes could be incorporated by U.S. News in the near future. Others, however, will likely require ongoing dialogue between the field and U.S. News. Therefore, it is our hope that this letter will serve as just another step in our collaboration to achieve our shared goal of providing reliable and objective information to patients in a consumer-friendly manner.

Eligibility for Rankings

AMRPA agrees with U.S. News' approach to using the IRF section of CMS' Care Compare site ("IRF Compare") to determine whether a hospital will be eligible to be considered for ranking by U.S. News. A hospital having data available through IRF Compare indicates that the hospital is regulated as an IRF by CMS, which means it is a certified hospital providing an intensive therapy coupled with close medical management to patients. In addition, as discussed below, IRF Compare provides valuable quality metrics to U.S. News for use in its ranking methodology.

Since IRF Compare provides everything needed for U.S. News to determine whether a hospital is regulated as a rehabilitation hospital, it is unclear why U.S. News must also use the AHA annual survey as a prerequisite to determining whether a hospital is eligible for ranking as a rehabilitation hospital. As U.S. News knows, almost every federally regulated IRF will appear in IRF Compare, and therefore it provides a definitive indication of a hospital's status as a rehabilitation hospital. Due to this, AMRPA finds it unnecessary to rely on the AHA annual survey for eligibility purposes and thinks relying on IRF Compare is sufficient for eligibility purposes.

Along those same lines, AMRPA disagrees with U.S. News alternative eligibility methodology, which allows for a hospital that is not listed in IRF Compare to nonetheless be eligible for ranking if it has an expert opinion score of 1% or higher on the three most recent years of expert opinion surveys. This alternative eligibility results in hospitals being included in the rankings with some of the most important aspects of the new methodology excluded from their score, such as quality and outcomes measures. This runs counter to U.S. News' efforts to transition the rehabilitation hospital rankings away from an expert opinion ranking to a system that relies on objective measures of quality and outcomes. A patient that relies on U.S. News' ranking will likely assume hospitals are ranked upon identical or at least very similar criteria. Therefore, AMRPA believes that it is misleading to patients and families to have hospitals ranked based upon differing criteria, especially in light of U.S. News' promotion of its new, objective-measure based rankings methodology.

In addition, a non-IRF, such as an LTCH, is not held to the same federal standards in terms of medical expertise and intensity of therapy treatments as IRFs. At any of the hospitals listed on IRF Compare, a patient is guaranteed physician supervision by a rehabilitation physician with training and expertise in rehabilitation medicine. They also will receive a minimum of 15 hours of therapy per week across multiple therapy disciplines. Non-IRFs do not have these minimum standards and instead face markedly different coverage rules. This may lead to a patient being misinformed as to the course and type of treatment it can expect at these facilities. We therefore recommend that U.S. News seek to separately rank IRFs and LTCHs in recognition of the distinct role each type of hospital plays in the post-acute care continuum and services provided to patients.

As we have discussed previously, it is AMRPA's hope that U.S. News will eventually move to a condition-based rehabilitation hospital ranking. The condition-based rankings will be able to guide particular patient-types to the proper site of care for a particular condition, presumably by comparing quality of care and outcomes for those specific conditions. This will allow patients to

use U.S. News rankings as an accurate resource for their specific condition. However, until then, AMRPA believes that ranking non-IRFs alongside IRFs has potential for confusion and may mislead patients.

Expert Opinion

AMRPA is supportive of U.S. News' work to incorporate more objective data into its methodology. While expert opinion can provide valuable insight into the quality of care available at a hospital, the opinion results also have the possibility of being skewed towards hospitals in larger metropolitan areas, towards the respondents' local areas, or towards hospitals with a large number of residency training positions. AMRPA therefore believes it would be appropriate to gradually lower the weight of expert opinion scores.

As U.S. News knows, the ranking methodology for most other specialty categories weighs expert opinion at 27.5%. AMRPA believes moving to a similar weight for rehabilitation hospitals would be appropriate, while simultaneously increasing the weight for the quality and volume measures used in the methodology. AMRPA also notes that to the extent the expert survey response rate is low, it is counterintuitive to base such a high portion of the ranking on a small number of respondents.

AMRPA also thinks that the question posed on the expert opinion survey could be refined to more clearly solicit a response regarding high-quality care for rehabilitation patients. According to U.S. News' methodology, the survey prompt currently reads "Please name up to 5 U.S. Hospitals that provide the best care in rehabilitation for patients who have the most challenging conditions and/or surgical procedures." AMRPA believes this wording is confusing. First, the reference to surgical procedures is not relevant to rehabilitation care, and should be eliminated. In addition, rather than referring to "challenging conditions," AMRPA suggests that U.S. News frame the question to inquire about the need for intensive inpatient rehabilitation overseen by a rehabilitation physician. This phrasing would inclusive of all conditions that need the expertise of a rehabilitation physician, rather than whatever the respondent subjectively determines to be the "most challenging."

Finally, AMRPA recommends that U.S. News provide additional transparency to consumers regarding the expert opinion scoring. Currently, a hospital's scorecard just reflects a single percentage figure for expert opinion. It may be unclear to consumers what that percentage means more specifically. Therefore, this portion of the scorecard could benefit from additional context, such as the total number of nominations the hospital received, and how many total nominations were made for hospitals nationwide.

Outcomes Measures

AMRPA commends U.S. News including key outcomes measures in the current methodology, and recommend these measures should continue to play a key role in the rehabilitation hospital ranking methodology. Consistent with AMRPA's recommendation that expert opinion weighting be lowered, AMRPA thinks that objective outcome measures should receive an even higher weight in the rankings methodology. This would be consistent with U.S. News' goal of moving

to a more objective methodology, as well as consistent with most other hospital specialty rankings, which weight patient outcomes at 37.5%.

To facilitate allocating a greater weight to outcomes measures, AMRPA recommends U.S. News also consider incorporating additional outcomes measures from IRF Compare into the rankings methodology. These should include measures that capture functional gains, which is a primary goal of the intensive therapy provided in the rehabilitation setting. Two measures currently reported on IRF Compare – change in patient's self-care and change in patient mobility – are functional outcomes. Therefore, U.S. News should consider adding these measures into the methodology as it also considers increasing the weights for outcome measures.

AMRPA would also like to encourage U.S. News to engage in efforts to obtain outcomes data from sources other than IRF Compare. While IRF Compare data can be useful, it can also be lacking in several ways given its focus on the Medicare population. Rehabilitation hospitals report that several of the more complex conditions that they treat, such as spinal cord injury patients, are much more likely to be non-Medicare beneficiaries. For this reason, U.S. News may be missing quality of care for several key condition types by relying solely on IRF Compare for outcomes data. AMRPA would be pleased to continue to collaborate with U.S. News on identifying an appropriate data source and develop a methodology to include such information in the rankings.

Condition Volume Measures

AMRPA is very pleased that U.S. News has moved forward with facilitating all-payer patient volume into its methodology. The inclusion of patient populations beyond Medicare helps to provide a more complete picture of the types of patients treated by a hospital. Along those same lines, AMRPA also believes that U.S. News could further expand its volume measures to incorporate additional patient types. These could include patient types from some additional Rehabilitation Impairment Categories (RICs) that are commonly treated by rehabilitation hospitals. All of these patient types can benefit greatly from high-quality rehabilitation care, and their inclusion would provide a broader and more complete picture of the complex patient types treated by a hospital.

AMRPA also recommends that U.S. News consider whether adding patient acuity level to the methodology would be valuable to patients. As U.S. News is aware, patients with the same primary diagnosis can vary widely in their care needs and complexity. Capturing average case-mix index (CMI) or average acuity levels could add insight into the level of complexity a hospital is accustomed to handling, rather than just the total number of a given type of patient.

Finally, AMRPA also recommends that U.S. News increase the weight given to patient volume, especially if patient acuity or complexity is incorporated into the volume methodology. It is AMRPA's opinion that both volume and acuity are better indicators for quality of care than is currently reflected at just 10% of a hospital's score. Therefore, as U.S. News considers decreasing weighting for expert opinion or other categories, AMRPA recommends it increase the weight of the volume portion of the methodology.

Patient Services & Advanced Technologies
AMRPA agrees with U.S. News' approach of incorporating the types of patient services and advanced technologies available to patients into the ranking methodology. Patient services and innovative or advanced technologies can play a critical role in treating a patient and ensuring a safe and meaningful return to the community. AMRPA believes there are some services and technologies not captured on the AHA survey that are more meaningful than some of the services and technologies currently incorporated into the methodology. However, AMRPA also understands that there is not another data source available to capture services and technologies other than the AHA survey.

In order to capture more meaningful services and technologies, AMRPA would be interested in collaborating with U.S. News and other stakeholders to explore the possibility of developing a rehabilitation hospital-specific survey to capture these types of specialized services and technologies, as well as possibly other aspects of care that could be incorporated into the ranking methodology. Under such an arrangement, AMRPA could convene experts to review the most meaningful technologies and services for rehabilitation patients, and hospitals could voluntarily report the availability of these services and technologies. It is AMRPA's hope that it can continue discussions with U.S. News throughout the remainder of the year and into 2022 to explore pursuing this type of engagement.

In regards to the current methodology, AMRPA recommends that U.S. News consider modifying its approach to only account for services and technologies that are available at the hospital location, and not include services and technologies available only through a system or partnership. It is unusual for a rehabilitation hospital patient to leave the premises even for medically necessary tests or procedures, as most of those are available on-site at the treating hospital. It would be even more unusual for a patient to leave the hospital for a supplemental service. Therefore, a service or technology that is only available within a system or via a partnership is not typically of any use to a patient, and should not be included in the rankings methodology.

Patient Safety
AMRPA disagrees with the use of IRF Compare's influenza vaccination rate of healthcare personnel in the U.S. News ranking methodology. As U.S. News knows, the overall vaccination rate for healthcare personnel is very high. The small differences amongst providers provides very little insight into safety or quality of care at hospitals. For this reason, AMRPA recommends that the 5% weight allocated to this category should be applied to the outcomes or the volumes/acuity categories.

Accreditation Status
AMRPA supports U.S. News' approach of incorporating accreditation into its rankings methodology. Specifically, AMRPA believes that CARF Accreditation should continue to be incorporated into the methodology. AMRPA also believes U.S. News should explore whether listing additional accreditations, such as the Joint Commission's disease-specific certifications for key patient populations, may be useful information for patients. While AMRPA does not

believe it would be prudent to incorporate these accreditations into the ranking methodology, making this information available to consumers on hospital profiles may be beneficial.

Research Grants
AMRPA agrees with U.S. News' inclusion of National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) model system grant recipient status in its ranking methodology. However, AMRPA also thinks that there are other types of research grants that similarly indicate a commitment to advancing rehabilitation care. Therefore, AMRPA recommends that U.S. News work with relevant stakeholders to identify other research grants and incorporate these grants alongside NIDILRR grants in the ranking methodology.

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AMRPA again thanks U.S. News' for the opportunity to provide this feedback, and also looks forward to ongoing discussions on this topic. We would be pleased to provide any technical assistance or further information on our recommendations. 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,

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VP/Administrator, JFK Johnson Rehabilitation Institute