



November 21, 2022

SUBMITTED ELECTRONICALLY

Mr. Ben Harder
Managing Editor and Chief of Health Analysis
U.S. News & World Report

Mr. Murrey Olmstead
Project Director
Best Hospitals Project
RTI International

Re: U.S. News 2023-2024 Rehabilitation Hospital Ranking Methodology

Dear Mr. Harder,

On behalf of the American Medical Rehabilitation Providers Association (AMRPA), we thank U.S. News and World Report (USNWR) and RTI International for providing us with the opportunity to provide comments and recommendations on USNWR's proposed methodology for the 2023-2024 rehabilitation hospital rankings. AMRPA is the national voluntary trade association representing more than 700 inpatient rehabilitation hospitals and units (IRH/Us). AMRPA recognizes that many inpatient rehabilitation patients and their caregivers utilize the U.S. News rankings as part of their decision regarding treatment, and we commend your team for continuing to seek feedback from the inpatient rehabilitation community as you continue to refine the rankings methodology over time. In particular, AMRPA has greatly appreciated your engagement with the Association over the past several years as the U.S. News and RTI International teams have worked to incorporate more objective data into its rehabilitation hospital rankings methodology, and we have been pleased to see a number of our recommended measures and weightings incorporated into the current methodology.

As U.S. News enters the third year of using a rankings methodology that utilizes objective datasets, AMRPA believes that the transitional years have helped identify those measures that are critical components of a hospital's rankings and those measures that could be given a reduced weighting or retired entirely. We applaud your team for recognizing that the methodology will benefit from continued refinement given the significant shift from the previously expert opinion-focused formula, as well as the changes in care delivery since the beginning of the COVID-19 public health emergency. Our key recommendations follow:

- We encourage USNWR to reduce its expert opinion-focused weight and, in the spirit of making the rankings based on more objective data, look to incorporate new quality

Anthony Cuzzola · Chairman, AMRPA Board of Directors

Vice President, JFK Rehab Institute, Hackensack Meridian Health System
529 14th Street NW, Suite 1280, Washington, DC 20045 · Phone: 202-591-2469 · Fax: 202-591-2445

measures or accord more weight to measures that provide a more quantitative assessment of the hospital's expertise and outcomes;

- We urge USNWR to add to the conditions that count towards hospitals' volume measures (e.g., non-traumatic brain injury), and allow hospitals to use all-payer data for such conditions;
- USNWR should explore ways to incorporate hospitals' case-mix index into its ranking methodology through the volume measure or in an alternative way;
- For the upcoming rankings year, USNWR must be mindful of the way that outcome measures are reported on Care Compare due to COVID-19-related reporting waivers. Moving forward, AMRPA encourages USNWR to expand the number of outcome measures and explore ways to capture these measures on an all-payer basis; and
- AMRPA recommends that USNWR increase the weight accorded to the accreditation measure, and decrease the weight accorded to the vaccination measure.

We provide a more detailed overview of our recommendations below. AMRPA hopes these recommendations and implementation-focused suggestions will be helpful to your team as you look to finalize the methodology for next year and future rankings years:

Expert Opinion

AMRPA has long supported USNWR's efforts to incorporate more objective and hospital-reported data into its methodology and move away from its approach of basing a hospital's score fully on its reputational measure. We also appreciated USNWR's responsiveness to past AMRPA recommendations regarding the need for a gradual transition away from the 100% expert opinion weight in order to ensure that the new objective measures and weights did not produce skewed or unintended consequences. For those reasons, AMRPA supported USNWR's decision to weight expert opinion at 50% of a hospital's score during the early methodology transition period.

With the 2023/2024 rankings year representing USNWR's third year of using objective data from multiple sources to rank inpatient rehabilitation hospitals, AMRPA now encourages USNWR to further reduce the weight accorded to expert opinion. AMRPA continues to have concerns that USNWR's approach to capturing expert opinion may favor certain providers, such as those in large markets or those with well-established residency programs. Furthermore, reducing the expert opinion weight for inpatient rehabilitation providers would bring our ranking methodology more in line with other similar providers, such as cardiology and neurology. If USNWR opts to pursue a lower expert opinion weight, it can either incorporate new measures (e.g., new forms of accreditation) or accord more weight to measures that provide a more quantitative assessment of the hospital's expertise and outcomes (e.g., a more comprehensive volume measure) – both of which we discuss below.

Relatedly, as USNWR considers changes to the expert opinion weight, we also urge USNWR to consider changes to the way in which it collects this data. AMRPA members have raised concerns about the lack of transparency regarding how many physicians participate and the hospitals with which they are affiliated. AMRPA would also like to repeat our past recommendation that USNWR work with AMRPA and other stakeholders to increase the

number of responsive physician surveyors (for example, initiating a new type of collaborative surveying effort between U.S. News and the American Academy of Physical Medicine and Rehabilitation (AAPM&R)).

Patient Volume & Case Mix Index

AMRPA continues to support volume as an important component of USNWR’s ranking methodology. We particularly appreciate USNWR’s partnership with both AMRPA and eRehabData® as part of the effort to capture all-payer data for certain conditions. As AMRPA has discussed with USNWR in the past, we believe that all-payer data sharing provides a more comprehensive assessment of a hospital’s experience and expertise in treating certain conditions, especially those conditions with considerable rates of non-Medicare patients (e.g., traumatic brain injury).

Based on the value of the volume measure and the success of our all-payer data-sharing for the currently covered volume conditions (stroke, traumatic brain injury (TBI), and traumatic spinal cord injury (TSCI)), we urge USNWR to both (1) add conditions to the volume measure and (2) allow hospitals to report these new conditions on an all-payer basis. We think that these expansions will allow a greater variety of patients (across both conditions and age) to more fully assess hospitals’ expertise for their treatment needs, which aligns with one of the core goals of the USNWR rankings. We specifically urge USNWR to consider adding non-traumatic brain injury, non-traumatic spinal cord injury, and neurological conditions in the next rankings year (corresponding to Rehabilitation Impairment Codes 03, 05, and 06, respectively). We believe such inclusion would help show the broad scope of underlying conditions for which inpatient rehabilitation delivers exceptional outcomes for patients, and we would look forward to further discussion on this issue.

Lastly, AMRPA asks USNWR to consider incorporating case-mix index (CMI) into its ranking methodology in some way. We understand that USNWR views the current volume measure as capturing patient acuity for rankings purposes, and we also recognize that capturing CMI would create new complications (for example, potentially requiring USNWR to collect patient-level data). However, AMRPA believes case-mix index would provide distinct and helpful information regarding the typical patient acuity treated by hospitals on a condition-specific basis. For example, while most IRFs may treat a certain number of TBI patients in the course of the year, only certain IRFs handle the most complex TBI patients – all of which would be helpful for TBI patients and caregivers to reference vis-à-vis the USNWR rankings dashboard.

All-Payer Outcomes Data

Currently, U.S. News captures a hospital’s outcomes score through three measures currently available on CMS’ IRF Care Compare – potentially avoidable 30-day hospital readmission after IRF discharge, potentially avoidable readmission during rehabilitation care, and successful discharge to home and community. As USNWR may be aware, the COVID-19 pandemic forced CMS to “freeze” Care Compare for an extended period of time (due to data reporting-related waivers), and the measures currently displayed on the site reflect a temporary formula with truncated datasets. For these reasons, AMRPA urges USNWR to carefully review these

outcomes measures as it tabulates hospitals' scores and ensure that it provides ample time for hospitals to identify and correct any potential discrepancies caused by these data lags.

For reasons similar to the volume measure described above, we also urge U.S. News to explore ways to capture all-payer data for these outcomes measures. While CMS is planning to move to all-payer IRF-PAI reporting in FY 2026 (such that U.S. News would be able to access these measures on an all-payer basis in the coming years), it would be helpful to explore ways to capture this data in earlier rankings years. If USNWR and the IRF stakeholder community were able to configure all-payer data-sharing for outcomes measures, AMRPA would also urge USNWR to increase the weight for these measures given their relevance and importance for patients and their families.

Accreditation-Focused Measures

AMRPA strongly supports CARF International accreditation as a measure that should continue to be part of USNWR's ranking methodology, and we believe it should be given more weight as other measures (such as expert opinion and, ideally, influenza vaccination) are scaled back. Once the vaccination measures have been reduced, AMRPA would welcome the opportunity to discuss how to expand the accreditation measure, such as through the incorporation of condition-specific accreditation programs.

As a procedural matter, we urge U.S. News to capture this data from CARF International itself, rather than through an intermediary source (as U.S. News currently does through the 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 AMRPA would be willing to work with U.S. News to provide the most accurate and current information for both CARF accreditation and any specialty accreditations added to this measure.

Vaccination Measures

AMRPA reiterates our past recommendation that USNWR fully remove the influenza vaccination from its ranking methodology. We believe that the current measure receives a disproportionately high weight (5%) given that the measure does not meaningfully distinguish providers, nor does it provide patients with particularly relevant information when selecting an IRF. We believe the weight accorded to this measure would be far more appropriately assigned to the measures addressed above (such as accreditation, volume, and all-payer outcome data).

Potential Future Refinements to the Methodology

As we discussed with USNWR in October, we believe that certain structural data may be important to include in future rankings years, particularly in light of the impact of the COVID-19 public health emergency on care delivery. For example, information regarding rehabilitation-specific technologies or programs would be beneficial to provide to patients as long as such information could be reported in a reliable way. AMRPA has discussed the potential of a new IRF stakeholder survey mechanism, which could function as an alternative to the current AHA survey-focused process and serve as an important component of the USNWR rankings methodology in the future. We would welcome the opportunity to discuss these concepts with



USWNR as part of our continued partnership and shared interest in modernizing the inpatient rehabilitation hospital and unit ranking methodology.

AMRPA greatly appreciates the opportunity to provide input on U.S. News' methodology for 2023-2024, and also looks forward to serving as a resource as U.S. News contemplates further changes in future performance years. 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, at kbeller@amrpa.org.

Sincerely,

Anthony Cuzzola,
Chair, AMRPA Board of Directors
VP/Administrator – JFK Johnson Rehabilitation Institute

Rhonda M Abbott, PT, FTPTA
Senior Vice President & CEO
TIRR Memorial Hermann
Memorial Hermann Rehabilitation Network