

## **AHA Statement on Final VBP Rule**

America's hospitals have long been committed to improving the quality and safety of patient care. The AHA has been supportive of publicly reporting quality measures and the VBP program is the next step in that process. We agree with the concept of aligning payment with the delivery of high-quality patient care through a pay-for-performance system. The AHA supports the general direction of CMS' rule, but we are disappointed that our recommendations to improve the VBP program were ignored. We have serious concerns about specific components of the plan, such as the inclusion of hospital-acquired conditions in the VBP program, the weighting of the patient experiences of care survey data, and the required minimum number of patient cases to participate in the program.

The AHA strongly opposes the inclusion of HAC measures in both the VBP program and the future HAC penalties provision because of the opportunity for hospitals to be penalized twice on the same measures and we are disappointed that CMS included them in the final rule.

In addition, we remain concerned with CMS' decision to weight the patient experiences of care survey data at 30 percent of hospitals' total scores. We believe the HCAHPS methodology should be refined to ensure that no hospital is systematically biased against performing well on these measures. Until that refinement occurs, the HCAHPS measures should receive less weight.

Lastly, the AHA urged CMS to exclude from hospitals' scores any measures for which they report fewer than 25 cases, rather than 10 cases and we are disappointed that CMS did not follow our recommendation.