

Wound Care Manufacturers

June 8, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1785-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically to Regulations.gov

RE: RE: FY 2024 IPPS Proposed Rule [CMS-1785-P] - IPPS Pressure Injury Quality Measure

Dear Administrator Brooks-LaSure:

On behalf of the Coalition of Wound Care Manufacturers (“Coalition”), I am submitting comments on the FY 2024 IPPS proposed rule and specifically on the proposal within this document related to the Hospital Harm – Pressure Injury electronic clinical quality measure (eCQM). The Coalition has been on record for several years supporting this measure and are pleased that the Agency has included it in this round of rulemaking. The Coalition represents leading manufacturers of wound care products used by Medicare beneficiaries for the treatment of wounds.

Wound care is a national epidemic masked by comorbidities. Nearly 60 million people in the U.S. are living with diabetes or vascular disease, which are the leading causes of chronic wounds. Over 6.7 million patients suffer from non-healing advanced wounds, leading to unnecessary hospitalization and lower extremity amputations. Patients with chronic wounds have longer lengths of stay, unplanned readmissions, and costs to treat. In fact, a recent study shows that *chronic wounds impact nearly 20% of Medicare beneficiaries (over 11 million) and cause as much as \$35 billion in Medicare expenditures (including both fee-for-service and Medicare Advantage)*. (Nussbaum, Carter, Fife et al. "An Economic Evaluation of the Impact, Cost, and Medicare Policy Implications of Chronic Nonhealing Wounds" *Value in Health* 2017).

The Coalition supports and encourages the continued development of quality measures that assess wound care outcomes, as wound care clinicians should be required to report on measures that relate to the care that they deliver allowing CMS to effectively track and report the quality of that care. As such, we support the inclusion and adoption of the Hospital Harm - Pressure Injury eCQM.

This measure is designed to reduce pressure injury prevalence through rate transparency utilizing complete data extraction of Electronic Health Records (EHR). We believe that pressure injury rate transparency will lead hospitals to identify and implement best practice improvements, which will reduce hospital-acquired pressure injuries.

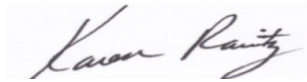
Therefore, we support the broad scope of the measure to include newly developed stage 2, stage 3, stage 4, deep tissue pressure injury, or unstageable pressure injuries that occur during hospitalization.

It is unclear whether the Agency will be posting the pressure injury rates under the new measure for each hospital for each year. The Coalition would support this type of information being posted and available. This way, hospitals can see if their performance over time has changed with the adoption of various technologies and protocols.

Conclusion

On behalf of the Coalition, we appreciate the Agency's inclusion of the Hospital Harm – Pressure Injury eCQM measure and support the inclusion and its adoption in the final rule.

Sincerely,

A handwritten signature in cursive script that reads "Karen Ravitz". The signature is written in black ink on a light-colored background.

Karen Ravitz, JD
Health Policy Advisor
Coalition of Wound Care Manufacturers 3018075296
Karen.ravitz@comcast.net