Patients For Patient Safety US

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PFPS US Comments on Select Measures on the 2025 CMS Measures Under Consideration (MUC) List

Patients for Patient Safety US appreciates the opportunity to voice our strong our support for 6 patient safety measures proposed to advance through CMS's consensus process for inclusion in its quality payment programs. On behalf of the patients we all serve, we applaud CMS's steps to develop and put forward measures that focus on known, persistent, preventable gaps in cancer, infection, and vascular diagnostic and intervention pathways, which the evidence clearly shows are leading causes of patient morbidity and mortality.

Diagnostic Safety:

- **Rate of Timely Follow-up on Abnormal Screening Mammograms for Breast Cancer Detection** (MUC2025-042)

  Rationale: This measure reports the percentage of female patients aged 40 to 75 years with at least one abnormal screening mammogram who received timely diagnostic resolution within 60 days after their abnormal screening mammogram. Breast cancer is the second most common cause of cancer deaths among women in the United States. In 2025, around 42,170 women will die from breast cancer, and an estimated 316,950 new cases of invasive breast cancer will be diagnosed. Breast cancer survival is dependent upon cancer stage at diagnosis. Approximately 99% of women diagnosed with early-stage breast cancer live for 5 years or more. However, survival is only about 32% for those diagnosed at the most advanced stage. CMS is considering adding this measure as a new measure to the clinician payment program for future performance years. Currently, it does not have any related measures that examine timely follow-up for abnormal screening mammograms. This measure fills an important gap.

- **Rate of Timely Follow-up on Positive Stool-based Tests for Colorectal Cancer Detection** (MUC2025-043)

  Rationale: This measure reports the percentage of patients aged 45 to 75 years with at least one positive stool-based colorectal cancer screening test who completed a colonoscopy within 180 days after their positive stool-based test result date. Colorectal cancer is the second leading cause of cancer mortality in the United States for men and women combined. In 2025, around 107,320 patients will be diagnosed with colorectal cancer, and 53,010 are expected to die from it. Early detection and removal of colorectal polyps and early-stage cancers prevent disease progression and improve the odds of survival. CMS is considering adding this measure to the clinician quality measure set as a new measure for future performance years. Currently, there are no related measures that examine timely follow-up for positive stool-based colorectal screening tests; therefore, this measure fills a gap.

Sepsis:

- **Adult Community-Onset (CO) Sepsis Standardized Mortality Ratio** (MUC2025-045)

  Rationale: This measure would provide facilities with a nationally benchmarked metric of community-onset sepsis mortality outcomes, which can be used to measure their progress to improving the care of patients with sepsis. Sepsis is a leading cause of death in hospitals. Each year, according to the Centers

for Disease Control and Prevention (CDC), at least 1.7 million adults in the U.S. develop sepsis, and at least 350,000 die as a result. Accurate tracking of sepsis incidence and outcomes is challenging due to the lack of a definitive diagnostic test and wide variation in diagnosis and coding practices. A measure assessing the community-onset sepsis standardized mortality ratio is essential for producing timely, consistent, and clinically meaningful comparisons across hospitals.

- **Hospital Sepsis Program Core Elements Score** (MUC2025-047)

  Rationale: This measure will assess uptake of evidence-based sepsis program best practices described in the CDC Hospital Sepsis Program Core Elements and will provide guidance to acute care hospitals for monitoring and optimizing hospital management and outcomes of sepsis, leading to improved patient outcomes. Sepsis is a major contributor to hospital mortality and long-term disability, with over 1.7 million hospitalizations annually in the U.S. and 350,000 resulting in death or hospice discharge. Effective hospital sepsis programs require strong leadership, multidisciplinary collaboration, and dedicated resources, including sepsis coordinators and structured protocols for early recognition and treatment. Programs benefit from standardized screening tools, care pathways, rapid response teams, and "Code Sepsis" protocols, all aimed at improving timely intervention and reducing mortality. Education for health care staff, patients, and caregivers is essential, especially given the high risk of post-sepsis complications and rehospitalization. Feedback from patients on the technical expert panel (TEP) for this measure indicated the strong importance of this measure target to patients. This measure will track which hospitals attest to having these best practices in place.

- **Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Sepsis Hospitalization** (MUC2025-055)

  Rationale: Sepsis is a leading cause of death in hospitals. Each year, according to the Centers for Disease Control and Prevention (CDC), at least 1.7 million adults in the U.S. develop sepsis, and at least 350,000 die as a result. It is also one of the main reasons for hospital readmissions in the U.S. This measure will support hospital efforts to further optimize quality of care for patients with sepsis, particularly the quality of transitional care, by providing a comprehensive assessment of post-discharge events. The measure will also provide detailed information about post discharge readmission rates. The measure will incentivize improved transitions of care, including easy-to-understand discharge summaries and discharge instructions, medication reconciliation, and coordinated post-discharge care.

Venous Thromboembolism:

- **Hospital Harm - Postoperative Venous Thromboembolism** (MUC2025-067)

  Rationale: This measure assesses the proportion of patients age 18 and older, who have a surgical procedure performed inside the operating room and who suffer the harm of a postoperative venous thromboembolism (VTE) during or within 30 days after the procedure. During 2019, 2021, and 2022, patients in the United States experienced 51,586 perioperative VTEs. This volume of detected, preventable safety events illustrates that there are continued opportunities to reduce the rate of postoperative VTEs. Implementing this measure into CMS programs will incentivize hospitals to take steps to prevent VTEs and improve patient outcomes. Hospitals can take well-established, evidence-based strategies to reduce the incidence of this outcome.