

25 Broadway, 4th Floor
New York, NY 10004
Phone: 212.315.8600 Fax: 212.315.6498
thoracic.org

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*ATS 2026
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January 5, 2026

Dear Centers for Medicare & Medicaid Measures Under
Consideration (MUC) Staff:

The American Thoracic Society (ATS) formally submits comments below in response to the call for public comments for 2025 MUC Measure **#039 Excess Days in Acute Care after Hospitalization for Pneumonia** (EDAC). Comments were sourced from ATS members who are clinical practice guideline authors and quality experts in pneumonia:

Overall impression: High clinical importance but concerns with measure specifications

Rationale:

1. Defining pneumonia only by ICD-10 coding is unacceptable. eCQM does not verify diagnosis of pneumonia, which could lead to poor diagnostic quality and mis-application of the measure to the wrong target population. Chart review-based quality measures in pneumonia required review of the chest image. The automated extraction of chest imaging to confirm evidence of pneumonia is feasible to implement and not difficult to ascertain by electronic methods. Failure to hold eCQM to the same standards as the chart review-based measure could lead to multiple unintended consequences including encouraging over-diagnosis of pneumonia, punishing hospitals with higher diagnostic accuracy, and clinical mistrust in eQMs.
2. Unclear how this measure will align with other new proposed pneumonia measures (016 and 019) since they have different exclusion criteria.
3. The relationship between hospital processes of care and reduction of 30-day re-admission is uncertain. However, encouraging hospitals to have robust post-hospital care programs is clinically important.

Sincerely,



Kathryn A. Artis, MD MPH

Committee Chair, Quality Improvement and Implementation
American Thoracic Society



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thoracic.org