



March 27, 2015

The Honorable Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445—G
Hubert H. Humphrey Building,
200 Independence Avenue SW
Washington, DC 20201
E-mail address: PACQualityInitiatives@cms.hhs.gov

**RE: Improving Medicare Post-Acute Care Transformation (IMPACT) Act
of 2014 Implementation Comments**

Dear Acting Administrator Slavitt:

I am writing on behalf of the Alliance for Home Health Quality and Innovation (the “Alliance”) in response to the Centers for Medicare and Medicaid Services (“CMS”) request for comments in conjunction with the CMS Listening Session on implementation of the Improving Medicare Post-Acute Care Transformation Act of 2014 (the “IMPACT Act”). Thank you for the opportunity to provide comments on the IMPACT Act.

About the Alliance for Home Health Quality and Innovation

The Alliance is a non-profit 501(c)(3) organization with the mission to lead and support research and education on the value of home health care to patients and the U.S. health care system. Working with researchers, key experts and thought leaders, and providers across the spectrum of care, we strive to foster solutions that will improve health care in America. The Alliance is a membership-based organization comprised of not-for-profit and proprietary home health care providers and other organizations dedicated to improving patient care and the nation’s healthcare system. For more information about our organization, please visit: <http://ahhqi.org/>.

We appreciate the opportunity to provide comments on IMPACT Act implementation, and offer recommendations and considerations to CMS on: (1) key elements of quality reporting; (2) meaningful measures in IMPACT Act domains; (3) application of home health measures across settings; (4) processes of care; (5) other concerns and considerations.

1. The Alliance supports the domains outlined in the Act, and believe the following should be among the key elements of quality reporting in the context of the IMPACT Act.

At the core of quality reporting is the selection of the measures to be used. The measures used should be evidence-based, tested, and validated in each post-acute care setting and used for at least one year, enabling providers to track their own performance, before public reporting to ensure that they are truly indicative of efficient and effective care.

Measures that are used in the context of IMPACT Act implementation should be endorsed by the National Quality Forum (“NQF”) and appropriately risk adjusted. The data from which the quality measure is drawn should be efficiently gathered in a least burdensome manner, and appropriately integrated into standardized assessment and measure sets in each setting.

Home health is the only post-acute care setting that is community-based, rather than facility-based. Home health providers, consistent with the limitations of the benefit, provide intermittent skilled care. Measures will need to be appropriately tailored to reflect the differences between home health and the facility-based settings.

As it relates to *post-acute* care, the Alliance recommends alignment of the existing quality reporting program with the IMPACT Act domains. However, given that there are also community admissions to home health care, which are not post-acute, additional domains (beyond those specified in the IMPACT Act) may also be appropriate.

CMS should prioritize measures that will tell us: (1) whether quality has been delivered in any given initial PAC setting; and (2) whether the measure indicates when a patient is appropriate to move to a more efficient setting, consistent with the patient’s preferences. In addition, the outcome measures that are used in home health compare today are focused on improvement. Given the awareness of the use of skilled home health to stabilize a patient’s condition in the wake of the *Jimmo* settlement, the Alliance recommends that a key element of quality reporting be measures of stabilization of the patient’s condition. To the extent that rehabilitation services were provided in a preceding setting or facility, stabilization is often what is expected, rather than improvement. The optimal outcome for many such patients is to not have decline. In addition, the measures and the resulting data should be collected for traditional Medicare patients only.

Furthermore, performance against the quality measures should be communicated in a manner that is meaningful and appropriate to the audience(s), and considered carefully given the nature of the measure. In anticipation of the same measure being used and reported across settings, and that this information may appear in a different fashion than what we have today (today's reporting is in setting specific reports), CMS should provide guidance to providers and the public to explain how to interpret the data in order to avoid confusion.

2. Home health has measures in many of the domains enumerated by the Act.

As it relates to the domains specified in the IMPACT Act, there are home health outcome measures relating to function, wound improvement, and acute care hospitalization ("ACH"). There is also a process measure for medication reconciliation. The 30-day readmissions from home health measure is meaningful, though we continue to be concerned about the need for appropriate risk adjustment that takes into consideration socio-economic considerations. Because the measures for both ACH and 30-day readmissions from home health are useful and meaningful measures, the Alliance recommends retaining both.

As IMPACT Act implementation is aimed at development of cross setting measures and development of standardized assessment and measurement across setting, new measures will be developed over time. The Alliance urges CMS to use the NQF process to ensure true consensus (and appropriate testing and validation) of new measures, and to use the measures at least one year prior to public reporting of the measures.

The Alliance notes that the measures relating to patient care, which are process measures that align with the domains in the IMPACT Act, have average and median scores that are in the 90's. While such high scores reflect that providers are conducting patient care in a manner very consistent with the measures, the question is whether these measures are "topped out" and still meaningful. CMS and the home health community should collaboratively determine which of these measures should continue to be used or whether different measures might be more meaningful to patients, payers and the public in assessing whether quality care is being delivered. For example, timely initiation of care continues to be an important measure that the vast majority would agree is an important factor related to quality care. Notwithstanding, this measure and others should be evaluated comprehensively.

3. There are several home health measures that may be appropriate across settings.

Consistent with the comments in section two (above), a standardized functional status measure, that includes ADLs and reports stabilization, and standardized pressure ulcer and wound measures should be used across settings.

Readmission measures should also be standardized across settings. As noted, appropriate risk adjustment, including adjustment to account for socio-economic status, is critical for such measures. In addition to readmissions, CMS should consider emergency department utilization as an important measure, provided that observation stays are appropriately addressed.

Furthermore, CMS should consider standardized use of depression, anxiety and dementia scales across settings. In addition, CMS should consider measures for all settings that not only measure discharge to community, but also steps taken to enable patients to stay in the community, consistent with the patient's preferences.

Finally, a cross-setting standardized falls measure should be considered. The challenge today is that processes related to falls for facilities and the home are different. Because home health is community-based (rather than facility-based) and provides intermittent skilled care, there are issues with documenting falls accurately.

4. CMS should prioritize care transitions interventions as key processes of care.

Alliance members have developed care transitions programs, and have identified evidence-based practices, that have been effective at reducing readmissions from home health. It would be useful to convene a technical expert panel to identify which processes of care have been emerging as being related to improved health outcomes. This could be one way to identify possible measures in the future.

5. Other Considerations for IMPACT Act Implementation

The Alliance recognizes that the deadlines prescribed in the IMPACT Act are putting pressure on CMS to act quickly with regard to implementation. However, the Alliance urges CMS to work through the NQF consensus-based endorsement process prior to selecting any measures for implementation.

Addressing concerns expressed by the provider communities affected by the measures (and the related assessment data elements) is critical in implementation of the Act. Given the importance of the IMPACT Act for the future of post-acute care, the Alliance recommends that CMS use a collaborative approach to implementation of the

IMPACT Act to enable meaningful exchange of information between the provider community and CMS. The Alliance strongly recommends the development of a clear plan for implementation (with specific steps and a timeline) that CMS develops with the health care community's input. Given that there will be changes to the assessments in the various PAC settings, such changes should be built into the timeline/plan. To the extent that some measures may be eliminated over time, this too should be explained in the plan.

Furthermore, because existing assessment data elements are used to set payment rates, the Alliance is concerned about how CMS will introduce new data elements that may replace existing ones, and how payment rates may be affected. The Act is unspecific about how CMS will address such situations. The Alliance recommends that CMS provide clarity on how it will address these issues.

For some of the domains enumerated in the Act, there may not be a measure or assessment data that applies to home health (or other post-acute care provider). Consistent with the IMPACT Act, any measure used should first be NQF endorsed. Because a measure may be endorsed by NQF despite concerns raised by the providers to whom the measures would apply, a process should be used to enable individual providers to track their own performance against the measure for at least one year before making the data public. This would also enable CMS more time to test and validate the measure beforehand.

The Alliance greatly appreciated the opportunity to participate in the CMS listening session on IMPACT Act implementation. We also recommend holding a CMS town hall meeting (or a series of forums and town hall meetings) to enable each individual home health and post-acute care provider an opportunity to provide input to CMS on IMPACT Act implementation.

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The Alliance greatly appreciates the opportunity to comment on IMPACT Act implementation. Should you have any questions about the Alliance's comments, please contact me at (202) 239-3671 or tlee@ahhqi.org.

Sincerely,

/s/

Teresa L. Lee, JD, MPH
Executive Director