



November 16, 2015

Sent via E-mail to PPR@rti.org

RE: Potentially Preventable Readmission Measures for Post-Acute Care

To whom it may concern:

The Alliance for Home Health Quality and Innovation (the “Alliance”) appreciates the opportunity to comment on the measure specifications for the potentially preventable readmission measures for post-acute care.

By way of background, 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/>.

The Alliance supports the development of measures to support the delivery of high quality care to patients and appreciates the interest in measures of utilization that are a proxy or marker of quality in health care delivery. Of the measure specifications shared by CMS and its contractors on potentially preventable readmissions, the measure specifications for potentially preventable readmissions within 30 days of home health care discharge are of particular interest to the Alliance. In this letter, the Alliance focuses the following comments and concerns on this measure.

First, the specifications appear to still be in development as testing is still going to be done and factors are being considered for critical components of the measure, such as risk adjustment. The Alliance appreciates the opportunity to review the specifications at this developmental stage. The Alliance recommends that there be an additional opportunity for comment once the specifications are in a form that is closer to final.

Second, the Alliance supports the limitation of the measure to traditional Medicare fee-for-service only. This scope is consistent with the IMPACT Act, and the Alliance appreciates this aspect of the measure as it will enable greater clarity on the population to focus on to achieve improvement.

Third, the measure specifications acknowledge that the evidence specific to post-acute care potentially preventable readmissions is limited (see p. 5 of the measure specifications document). The diagnosis codes identified as potentially preventable are based on the ambulatory care sensitive conditions that the Agency for Healthcare Research and Quality (AHRQ) has developed. AHRQ's list identifies conditions for which hospitalizations should be preventable if such conditions are well managed in ambulatory care settings. However, the list is not specifically targeted at conditions for which readmissions should be preventable. In other words, it is not clear whether after a hospitalization such conditions are ones for which readmissions should be considered preventable. Hospitalization significantly changes the condition of a patient and may in itself make the patient more likely to experience health risks that make the patient more likely to be readmitted. We are concerned that there is little evidence regarding the ability to prevent a subsequent post-acute care readmission for the ambulatory care sensitive conditions that are the basis of the list of diagnosis codes in the measure specifications.

The Alliance recommends close analysis of the evidence base for this measure, and that modifications be made accordingly. Further, as explained in the comments submitted by the Visiting Nurse Associations of America (VNAA) on these measure specifications, there are unique clinical and practical considerations that should be used to modify the scope of what is considered potentially preventable. Consistent with VNAA's comments, the Alliance also recommends removing adverse drug events from the list of diagnoses that are potentially preventable. In this year's home health prospective payment system (for 2016) final rule, CMS did not include a measure involving adverse drug events because it was not appropriate for use in home health value based purchasing. Likewise, this should be removed from this measure's list of conditions considered potentially preventable thirty days post-discharge.

Fourth, patients that have used other post-acute care settings before using home health care tend to have higher severity and are more likely to be at risk for readmission. The measure as described in the specifications would not distinguish among patients that have been to only one post-acute care setting (home health) or three or more different post-acute care settings. The Alliance recommends considering this factor in the risk adjustment for the measure.

Fifth, the measure specifications are based on three years of claims data and use ICD-9 codes, even though as of October 1, 2015, the standardized code set to be used is ICD-10. Because the specificity of these two code sets is significantly different, the Alliance strongly recommends that CMS or the contractor provide cross-walks to the ICD-10 codes to be considered potentially preventable. Without this cross-walk, it is difficult to understand and predict the scope of the measure.

Sixth, risk adjustment for socio-demographic status is discussed and the measure developer mentions that dual eligibility status and race are anticipated as the factors for which to risk adjust. The Alliance recommends that income also be included. If there are challenges with obtaining patient level data on income, one possible approach for CMS and the measure developer to consider is to risk adjust by the average income level by zip code.

Finally, if finalized, the potentially preventable readmission measure will be the third measure for home health care that involves readmissions. There is already a measure for acute care hospitalization (during the 60-day home health episode), as well as a measure for readmissions from home health care within 30 days of discharge from the acute care hospital. There is overlap among these multiple measures that each capture readmissions. The Alliance recommends that CMS provide context for how it anticipates using or applying each measure. Increasingly, there are different applications for measures and it is unclear as yet how CMS plans to use each one.

Thank you for the opportunity to comment. Should you have any questions or comments, please contact me at tlee@ahhqj.org or 202-239-3671.

Sincerely,



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Executive Director