American Academy of Physical Medicine and Rehabilitation

aaPM&R

9700 W. Bryn Mawr Ave., Suite 200
Rosemont, Illinois 60018
www.aapmr.org

phone 847/737.6000
fax 847/754.4368
info@aapmr.org

December 13, 2016

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–1645–P
Mail Stop C4–26–05
7500 Security Boulevard
Baltimore, MD 21244–1850

Project Title: **Quality measures to satisfy the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) domain of: Transfer of Health Information and Care Preferences When an Individual Transitions.**

Contract names **are Development and Maintenance of Symptom Management Measures (contract number HHSM-500-2013-13015I; Task Order HHSM-500-T0001) and Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance Project (contract number HHSM -500-2013-13001I, Task Order HHSM-500T0002)**

Dear Mr. Slavitt:

The American Academy of Physical Medicine and Rehabilitation (AAMP&R), the society that represents more than 9,000 physiatrists, appreciates the opportunity to submit comments on the draft specifications for the functional status quality measures for skilled nursing facilities. Physical medicine and rehabilitation (PM&R) physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability, and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.

AAPM&R appreciates that CMS is seeking input on the development of cross-setting quality measures for use in post-acute care settings such as Skilled Nursing Facilities, Inpatient Rehabilitation Facilities, Long-Term Care Hospitals, and Home Health Agencies. We recognize our comment letter was submitted past the deadline but

want to offer some comments and recommendations for your consideration. Our comments below recognize that the purpose of this project is to develop, maintain, re-evaluate, and implement measures reflective of quality care for PAC settings to support CMS quality missions, including the Long-Term Care Hospital Quality Reporting Program (LTCH QRP), the Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP), the Nursing Home (NH)/Skilled Nursing Facility Quality Reporting Program (SNF QRP), and the Home Health Quality Reporting Program (HH QRP) and will address the domains required by the IMPACT Act, which mandates specification of cross-setting quality, resource use, and other measures for post-acute care providers.

In general, AAPM&R believes the 11 measure specifications listed in the 'Areas of Focus' which collect data on the types of information received or provided at patient/resident transitions between healthcare providers is a relatively good list. We do, however, want to provide some comments and suggestions for your consideration as you evaluate quality measures to satisfy the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) domain of: Transfer of Health Information and Care Preferences When an Individual Transitions.

Areas of Focus – Comments

1. **Completeness of the list for the transfer of information between providers during transitions.**

   The list of 11 items identifies important elements necessary for smooth transitions of care.

   a. ***An additional category*** *should be psychosocial information that is relevant to the goals of the admissions.*

   b. *We do not see any elements that could be eliminated, but believe that there should be formats designed to make aggregating all of this information from charts easier than it would be at present.*

2. **Examples of the specific types of information and items to be collected within each of the types under information items.**

   a. ***Function***
      i. *The functional information should include both activities of daily living and mobility items.*

1. *For both the information should include caregiver requirements.*

2. *A triage approach would be helpful to avoid collecting information not necessary for those with minimal problems.*
3. *However, the transfer information should include some quantification of degree of functional loss in those with significant problems.*

4. *It is important to include whether ambulation is by wheelchair or walking.*

b. Medication

i. Preadmission medications and dosages should be at all transitions, but most importantly in the one of discharge to the community.

ii. Medications and dosages in the setting prior to the transition should be available to the next setting.

c. Patient preferences

i. Patient and family preferences for treatment facilities and level of post discharge care should be available at each level of care.

3. Suitability of the list (used also in Question 5) for gathering data about important information provided to the patient/family/caregiver at discharge or transfer.

a. *The items are suitable for both transfer and discharge. We have no additional suggestions for additions or subtractions*.

4. Admission and Discharge measure exclusions

a. Information related to function would be less important if the transfer was back to acute care because of a medical emergency.

b. Otherwise, we cannot think of admission or discharge circumstances where the information items could be excluded.

5. **If the draft measure specifications capture the common routes of information transmission and are these routes clearly stated in a way that is understandable to providers in all PAC settings.**

    a. *Not all settings have experience in collecting all of this information. There will need to be training and procedural manuals to help facilities collect this information.*

6. **Feasibility of data collection for these items.**

    a. *Not all settings have experience in collecting all of this information. There will need to be training and procedural manuals to help facilities collect this information.*

    b. *Even in facilities that already collect most of this information will have a challenge in aggregating from the various parts of their charts.*
        i. *Methods perhaps related to the electronic health record may need to be developed to make the data burden reasonable.*

7. **Potential impact and any unintended consequences of the measures.**

    a. *Positive impact on patient care through routinely having necessary information to provide thorough care of patients.*

    b. *Negative impact of increased staff time to collect information in a comprehensive report.*

    c. *Negative impact of possible delays in discharge pending aggregation of all of the necessary information.*

AAPM&R also wants to take this opportunity to highlight the effect of physiatrist leadership across post-acute care settings has on patient outcomes. AAPM&R strongly believes that physiatrists are optimally suited by way of the unique combination of medical and functional knowledge and expertise to achieve the highest functional outcome for patients at the least financial cost to our society across post-acute care settings.

We appreciate the opportunity to comment on the project *'Quality measures to satisfy the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) domain of: Transfer of Health Information and Care Preferences When an*

Individual Transitions'. The AAPM&R looks forward to continuing dialogue with CMS on these important issues. If you have any questions about our comments, please contact Paul C. Smedberg, Director of Government Affairs & Advocacy at PSmedberg@aapmr.org or at (202)-420-5907.

Sincerely,

Jennifer Zumsteg, M.D.
Chair, Health Policy & Legislation Committee
American Academy of Physical Medicine and Rehabilitation