AHPA
ADVENTIST HEALTH
POLICY ASSOCIATION

June 23, 2017

VIA ELECTRONIC MAIL
impactpubliccomment@rand.org

RAND Corporation
20 Park Plaza, 9th Floor, Suite 920
Boston, MA 02116.
Attention: Noreen Khan

Re: Development and Maintenance of Post-Acute Care Cross-Setting Standardized Assessment Data RAND IMPACT

To Whom It May Concern:

On behalf of the Adventist Health Policy Association (AHPA), we appreciate the opportunity to comment on the Development and Maintenance of Post-Acute Care (PAC) Cross-Setting Standardized Assessment Data. Our organization represents the perspective of five Seventh-day Adventist health systems that include 83 hospitals and more than 300 other health facilities in 17 states and the District of Columbia.

AHPA operates in a variety of settings, ranging from rural Appalachia to urban teaching hospitals. We believe this broad perspective enables us to provide both reality-based and sound policy input. Our comments below are divided into two sections: general comments about standardizing assessment data across PAC settings and specific comments on the elements below.

- Cognitive Function and Mental Status
- Medical Conditions: Continence
- Medical Conditions: Pain
- Medication Reconciliation
- Care Preferences
- Fatigue
- Ability to Participate in Certain Social Roles and Activities
- Global Health

General Comments

The *Improving Medicare Post-Acute Care Transformation* (IMPACT) *Act* requires the reporting and development of standardized assessment-based data. The IMPACT Act also requires that quality measures and resource use be interoperable and allow for the exchange of data among PAC providers. The Development and Maintenance of Post-Acute Care Cross-Setting Standardized Assessment Data seeks feedback on data elements that meet these requirements of the IMPACT Act.

We commend CMS' intent to create clinically relevant data elements that improve care coordination among providers and improve quality of care. While we support CMS standardizing data collection across the PAC settings, we have some general concerns regarding the proposed data elements.

Administrative Burden
We are concerned that some of the proposed elements will increase the administrative burden among providers. The data elements currently in use are already extensive. Adding new data elements, without

removing both the preexisting and similar ones, would lead to increased confusion among both clinicians and patients/residents. We also believe that CMS should try to narrow down some of the questions in the proposed data elements so that assessments can be completed in a single patient visit.

Feasibility
AHPA believes that some data elements will not accurately measure a patient's needs under specific PAC settings. For example, the data element measuring "Pain Interference-Therapy Activities" requires providers to ask patients if they have been offered physical, occupational or speech therapy in the past three days. In an Inpatient Rehabilitation Facility (IRF) setting, this question would be redundant since a patient's purpose at an IRF is to receive physical and occupational therapy. Instead, we recommend that CMS adopt uniform data elements that more accurately measure quality of care across the entire health care continuum.

Data Elements on Activities of Daily Living
AHPA recommends that CMS adopt data elements to assess a patient's ability to partake in activities of daily living. For instance, these data elements could measure a patient's ability to care for themselves, including their ability to: dress, eat and move from seating to standing positions. This information would be useful for providers tracking the progress of patients throughout different PAC settings.

Look-Back Periods
When adopting new data elements, AHPA recommends that CMS strive to adopt a single look-back period among all PAC providers to reduce confusion in different PAC settings.

Data Elements by Category

Cognitive Function and Mental Status
CMS states that patients in PAC settings are at risk for cognitive impairment and depression. CMS describes Cognitive Impairment to include depression, traumatic brain injury and stroke as sample conditions. CMS seeks comment on this data element.

Potential for Improve Quality
Moderate. We are concerned that the responses of patients will vary depending on the circumstances of the assessment. In certain PAC settings, patients may be unable to answer questions because of their cognitive state.

Validity
Moderate. Under some circumstances, this may be a moderately valid form of assessment within certain PAC settings. However, this data element would be inappropriate for patients experiencing cognitive impairment. For example, patients with Alzheimer's disease or dementia may be unable to complete the assessment. Medically complex patients in Long Term Care (LTCs) hospitals may also have difficulty answering questions since some may be on ventilators or have tracheostomies. Therefore, we believe there needs to be an option for a patient not to answer the assessment depending on his or her level of impairment. Moreover, we also seek clarification on who would be administering the assessment.

Feasibility for Use in PAC
Moderate.

Utility for describing case mix
Low.

DOTPA CARE Data Elements
The DOTPA Continuity Assessment Record and Evaluation (CARE) tool data elements assess cognitive function in all patients/residents to allow for a broad assessment over time of multiple cognitive components.

Potential for Improving Quality
High.

Validity
Low. These data elements use a "how often" approach in which a clinician conducts interviews and observes the patient/resident to determine how often he or she can conduct certain activities. We believe that this approach has limited validity because clinicians would have to record responses based on what the patient recalls, which could lead to inaccuracies, particularly if the patient/resident has a cognitive impairment.

Feasibility for Use in PAC
Moderate.

Utility for describing case mix
Low. The proposed two-day look back period is too short to determine if the cognitive variance of a patient/residence is conditional versus chronic.

Complex Sentence Repetition
The data elements that comprise Complex Sentence Repetition screen for cognitive impairment. These data elements test whether a patient can perfectly repeat back to the assessor a complex sentence that was read aloud. We seek clarification on what provisions are made for someone who is hard of hearing or who refuses to answer questions.

Potential for Improve Quality
Moderate.

Validity
Low. Issues such as a provider's verbal tendencies (e.g. soft spoken, verbal accent, functional annunciation, etc.) could lead to inaccurate scores. We seek clarification on the meaning of a "complex sentence" and recommend that patients should instead have to repeat back three words to the provider, such as is currently done for Alzheimer patients. We also recommend that the assessment contain an additional option that allows a patient to refuse to answer.

Feasibility for Use in PAC
Moderate.

Utility for describing case mix
Low. These data elements do not account for patients or residents that have hearing difficulties.

Anxiety Items
These data elements assess self-reported fear, anxious misery, hyperarousal and somatic symptoms related to arousal. CMS seeks comment on this data element.

Potential for Improve Quality
Moderate.

Validity
Low. CMS should provide for cognitively impaired residents and/or non-communicative residents.

Feasibility for Use in PAC
Moderate.

Utility for describing case mix
Moderate. AHPA seeks clarification on whether providers will be responsible for creating these assessments. If so, we request additional information on what the font and size requirements of the assessments would be.

Medical Conditions: Continence
CMS states that impaired bladder and bowel continence is common among older persons in the United States. CMS seeks comment on this data element.

Potential for Improving Quality
High.

Validity
High.

Feasibility for Use in PAC
Moderate.

Utility for describing case mix
Moderate.

Medical Conditions: Pain
CMS states that pain is a highly prevalent medical condition that is frequently under-recognized, under-detected and undertreated. CMS seeks comment on this data element.

AHPA believes that the data elements related to pain are generally indicative of quality. However, we have concerns related to the feasibility and utility of the "Pain Interference- Therapy Activities," which we highlight below.

Pain Interference-Therapy Activities
The data elements that comprise Pain Interference and Therapy Activities ask patients/residents to self-report how often pain has limited their ability to participate in rehabilitation therapy. CMS seeks comment on this data element.

Potential for Improving Quality
High.

Validity
High.

Feasibility for Use in PAC
High.

Utility for describing case mix
Moderate. Under the Medicare Conditions of Participation (CoPs), IRFs are required to provide therapy. Therefore, this data element could not be applied in the IRF setting.

Medication Reconciliation
Medication Reconciliation (MR) is a process of reviewing an individual's complete and current medication list. CMS seeks comment on the use of monitoring the medications that a patient has taken in the past seven days or since admission and start of care.

AHPA believes that the data elements under MR have the potential for improving quality, are valid, feasible and have high utility. However, we recommend consolidating the information required for this data element so that it properly aligns with the Medicare CoPs.

Medication Reconciliation – Completion

Potential for Improving Quality
High.

Validity
High.

Feasibility for Use in PAC
Moderate. The feasibility of this data element is questionable in the SNF setting. The assessment would likely need to address a different timeframe. We recommend considering the time of admission to be considered less than 24 hours or at the time of admission and/or discharge. Furthermore, we seek clarification on who is to complete this assessment. We recommend that the person completing the assessment be a physician or a nurse practitioner.

Utility for describing case mix
High.

Care Preferences

CMS states that understanding a patient's care preferences and goals for care is critical to ensuring patient-centered care through the course of a PAC episode and stay. CMS seeks comment on this data element.

Potential for Improving Quality
High.

Validity
High.

Feasibility for Use in PAC
High.

Utility for describing case mix
High.

Patient Reported Outcomes Measurement Information System

The Patient Reported Outcomes Measurement Information System (PROMIS) was developed and is held by the National Institutes of Health (NIH). PROMIS incorporates four data elements related to: Sleep Disturbance, Fatigue, Ability to Participate in Social Roles and Activities and Global Health. Below we describe our concerns regarding some of these elements.

Sleep Disturbance

This data element assesses self-reported perceptions of sleep quality, sleep depth and restoration associated with sleep.

Potential for Improving Quality
High.

Validity
Moderate.

Feasibility for Use in PAC
Moderate.

Utility for describing case mix
Low. We recommend that CMS provide guidance on what methods would be utilized to evaluate the sleep of a confused or cognitive impaired resident, as well as residents with sensory deficits.

Fatigue

CMS describes Fatigue to mean mild, subjective feelings of tiredness, or overwhelming, debilitating and sustained sense of exhaustion that can decrease a patient's ability to execute daily activities and function normally. CMS divides the experience of fatigue into frequency, duration and intensity and seeks comment on this data element.

AHPA believes that measuring Fatigue has the potential for improving quality. However, we believe that these data elements are duplicative. For example, Fatigue falls under two different data elements: PROMIS and Global Health. We recommend that CMS eliminate duplications in the data elements.

Potential for Improving Quality
Moderate.

Validity
Moderate.

Feasibility for Use in PAC
Moderate.

Utility for describing case mix
Low.

Ability to Participate in Certain Social Roles and Activities
CMS measures a patient's "Ability to Participate in Social Roles and Activities" by a patient's ability to take part in professional obligations and social activities with friends and family.

Because patients in IRF settings may be sick and have limited ability to engage in social activities, we find this data element to be moderately feasible. Additionally, patients in Home Health Agencies (HHAs) are required by Medicare to be home-bound and may be unable to physically participate in social activities.

Potential for Improving Quality
Moderate.

Validity
Moderate.

Feasibility for use in PAC
Moderate.

Utility for Describing Case Mix
Moderate.

Global Health
CMS describes Global Health to mean the overall status of a respondent's physical health, pain, fatigue, mental health and social health. CMS states that Global Health data elements are predictive of important future events such as health care utilization and mortality. CMS seeks comment on this data element.

AHPA agrees that the data elements under Global Health measure quality in PAC settings. However, some of the data elements, including both Fatigue and Social Health, are duplicative. For example, Fatigue and Social Health are also assessed under the PROMIS data element.

Potential for Improving Quality
High.

Validity
High.

Feasibility for use in PAC
High.

Utility for Describing Case Mix
High.

AHPA welcomes the opportunity to further discuss any of the recommendations provided above. If you have any questions or would like additional information, please contact Julie Zaiback, Director of AHPA, at Julie.Zaiback@ahss.org.

Sincerely,

Jeff Bromme
President
Adventist Health Policy Association