



April 15, 2019

James Cowher
Division of Continuing Care Providers
Center for Clinical Standards and Quality
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Home Health Conditions of Participation Interpretive Guidelines

Dear Acting Deputy Director Cowher:

On behalf of the American Physical Therapy Association (APTA), representing more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, and the Home Health Section, a specialty component of the APTA, serving physical therapists, physical therapist assistants, and physical therapy students who either specialize or have an interest in the practice of physical therapy in the home health setting, we are pleased to offer the Centers for Medicare and Medicaid Services (CMS) with feedback on the Home Health Conditions of Participation Interpretive Guidelines (Guidelines).

APTA and the Home Health Section appreciate CMS's efforts to develop guidelines that promote collaboration among home health care professionals. However, we respectfully request that CMS revise the Guideline for 42 CFR 484.55(c)(5). The Guidelines must accurately reflect each professional's scope of practice, including physical therapists. Accordingly, we recommend that CMS eliminate the following sentence from this condition's guideline, which reads: "In rehabilitation therapy only cases, the patient's therapist must submit a list of patient medications, which the therapist must collect during the comprehensive assessment, to an HHA nurse for review. The HHA should contact the physician if indicated."

Please find our more detailed comments below.

Condition of Participation: Comprehensive Assessment of Patients [42 CFR 484.55(c)(5)]

APTA and the Home Health Section have serious concerns that requiring a therapist to submit a list of medications to an HHA nurse for review may negatively impact the safety of patients, as such actions will potentially delay the drug regimen review, inadvertently placing the patient at an increased risk of potential side-effects due to adverse events. Polypharmacy, which is commonly defined as taking five or more drugs, increases the risk of drug interactions, adverse drug events, nonadherence, and reduced functional capacity.¹ Drug interactions and adverse drug events (ADEs) have been shown to be one of

¹ Maher RL, Hanlon J, Hajjar E. Clinical consequences of polypharmacy in elderly. *Expert Opin Drug Saf* 2014;13(1):1– 11.



the most common types of adverse events after hospital discharge.² Physical therapy is often provided following hospital discharge across post-acute care settings, outpatient-based services, and in many instances, serving as the first provider following hospital discharge. Ensuring safe care transitions includes performing a drug regimen review and medication reconciliation, instructing patients and caregivers in self-care methods, and facilitating communication with physicians. A primary concern is non-adherence with medications in older adults, which has been associated with polypharmacy and complicated medication regimens.³ When patients are taking four or more medications, the rate of non-adherence is 35%.⁴ Medication non-adherence is associated with potential disease progression, treatment failure, hospitalization, and adverse drug events, all of which could be life-threatening.

Physical therapists performing medication management in accordance with their state practice act is a critical element of a physical therapist's patient evaluation. It is imperative that the physical therapist is aware of the risk of potential adverse events that may occur due to current, changed, and/or new medications. Addressing medications in a drug regimen review and medication reconciliation should be an integral part of practice to help ensure appropriate patient care is delivered and optimal clinical outcomes are obtained.

APTA has previously issued a statement on the role of physical therapists in medication management as related to homecare. As stated by APTA, "It is within the scope of the physical therapist to perform a patient screen in which medication issues are assessed even if the physical therapist does not perform the specific care needed to address the medication issue. The physical therapist is competent and qualified to serve as case manager and facilitate coordination of care with physicians and nurses."⁵ This position has been adopted by CMS, as reflected in the OASIS-D Guidance Manual, which outlines the concept that while one clinician must take responsibility for the comprehensive assessment, collaboration with other health care personnel is appropriate. The CMS OASIS Q&A (August 2017) "Expansion of the One Clinician Convention" further supports this position.⁶

² Agency for Healthcare Research and Quality. Readmission and adverse events after discharge. Accessed 10/10/2017 @ <https://psnet.ahrq.gov/primers/primer/11/adverse-events-after-hospital-discharge>

³ Hajjar ER, Cafiero AC, Hanlon JT. Polypharmacy in elderly patients. *Am J Geriatr Pharmacother.* 2007;5:345–51; Vik SA, Maxwell CJ, Hogan DB. Measurement, correlates, and health outcomes of medication adherence among seniors. *Ann. Pharmacother.* 2004;38:303–12; Lee VW, Pang KK, Hui KC, et al. Medication adherence: is it a hidden drug-related problem in hidden elderly? *Geriatr Gerontol Int.* 2013; Colley CA, Lucas LM. Polypharmacy: the cure becomes the disease. *J Gen Int Med.* 1993;8:278–83; Salazar JA, Poon I, Nair M. Clinical consequences of polypharmacy in the elderly: expect the unexpected, think the unthinkable. *Expert Opin Drug Saf.* 2007;6:695–704.

⁴ Rollason V, Vogt N. Reduction of polypharmacy in the elderly: a systematic review of the role of the pharmacist. *Drugs Aging.* 2003;20:817–32

⁵ https://www.apta.org/uploadedFiles/APTAorg/Payment/Medicare/Coding_and_Billing/Home_Health/Comments/Statement_MedicationManagement_102610.pdf

⁶ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/Expansion-of-the-Home-Health-One-Clinician-Convention-August-2017.pdf>



Dictating when the therapist must refer the medication list to the nurse devalues the capability, ability, and responsibility of physical therapists to exercise professional judgment within their scope of practice, and to professionally act on that judgment. Physical therapists have the professional capability and ability to refer to others in the health care system for identified or possible needs that are beyond the scope of physical therapist practice. Accordingly, we strongly recommend CMS recognize the competence of physical therapists in managing medications and their ability to collaborate with other health care professionals when appropriate and remove this discipline-specific guidance in the Guidelines.

Conclusion

APTA and the Home Health Section thank CMS for the opportunity to comment on the Home Health Conditions of Participation Interpretive Guidelines. Should you have any questions regarding our comments, please contact Kara Gainer, director of regulatory affairs, at karagainer@apta.org or 703/706-8547. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Sharon L. Dunn".

Sharon L. Dunn PT, PhD
Board-Certified Orthopaedic Clinical Specialist
President

A handwritten signature in black ink that reads "Diana L. Kornetti".

Diana L. Kornetti, PT, MA HCS-D
President, Home Health Section
APTA