June 3, 2019

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
US Department of Health and Human Services
Attn: CMS-1716-P
7500 Security Boulevard
Baltimore, MD 21244

RE: Medicare Program; Hospital Inpatient Prospective Payment System and Long-Term Acute Care Hospital Prospective Payment System Proposed Rule for Fiscal Year 2020 [CMS-1716-P]

Dear Administrator Verma:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services’ (CMS’) Hospital Inpatient Prospective Payment System and Long-Term Acute Care Hospital Prospective Payment System for Fiscal Year 2020 proposed rule.

The mission of APTA is to build a community to advance the physical therapy profession to improve the health of society. Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals across the age span. While physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals improve overall health and prevent the need for avoidable health care services. Physical therapists’ roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession’s vision of transforming society by optimizing movement to improve the human experience.
Recommendations

Proposed Transfer of Health Information to the Provider and Patient PAC Measures

APTA supports CMS’s proposal to adopt the Transfer of Health Information to the Provider–PAC quality measure and Transfer of Health Information to the Patient–PAC quality measure. We agree that transfer of a medication list between providers is necessary for medication reconciliation interventions, which have been shown to be a cost-effective way to avoid adverse drug events by reducing errors, especially when medications are reviewed by a pharmacist using electronic medical records. However, we have concerns that the proposed Transfer of Health Information to the Provider-PAC quality measure denominator fails to recognize the importance of transmitting the medication list to other providers, beyond those included in the current definition of “subsequent provider.”

Outpatient physical therapy may be provided following a patient’s discharge from the LTCH, and, in many instances, the physical therapist in private practice serves as the first provider subsequent to discharge. 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 that 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, which states: “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.”

Moreover, 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. Therefore, although physical therapists are not acknowledged as a “subsequent provider” under the measure definition, APTA requests that CMS monitor whether there may be a need to include physical therapists as a “subsequent provider” under the Proposed Transfer of Health Information to the Provider quality measure denominator in the future, given the frequency for which physical therapists in private practice receive the medication list following discharge.

1 The measure denominator is the number of SNF resident stays, ending in discharge to a “subsequent provider,” which is defined as a short-term general acute-care hospital, SNF, intermediate care (intellectual and developmental disabilities providers), home under care of an organized home health service organization or hospice, hospice in an institutional facility, IRF, long-term care hospital, Medicaid nursing facility, inpatient psychiatric facility, or critical access hospital.

2 See https://www.apta.org/uploadedFiles/APTAorg/Payment/Medicare/Coding_and_Billing/home_health/Comments/Statement_MedicationManagement_102610.pdf
Proposed Update to the Discharge to Community – PAC LTCH QRP Measure

APTA supports CMS’s proposal to exclude baseline nursing facility residents from the Discharge to Community–PAC LTCH QRP measure beginning with the FY 2022 LTCH QRP, with baseline NF residents defined as LTCH residents who had a long-term NF stay in the 180 days preceding their hospitalization and LTCH stay, with no intervening community discharge between the NF stay and hospitalization.

LTCH QRP Quality Measures, Measure Concepts, and Standardized Patient Assessment Data Elements (SPADEs) Under Consideration for Future Years: Request for Information

CMS seeks input on the importance, relevance, appropriateness, and applicability of each of the measures, SPADEs, and concepts under consideration listed in the table on page 19517 of the Proposed Rule for future years in the LTCH QRP.³

Assessment-Based Quality Measures and Measure Concepts

- Functional mobility outcomes
- Sepsis
- Opioid use and frequency
- Exchange of electronic health information and interoperability
- Nutritional status

SPADEs

- Cognitive complexity, such as executive function and memory
- Dementia
- Bladder and bowel incontinence including appliance use and episodes of incontinence
- Care preferences, advance care directives, and goals of care
- Caregiver status
- Veteran status
- Health disparities and risk factors, including education, sex and gender identity, and sexual orientation

APTA supports the inclusion of the proposed SPADEs in future years of the LTCH QRP. Each of these categories represents element(s) that will provide a fuller picture of the patients that physical therapists and physical therapist assistants serve in the LTCH setting, and therefore could be used for a variety of purposes including informing payment, and creating and risk-adjusting quality measures.

Proposed Standardized Patient Assessment Data by Category

Cognitive function and mental status data

While APTA supports the inclusion of standardized items such as the Brief Interview for Mental Status and Confusion Assessment Method to collect data regarding cognition and mental status, these assessments lack the appropriate sensitivity for identifying mild-to-moderate cognitive impairments that may impact performance of activities of daily living. We appreciate, however, that CMS recognizes that these assessments are imperfect and seeks data to support the identification of better cognitive assessments. We also encourage CMS to

consider the inclusion of other elements in future years to increase the sensitivity of these assessments. Further, while we would support CMS’s efforts to use these data elements as risk adjusters for quality measures, we recommend that CMS continue to monitor these risk adjusters in the future and make appropriate adjustments to the risk-adjustment methodology as warranted. For instance, if there is a high use of cancer services in this patient population and CMS believes that question should be explored further to stratify that population more appropriately, we would support the expansion of the category. Finally, APTA supports inclusion of the Patient Health Questionnaire 2 to 9. We appreciate CMS’s proposal to include these data elements within the definition of standardized patient assessment data under the category of cognitive function and mental status.

Special services, treatments, and interventions

APTA supports the collection of data on special services, treatments, and interventions. Collecting this data will help to better inform CMS and LTCH providers on the severity and needs of patients in this setting in the future. Patients who receive services such as dialysis, ongoing oncology care, and nutritional support are often more complex in their clinical presentation. APTA does not have any additional suggestions for data elements in this category.

Medical condition and comorbidity data

APTA supports the inclusion of pain interference. Pain interference is an important dimension in assessing the impact of pain. Including pain interference questions on sleep, therapy, and day-to-day activities will provide a more accurate picture of how pain impacts a patient’s ability to function throughout the day. Such information also will support providers in their efforts to deliver pain treatment and management services, including pharmacological and nonpharmacological interventions, in a more effective manner.

Impairments

APTA supports the collection of information on hearing and vision in the assessment. Vision and hearing impairments can impact multiple aspects of care and the quality of life of patients across settings.

Social determinants of health

APTA supports CMS’s proposal to adopt the following 7 data elements as SPADE under the proposed Social Determinants of Health category: race, ethnicity, preferred language, interpreter services, health literacy, transportation, and social isolation.

Proposed Policies Regarding Public Display of Measure Data for the LTCH QRP

APTA supports the public display of data for the Drug Regimen Review Conducted With Follow-Up for Identified Issues-PAC LTCH QRP measure beginning with calendar year 2020 or as soon as technically feasible.
Conclusion

APTA thanks CMS for the opportunity to provide comments on the FY 2020 IPPS and LTCH PPS proposed rule. Should you have any questions, please contact Steve Postal, senior specialist, regulatory affairs, at stevepostal@apta.org or 703/706-3391. Thank you for your consideration.

Sincerely,

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

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