June 18, 2019

Ms. Seema Verma
Administrator, Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2020

Dear Ms. Verma,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this proposed rule in regard to its effects on those living with advanced illness.

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those living with advanced illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is made up of over 140 national and regional organizations including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving advanced illness care in the U.S.

C-TAC’s definition of advanced illness is when one or more conditions becomes serious enough that general health and functioning begin to decline, treatment may no longer lead to preferred outcomes, and care oriented toward comfort may take precedence over attempts to cure – a process that extends to the end of life and that for some individuals and their families may lead to transition to hospice.

Overall, we are in support of this proposed rule as we believe it will help to improve the care of those living with advanced illness in these facilities. Our specific comments are:

**SNF QRP Quality Measure Proposals Beginning with the FY 2022 SNF QRP**

- **Proposed Transfer of Health Information to the Provider–Post-Acute Care (PAC) Measure** - We support the addition of this measure as many of those with advanced illness have complicated medication regimens and assessing “whether or not a current reconciled medication list is given to the subsequent provider when a patient is discharged or transferred from his or her current PAC setting” is critical.
These transitions are often when mistakes and deletions occur and that jeopardizes the care and safety of such vulnerable patients.

- **Proposed Transfer of Health Information to the Patient–Post-Acute Care (PAC) Measure** - We support the addition of this provision from the IMPACT Act as it is also helpful and assessing “whether or not a current reconciled medication list was provided to the patient, family, or caregiver when the patient was discharged from a PAC setting to a private home/apartment, a board and care home, assisted living, a group home, transitional living or home under care of an organized home health service organization, or a hospice” will help ensure that patients and their families have the latest and correct medication information in their new setting.

**SNF QRP Quality Measures, Measure Concepts, and Standardized Patient Assessment Data Elements under Consideration for Future Years: Request for Information**

- **Standardized Data Elements**
  We support the move to standardized data elements and the ones provided in this proposed rule on Table 13 on page 71. Our only concerns regard the following two data elements:
    - *Functional maintenance outcomes* - While we agree with the inclusion of data elements to assess function, we want to note that maintaining function is eventually not possible for those with many advanced illnesses which are typically progressive and, ultimately, result in debility and death. Therefore, this data element should not penalize facilities caring for patients who will not be able to maintain function.
    - *Opioid use and frequency* - While monitoring opioid use is important, we do not want such a data element to in any way discourage the appropriate use of opioids for pain or dyspnea management in beneficiaries receiving care at a SNF.

- **Collecting standardized patient assessment data with respect to cognitive function and mental status**
  We agree that the tools noted, the Brief Interview for Mental Status (BIMS), the Confusion Assessment Method (CAM) and the Patient Health Questionnaire are all validated and effective tools for this purpose and their use should be included and promoted.

- **Medical Condition and Comorbidity Data Elements**
  We very much agree with adding the measurement of “Pain Interference (Pain Effect on Sleep, Pain Interference with Therapy Activities, and Pain Interference with Day-to-Day Activities)” since this measure addresses an important aspect of care for those with advanced illness. The concerns for opioid overuse notwithstanding, those who receive care in a SNF should have “Pain Interference” measured and treated with whatever treatment is effective, including opioids when appropriate.
• **Proposed Social Determinants of Health (SDOH) Data Collection to Inform Measures and Other Purposes**
  We support the use of the seven proposed SDOH elements, “race, ethnicity, preferred language, interpreter services, health literacy, transportation, and social isolation.” We also suggest CMS explore family caregiver assessment as a possible future social risk as the health and capability of the family caregiver for someone with advanced illness can have a significant impact on their health and medical interventions. While this is less a factor in those people receiving care in a SNF, many with advanced illness need assistance in making decisions, which is where the presence of social risk factors of their family caregivers can be an issue.

Thank you for the opportunity to comment on this draft strategy. If you have any questions, please contact Marian Grant, Senior Regulatory Advisor, C-TAC, at 443-742-8872 or mgrant@thectac.org.

Sincerely,

*Marian Grant*

Marian Grant, DNP, CRNP, ACHPN, FPCN
Senior Regulatory Advisor
The Coalition to Transform Advanced Care (C-TAC)
1299 Pennsylvania Ave, Suite 1175
Washington, DC, 20008