

May 3, 2018

U.S. Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Attn: RTI International and Abt Associates

Submitted electronically at: TOHPublicComments@rti.org

Dear CMS:

The Alliance for Nursing Informatics (ANI) advances nursing informatics leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. ANI has reviewed the [request for comment](#) issued by CMS asking for input on the CMS IMPACT Act Quality Measures. In that spirit, we offer our comments as nursing stakeholders.

ANI fully endorses the objective to promote transmission of medication information for Skilled Nursing Facilities, Inpatient Rehabilitation Facilities, Inpatient Rehabilitation Facilities, Long-Term Care Hospitals, Hospice and Home Health Agencies via the two quality measures of “Medication Profile Transferred to Provider and Medication Profile Transferred to Patient”. In addition, we endorse the objective of transferring medication profiles to patients being discharge to their private home, as this is a particularly vulnerable time when errors may be more likely to occur and less likely to be detected.

Overall comments

Patient perspective

ANI appreciates the emphasis on including patient-centered information, but finds that the topic of care preferences could be more strongly addressed in the reviewed document. We were concerned that we were unable to find information of whether any of the alpha 2 pilot testing was conducted from a patient perspective. As written, the example of assessment items in Q2A for when medication profiles are transferred to patient provide a weak minimum for promoting patient safety. For example, it does not assess patient understanding, patient ability to follow instructions or whether the lists were provided using medication terms familiar to patients (e.g. generic vs. brand). In the same vein, the inclusion of patient portals as a source of data as well as a route of transmission for medication profiles is important to ensure the inclusion of the patient at every stage. ANI commends the thorough attention to Provider-to-Provider accountability in information transfer, but emphasizes the importance of including Provider-to-Patient accountability, not only at discharge but throughout the care trajectory.

Inclusive language

Additionally, ANI strongly recommends clear inclusivity in language and data attribution to nurses and other care providers in inter-professional teams. Our healthcare environment is changing rapidly, and as an example nurse practitioners now have prescriptive authority in all 50 states. Keeping this in mind, ANI emphasizes that the development of improved quality measurement and public reporting will not be effective if the measures are not inclusive of all care team members

Finally, we highlight the dependency between, and need to align, these proposed measures and

standardization of patient assessment data elements for Post-Acute Care (PAC) settings for care coordination and interoperability. Implementation of a core set of standardized patient assessment data elements (SPADES) across PAC settings for the currently used assessment instruments will enable fuller comparability of PAC assessment data and has important implications for Medicare beneficiaries, families, providers, and policymakers alike. Existing efforts to develop standardized assessment data elements for PAC settings that meet the requirements of the 2014 IMPACT Act, include a requirement to increase reliability, feasibility, usability, and use for the two CMS IMPACT Act Quality Measures. ANI fully supports existing efforts to guide data item standardization around the following areas: cognition and mental status; medication reconciliation; care preferences; pain (medical condition); and impairments in hearing, vision, and continence. These data elements are critical to both measures. Standardized assessment items will contribute to assessment data comparability across PAC providers, data exchange and interoperability, care coordination, payment analysis, and longitudinal outcome analysis. ANI fully supports use of existing clinical standards including ANA recognized interface terminologies and reference terminologies to ensure information continuity across settings, including patient-facing communication.

Measure titles

ANI applauds the inclusion of patient preferences into this measure and recommends that the title of the measure communicates the breadth of information included. ANI suggests consideration of including the term preferences in the measurement name.

Measures and Specifications

These two measures address gaps and disparities in care supporting CMS quality priorities by ensuring transfer of health information and care preferences to providers, patients and their caregivers, thereby improving post-acute care in accordance with the IMPACT Act. These measures address high impact areas related to safety, while also addressing a key priority shared by both patients and providers: promotion of effective communication and coordination of care. Given the apparent and obvious need for communication of the medication profile between settings, providers, and patients, as defined for this measure, there appear to be no exclusions.

A fundamental component of these measures rests upon the development, implementation, and maintenance of standardized patient assessment data elements for PAC settings to facilitate care coordination, interoperability, and improve patient outcomes. With few exceptions, the data elements used in the instruments (MDS, IRF-PAI, LCDS, and OASIS), are not currently standardized nor interoperable. Although the concepts are similar, the individual items vary, which will place increased documentation burden on providers, while potentially compromising feasibility, usability, and use across settings. If an instrument is used by one setting (MDS), and is then communicated to another setting that uses LCDS, it may cause confusion in interpretation and subsequently place extra burden on the receiver to harmonize the different data elements. In addition to these aforementioned measures/instruments (i.e. MDS, IRF-PAI, LCDS, and OASIS), numerous relevant clinical standards (e.g. SNOMED--CT, LOINC, RxNORM) are mandated for interoperability and exchange of medication-related information. Further, the HL7 CCD-A document standards are intended to facilitate transfer of information about medications. The use of existing clinical and interoperability standards should be included when considering the potential development of these and future measures in order to reduce documentation burden and automate data collection for quality measure and public reporting.

ANI strongly endorses the development of quality measures to address medication profiles transferred to patients in particular. ANI anticipates such a measure can have a significant impact on improving care quality and patient satisfaction, and supporting shared decision making. However, ANI wants to highlight two additional considerations for this measure that are specific to information transfer to patients. Firstly, the current measure only addresses patients when they are discharged or transferred “to a private home/ apartment (apt.), board/care, assisted living, group home, transitional living or home under care of organized home health service organization or hospice”. ANI emphasizes the importance of including the patient and family and providing them with information at every transition within the care trajectory, including: a short-term general hospital, skilled nursing facility, intermediate care, home under care of an organized home health service organization or hospice, hospice in an institutional facility, swing bed, IRF, LTCH, Medicaid nursing facility, inpatient psychiatric facility, or critical access hospital. Secondly, ANI underscores the importance of ensuring that information given to patients and families is clear and readily understood by them. This requires additional efforts to map SPADEs across PAC settings to terms and codes that can be understood and accepted by patients of varying backgrounds, education and literacy levels.

Medication profile

Definition of medication profile

ANI appreciates the comprehensive definition of a medication profile, and the explicit inclusion of supplements, homeopathic and herbal remedies. Overall, ANI emphasizes the need for more detailed definitions of the terms and concepts included in the medication profile. ANI endorses the inclusion of the data sources mentioned in the document, and emphasizes the importance of including both patient portals and other patient-reported data, as well as relevant nurse documentation, such as documentation of medication reconciliation.

Data elements

ANI strongly endorses the inclusion of patient preferences for packaging or consumption as a data element, but finds that this element was only modestly addressed in the document. ANI emphasizes the importance of carefully considering how care preferences are defined and how they can be captured across settings, particularly in the context of the person-defined preferences and the digital divide. Similarly, ANI agrees that it is important to include adherence strategies and a patient’s ability to understand and accept their condition as data elements. However, to accomplish this will require a clearer definition of these terms, as well as addressing how this data can be accurately captured across settings. Finally, there may be some overlap in these three data elements (patient preferences, patient adherence strategies, patient ability to understand/accept condition(s) and importance of taking medications as prescribe) without clearer definitions.

ANI strongly endorses the inclusion of information about when the last dose of the medication was administered by discharging/transferring provider, and finds that this data element should not be designated “if applicable”. Similarly, ANI emphasizes the importance of patient education and recommends that the data element “Patient education provided about potential risks/side

effects/contradictions and when to notify prescriber” be included in all transfers, not only when the profile is provided to patients and families.

ANI strongly endorses the inclusion of recently discontinued medications in the medication profile, along with rationale for discontinuation. It is particularly important for patient safety to communicate when a medication has been initiated and discontinued due to ineffectiveness, patient reported symptoms or adverse outcomes.

ANI recommends that this policy measure should include or reference a resource that defines each of the medication information terms for clarity across settings and across diverse care team members. ANI further recommends that the name and strength of medication be listed as two separate data elements. Similarly, ANI recommends the separation of purpose, indications and contraindications into three separate elements. Further, ANI recommends that at each transfer, any medication that is to be stopped, started or continued should be captured and shown. Finally, ANI emphasizes the importance of consistency between concepts discussed in the definition and overview of medication profile and the data elements listed.

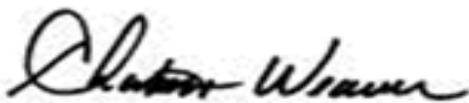
Route of transmission of the medication profile

Overall, we concur with the definitions provided for route of transmission of the medication profile. However, we note two areas that require greater emphasis. Firstly, more attention within the proposed measure is warranted to describe the patient portal as an information source, with complete information of the medication profile. Secondly, documentation sources mentioned, such as discharge summary records, a Medication Administration Record (MAR), Intravenous Medication Administration Record (IVAT), home medication list, and physician orders, should be more closely aligned with the routes of transmission described, as the available or appropriate transmissions routes may vary across documentation sources.

In summary, ANI supports the spirit and intent of these proposed measures with greater attention to the capture of care preferences, the role of patient portals, Provider-to-Patient accountability, inclusivity in language for inter-professional teams, and gaps in existing standards to support operationalization of these measures.

ANI commends CMS’ careful consideration of these quality measures and appreciates the opportunity to contribute to the conversation on this important topic for a safe, high quality healthcare system that puts patients first. We are available and interested in supporting future public responses on this public health safety issue.

Sincerely,



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The [Alliance for Nursing Informatics](#) (ANI), cosponsored by AMIA & HIMSS, advances nursing informatics leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations that represents more than 5,000 nurse informaticists and brings together 25 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the more than 3 million nurses in practice today.