

August 31<sup>st</sup>, 2018

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Submitted electronically at: <https://www.regulations.gov/>

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 proposed changes to the Home Health Value-Based Purchasing Model and the Home Health Quality Reporting Program. Home Health is an increasingly vital component of long term and post-acute care, providing services to around 5 million Americans annually. Around three quarters of providers in this setting are nurses.<sup>1</sup> In that spirit, we offer our comments as nursing stakeholders.

ANI fully endorses continued efforts to update and improve payment models and quality reporting. We appreciate CMS' recognition of the value of the healthcare setting in providing cost-effective quality care, particularly for the vulnerable aging population. Furthermore, ANI commends continuing efforts to promote interoperability and electronic health information exchange by addressing the obstacles that persist across the continuum of care, including the home care setting.

We offer the following recommendations addressing key priority areas related to patient safety, quality and administrative burden. Specifically we recommend:

- 1. Aligning development of quality measures with existing efforts to develop, implement, and maintain standardized clinical assessment data elements**
- 2. Ensuring equitable distribution of resources and avoiding regulatory changes that increase administrative burden**
- 3. Engaging Nurses as Key Stakeholders to Promote Cost-Effective Quality Care in the Home Care setting.**

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<sup>1</sup> Harris-Kojetin L, Sengupta M, Park-Lee E, et al. Long-term care providers and services users in the United States: Data from the National Study of Long-Term Care Providers, 2013–2014. National Center for Health Statistics. Vital Health Stat 3(38). 2016.

### **Recommendation 1: Aligning development of quality measures with existing efforts to develop, implement, and maintain standardized clinical assessment data elements**

Electronic Clinical Quality Measures (eCQMs) can be a valuable tool to quantify and compare healthcare structures, processes and outcomes associated with high-quality care. Interoperability is a fundamental component of effective eCQMs. Interoperability, in turn, rests upon the development, implementation and maintenance of standardized data elements across settings to facilitate care coordination and improve patient outcomes.

With few exceptions, the data elements used in current federally mandated clinical assessment instruments (MDS, IRFPAI, LCDS, and OASIS), are not currently standardized nor interoperable. Although concepts may be similar, individual items vary. This places increased documentation burden on providers, while potentially compromising the feasibility and usability of data across settings. ANI fully supports existing efforts to guide data item standardization and encourages the alignment of these efforts with development and revising of quality measures. Standardized data elements and eCQMs and use of built-in standard terminology in clinical documentation systems will contribute to data comparability across post-acute care providers, data exchange and interoperability, care coordination, payment analysis, and longitudinal outcome analysis.

### **Recommendation 2: Ensuring equitable distribution of resources and avoiding regulatory changes that increase administrative burden**

Home Health agencies provide valuable long term and post-acute care to five million Americans annually.<sup>2</sup> Evidence indicates that home care services significantly impact patient outcomes and can reduce the risk of hospital readmissions, as well as institutional long term care utilization.<sup>3</sup> Despite the demonstrated benefits of home care, recent years have seen reductions in funding and reimbursement rates in this setting. ANI expresses concern that some of the proposed changes, including changes in Low Utilization Payment Adjustment thresholds and timing categories proposed as part of the Patient-Driven Groupings Model, will further reduce reimbursements to home care agencies while adding to their cost and regulatory burden. While the potential impact on patient outcomes is substantial for all patient populations, this may be particularly detrimental for vulnerable populations such as the frail elderly. ANI encourages CMS to refrain from introducing rules that will cut reimbursement while simultaneously increasing administrative burden with significant changes in documentation and audit requirements.

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<sup>2</sup> Harris-Kojetin L, Sengupta M, Park-Lee E, et al. Long-term care providers and services users in the United States: Data from the National Study of Long-Term Care Providers, 2013–2014. National Center for Health Statistics. Vital Health Stat 3(38). 2016.

<sup>3</sup> Guo J, Konetzka RT, Manning WG. The causal effects of home care use on institutional long-term care utilization and expenditures. Health Econ. 2015;24 Suppl 1:4-17. doi:10.1002/hec.3155

2. Han SJ, Kim HK, Storfjell J, Kim MJ. Clinical Outcomes and Quality of Life of Home Health Care Patients. Asian Nursing Research. 2013;7(2):53-60. doi:10.1016/j.anr.2013.03.002

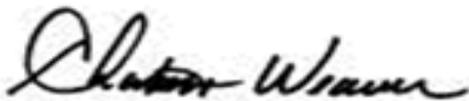
3. Topaz M, Kang Y, Holland DE, Ohta B, Rickard K, Bowles KH. Higher 30-day and 60-day readmissions among patients who refuse post acute care services. Am J Manag Care. 2015;21(6):424-433.

### **Recommendation 3: Engaging Nurses as Key Stakeholders to Promote Cost-Effective Quality Care in the Home Care setting.**

Nurses are on the frontlines of care and the largest group of providers in the home care setting. Professional nursing organizations, such as ANI, are well positioned to support collaboration with others to achieve improvements in care delivery models, and quality measures that support interoperability and align with the vision for patient-centered care across the care continuum. We offer our professional nursing support and informatics expertise to achieve the goal of Cost-Effective Quality Care in the Home Care setting and would welcome the opportunity for further collaboration.

ANI commends CMS' careful consideration of these proposed changes 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 important healthcare 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.