

September 12, 2016

Submitted via E-mail

RAND Corporation 1200 South Hayes Street Arlington, VA 22202-5050 Attn: Barbara Hennessey, W7E

Email address: impactpubliccomment@rand.org

RE: Development and Maintenance of Post-Acute Care Cross-Setting Standardized
Assessment Data

To Whom It May Concern:

I am writing on behalf of the Alliance for Home Health Quality and Innovation (the "Alliance") in response to the data elements specifications document on "Development and Maintenance of Post-Acute Care Cross-Setting Standardized Patient Assessment." Thank you for the opportunity to provide comments on the specifications document.

About the Alliance for Home Health Quality and Innovation

The Alliance is a non-profit 501(c)(3) organization with the mission to lead and support research and education on the value of home health care to patients and the U.S. health care system. Working with researchers, key experts and thought leaders, and providers across the spectrum of care, we strive to foster solutions that will improve health care in America. The Alliance is a membership-based organization comprised of not-for-profit and proprietary home health care providers and other organizations dedicated to improving patient care and the nation's healthcare system. For more information about our organization, please visit: http://ahhqi.org/.

The Alliance offers the following recommendations and considerations to CMS and RAND.

First, the Alliance is concerned that many of the specified assessment elements overlap with existing OASIS measures, with the result being overall lengthening of the time and burden associated with assessment. Consistent with the IMPACT Act, CMS and RAND seek to development cross-setting standardized assessment by making changes to the existing assessment instruments, including OASIS. However, in some cases, the changes envisioned would not replace existing OASIS elements, even though the new and existing elements overlap. This is the case with the proposed behavioral signs and symptoms item, which appears to overlap with the existing 5-point scale. In cases where a proposed new item would overlap with an existing item, CMS should strive to streamline the instrument instead of simply adding on. CMS should ideally either keep the existing item or consider replacing the existing item with the new item. In making such decisions, CMS should take into consideration the

relationship between these items and the various other programs administered by CMS that depend upon the OASIS. For example, a given OASIS data element may influence a measure in the home health value-based purchasing model, star ratings, and more. The Alliance urges CMS to prioritize a least burdensome approach to assessment, while taking into consideration the impact of assessment changes on payment for home health care and the publicly available information for consumers.

Second, for several assessment elements, the utility of the new elements for describing case mix is not clear or proven. For example, the addition of the PHQ-9 is an example of an addition to OASIS that may not be necessary. Although the PHQ-9 has a slightly higher positive predictive value, the PHQ-2 has also been tested and both are considered tested, valid and reliable. The Alliance recommends simply picking either the PHQ-2 or the PHQ-9 as the standard for post-acute care, rather than using a gateway approach. The gateway approach (using PHQ-2 to screen, and then skipping PHQ-9 unless the PHQ-2 is positive) would essentially screen patients twice and the utility of this is questionable and unnecessary. The Visiting Nurse Associations of America and the National Association for Home Care and Hospice also are providing comments to CMS and RAND on these data specifications and the Alliance urges consideration of the various clinically based comments that are raised in the letters from these organizations.

Third, the data assessment elements do not specify when such questions would be asked. For example, it is unclear whether the elements would be asked to patients at both start of care and the end of care, or only one or the other. Understanding when questions would be asked is critical. In some cases, there may be questions that would only be useful and relevant at the end of care to plan for discharge to community (without home health support). The Alliance urges CMS and RAND to shed light on when it plans to require various assessment elements to be asked in the instruments for each post-acute care setting.

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The Alliance greatly appreciates the opportunity to comment. Should you have any questions about the Alliance's comments, please contact me at (571) 527-1530 or tlee@ahhqi.org.

Sincerely,

Teresa L. Lee, JD, MPH Executive Director

Jeren J. Lee