



Working Together for an Affordable Future

May 19, 2014

The Honorable Dave Camp
Chairman, Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

The Honorable Ron Wyden
Chairman, Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Sander Levin
Ranking Member, Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

The Honorable Orrin Hatch
Ranking Member, Committee on Finance
United States Senate
Washington, DC 20510

Dear Chairman Camp, Chairman Wyden, Ranking Member Levin and Ranking Member Hatch:

We commend the leadership, staff and members of the Committees for the thoughtful and bipartisan approach you are taking to the reform of post-acute care. As one of the first products of that process, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act stands out as a much-needed, substantive contribution to Medicare policy. With this letter, the National Coalition on Health Care (NCHC) lends its support for this legislative effort and offers recommendations on strengthening the discussion draft, released March 18th, 2014.

High-quality post-acute care is vital to overall patient care; it can help return a patient to health and help align a patients' care with his or her own priorities and preferences. But the enormous variation in Medicare's spending on post-acute care across different locales has little discernible relationship with outcomes. In many cases, Medicare's own payment policies and the structure of post-acute provider markets, not beneficiaries' needs and preferences, may be driving what care is provided.

The IMPACT Act would take a fundamentally important step toward more rational delivery of post-acute care by requiring providers to submit patient assessment data in a standardized format; developing systems of measurement for clinical quality, outcomes and resource use that can be applied across all post-acute settings; and providing for public access to that data. With this information, payers, providers, consumers and family caregivers can work together to identify the best care setting for each individual, and policymakers can begin the challenging work of implementing broader reform to Medicare's post-acute system.

To help bring about these broader reforms, any enacted legislation and subsequent regulations must take care to address two paramount considerations: the timeliness of CMS's feedback to

providers, and the relationship of this new measurement system with ongoing tests of episodic bundling.

We are pleased that the discussion draft includes \$200 million to implement the act and we urge the Committees to work with CMS to ensure final legislation specifically provides for all of the resources necessary for prompt feedback. Performance metrics mean little to the beneficiary unless they translate into real on-the-ground improvement in provider quality and efficiency.

The IMPACT Act and its implementation must complement ongoing bundled payment initiatives and possible future expansion of those initiatives by Congress or CMS. The lessons drawn from efforts like the Bundled Payments for Care Improvement Initiative and similar initiatives in the private sector can and should inform the implementation of the IMPACT Act. But given the scope of cost and quality challenges, the IMPACT Act's implementation and timelines should in no way limit CMS' authority under current law to test and expand episodic bundling.

Additionally, we offer the following recommendations to improve the discussion draft.

Use a broader definition of potentially avoidable care: We are pleased that the discussion draft recognizes the importance of outcome measures for post-acute care including measures of efficiency, discharge to community, and potentially preventable admissions and readmissions. However, final legislation should promote the use of a broader definition of potentially preventable care events to include emergency department visits and outpatient visits (including observation stays) in addition to admissions and readmissions.

Emphasize Care Planning in Quality Measurement: The discussion draft requires quality measures reflecting the transfer of health information and care preferences. This is an important first step. However, the current discussion draft fails to recognize that beneficiaries, particularly those who may be in need of long-term care or whose prognosis may not include a full return to health, deserve a care plan reflecting the goals of care established by the patient, and his or her providers and family caregivers. The discussion draft should therefore be adjusted to encourage care planning by adding "longitudinal care plan" to 1899B (c) (1) E. Additionally, final legislation should explicitly add to 1899B (c) (1) the following:

F) The provision, where appropriate, of a longitudinal care plan for the patient which reflects prognosis, patient goals and diagnoses

Instruct CMS to develop a longitudinal care plan template: To further promote the use of longitudinal care planning, final legislation should also require CMS to develop a longitudinal care plan template. This template should be suitable for implementation through Meaningful Use provisions of the American Reinvestment and Recovery Act of 2009 at the discretion of the Secretary.

Preserve stakeholder input into measure selection: The Measures Application Partnership facilitates input from diverse stakeholders into the selection of quality and resource use measures. Current law already enables CMS to select measures without MAP's

recommendation. NCHC does not support the waiver of the pre-rulemaking process included in the discussion draft.

Recognize and Support Family Caregivers: The discussion draft briefly acknowledges the role family caregivers can play in Medicare post-acute care. We encourage greater recognition of and support for family caregivers and the role they play in the final legislation.

The IMPACT Act of 2014 takes critically important steps to improve and promote value in post-acute care. NCHC looks forward to working with you to enact the best possible final legislation this year.

Yours truly,

A handwritten signature in black ink that reads "John Rother". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

John Rother
President and CEO