C+TAC
COALITION TO TRANSFORM
ADVANCED CARE

May 28, 2024

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4201-P
P.O. Box 8013
Baltimore, MD 21244

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 2025

Submitted electronically via www.regulations.gov

Dear Administrator Brooks-LaSure,

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

C-TAC is a national non-partisan, not-for-profit coalition dedicated to ensuring that all those living with serious 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 comprises more than 200 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 care for serious illness in the U.S.

C-TAC defines serious illness as a health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life, or excessively strains their family caregivers. This definition has been widely adopted, including by the National Committee for Quality Assurance (NCQA) and the National Quality Forum (NQF).

Serious illness is also a health equity issue. A history of disenfranchisement has led to healthcare gaps across the country. Per a 2021 Commonwealth report on racial and ethnic health equity, communities of color live fewer years, on average, than white people do, are more likely to die from treatable conditions, and are also at higher risk for many chronic health conditions. For serious illness, the lack of access to health insurance and primary care mean many are diagnosed only at a late or end stage of illness, when disease-modifying treatment is typically no longer effective. Those from historically under-resourced communities who also have serious illness experience poorer care and access, making improving their care a health equity opportunity.

Here are our comments on the pertinent parts of the proposed rule:

Proposal To Collect Four New Items as Standardized Patient Assessment Data Elements and To Modify One Item Collected as a Standardized Patient Assessment Data Element Beginning With the FY 2027 SNF QRP

We support the addition of the four new items as standardized patient assessment data elements under the social determinants of health (SDOH) category: one item for Living Situation; two items for Food; and one item for Utilities. These are all important areas that affect health and quality of life. Our suggestions on this are:

- Financial insecurity- It may perhaps make more sense to assess for overall financial challenges since that underlies all of the above SDOH areas. People have housing, food, utility and transportation issues if they lack adequate financial resources.
- Family caregiver burden- CMS should consider also assessing for family caregiver burden as this can be a factor in both the resident's health and the use of emergency department visits or hospitalization. The proposed rule notes this has been suggested in the past and we are reinforcing that again here.
- Services delivery- Once assessed, any needs also need to be addressed with referrals to appropriate services and a mechanism in place to confirm that these referrals resulted in actual service delivery. Referring people to service waiting lists is not the goal but instead to the actual services themselves.

We were also pleased to see mention of how assessment items "have the capacity to take into account treatment preferences and care goals of residents and their caregivers" (page 40). Knowing and honoring treatment preferences and care goals is a priority for those with serious illness and C-TAC consistently advocates for this. However, it is unclear what the process is to promote care plans that indeed take such preferences and goals into account for SNF residents. Perhaps future measures around advance care planning and shared decision making could help in that regard.

SNF QRP Quality Measure Concepts Under Consideration for Future Years— Request for Information (RFI)

We appreciate the opportunity to respond to the following in this RFI:

- Pain Management- We support this measure concept and would encourage any measures to follow the CDC Clinical Practice Guideline for Prescribing Opioids for Pain as some SNF residents may appropriately need these medications yet there are key populations that should be excluded from any measures that could reduce their access to these medications. We also suggest considering the new Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain to the SNF QRP as a way to include the patient's voice on this important area.

- Depression- We support this measure concept as depression can strongly affect health and quality of life and is often a factor for those living with serious illness.

- Patient Experience of Care/Patient Satisfaction- We also support measure development in this area as patient self-report is the gold standard to assess care quality. We therefore recommend consideration of the Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain again and also the 2024 MIPS Measure #495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood. Both are appropriate for the SNF program to get direct patient self-report on these important aspects of care.

Beyond these areas we also recommend the following measure concepts for future consideration for the SNF QRP:

- Advance care planning (ACP): Building on our earlier mention of ACP, it is a nuanced process through which patients identify their goals and consider their preferences for medical care over time. While the evidence base for ACP is mixed, ACP is a HEDIS measure, a MIPS clinical quality measure, and there are CPT billing codes to cover the service. It should therefore be required in the SNF QRP, and all Medicare programs, as a way to ensure that the care being delivered is the care that the person wants. Recent evidence also shows disparities in advance care planning among minority groups, so promoting it could help reduce inequity.

- Palliative care access and utilization- People with serious illness benefit from the inclusion of palliative care services in their care. By palliative care, we mean the CMS definition of "*Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice".* Therefore, we suggest consideration of a measure in the SNF QRP on referral or access to palliative care so as to measure how many of those with serious illness getting SNF care are also utilizing these important services.

- Timely and appropriate referral to hospice- Although the goal of SNF care is to restore function, some patients in the SNF care will likely be in the last stage of illness and therefore, the transition to hospice should be promoted when appropriate. We suggest a measure to ensure that a hospice referral is considered in such cases and that the patient's eligibility for hospice is assessed and hospice offered. A claims-based outcome measure could capture the percent of model beneficiaries that transition to hospice and of those hospice patients, whether referral to hospice was timely based on hospice length of stay, i.e., less than seven days, etc. While we wouldn't expect that to be 100% due to individual beneficiary circumstances, a high number would be encouraging.

Thank you for the opportunity to comment on this proposed rule. If you have any questions, please contact Marian Grant, Senior Regulatory Advisor, C-TAC, at mgrant@thectac.org.

Sincerely,

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