Submitted electronically to TOHPublicComments@rti.org

May 3, 2018

RTI International
701 13th Street, NW #750
Washington, DC 20005

RE: Draft Specifications for the Medication Profile Transferred Measures for Skilled Nursing Facilities, Inpatient Rehabilitation Facilities, Long-Term Care Hospitals, and Home Health Agencies

To Whom It May Concern:

On behalf of the American-Speech-Language-Hearing Association, I write to comments on the draft measure specifications for two measures associated with the transfer of a patient's medication profile as required by the Improving Post-Acute Care Transformation (IMPACT) Act. Audiologists and speech-language pathologists work in the four post-acute care settings where these measures will be implemented; therefore, we have a keen interest in ensuring measures will achieve the goal of improving the quality and outcomes of care for patients while minimizing the administrative burden on facilities and clinicians.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists identify, assess, and treat speech, language, and swallowing disorders.

The two medication profile transfer measures cover the transfer of information from one health care setting to another (e.g., hospital to skilled nursing facility (SNF), SNF to home health) and from the facility to the patient. ASHA maintains that ensuring this information is transferred safely is important for uniform transition from one setting to another and to prevent adverse medical events, such as the prescription of contraindicated medicines to a patient. ASHA appreciates that two of the data elements in the patient information requirements are patient adherence strategies (e.g., alarms), patient ability to understand/accept condition(s), and importance of taking medications as prescribed. ASHA believes that assessing a patient's cognitive status to adhere to a prescribed medication regimen is critically important and appreciates its inclusion. The medication information section also includes important details, such as route of administration and special instructions. Capturing this information is important because understanding how to safely administer the medication(s) is essential, particularly for patients with swallowing complications.

In addition, ASHA recommends adding to the patient information section an acknowledgment of sensory deficits, such as hearing loss and swallowing precautions, to ensure such deficits are

accounted for in the dissemination of medication instructions and the mechanism for administering medications.

In Section 4.1.3, Route of Transmission Item Definitions, ASHA recommends the inclusion of illustrations as a mechanism for transmitting information to patients with aphasia and dementia who may have trouble with either verbal or written instructions.

ASHA is concerned about the current process in the IMPACT Act that adds new measures or items to the existing assessment tools (e.g., Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF PAI)) that greatly increases the length and time associated with completing these assessment tools. For example, in one year the IRF PAI went from seven to 18 pages to accommodate additional data collection requirements associated with the IMPACT Act. ASHA strongly encourages the Centers for Medicare and Medicaid Services (CMS) and its contractors to not only identify new items in an effort to comply with the requirements of the law, but to also determine what items could be eliminated or streamlined to minimize the burden.

Finally, ASHA maintains our concern that a measure associated with cognitive function and improvement in cognitive function has yet to be fully implemented. We recognize that CMS and its contractor are beta testing items associated with the IMPACT Act, including a measure for cognition. Unfortunately, the beta testing measures for cognition address expression and understanding, which does not capture the full range of cognitive function required to ensure quality patient outcomes. In previous comments and meetings with CMS staff, ASHA has recommended assessing cognition with assessment items found in the CARE-C tool. We remain committed to seeing this recommendation implemented as quickly as possible.

Thank you for the opportunity to comment on these draft measures. ASHA remains committed to working with RTI and CMS as you continue efforts to implement the IMPACT Act. If you or your staff have questions, please contact Sarah Warren, MA, ASHA's director for health care policy, Medicare, at swarren@asha.org.

Sincerely,

Elise Davis-McFarland, PhD, CCC-SLP
2018 ASHA President