September 6, 2016

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence, Ave., S.W.
Washington, D.C. 20201

Re: CMS-1656-P – Medicare Program; CY 2017 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Hospital Value-Based Purchasing (VBP) Program; Proposed Rule
81 Fed. Reg. 45604 (July 14, 2016)

Dear Acting Administrator Slavitt:

We are writing collectively as members of the Patient Quality of Life Coalition, a group of more than 40 organizations dedicated to advancing the interests of patients and families facing serious illness, with the overarching goal of providing patients with serious illness greater access to palliative care services. Members represent patients, health professionals, and health care systems. The Coalition appreciates the opportunity to comment on the proposed rule implementing the Medicare Hospital Outpatient Prospective Payment System, and specifically on the proposal related to changes to the Hospital Value-Based Purchasing Program.

Palliative care provides patients with serious illnesses and their caregivers effective management of the symptoms and stress associated with a serious illness. Interdisciplinary palliative care teams consist of physicians, nurses, social workers, chaplains, and other providers working together to provide an extra layer of support to patients with serious and chronic diseases. Palliative care is appropriate at any age and any stage in a serious illness, regardless of the diagnosis or prognosis.

Important elements of palliative care include the planning of care based on open communication about the patient's condition and treatment options; effective control of symptoms and side effects, including pain; and care that is highly coordinated and addresses the patient's physical, psychosocial, and spiritual needs and family/caregiver support. Palliative care improves a patient's ability to tolerate medical treatments and daily life by focusing on the patient and the patient's family. It also facilitates communication between patients, caregivers, and providers, thus empowering patients to play a greater role in their own care, and focuses on the patient's goals, needs and values as full participants in their care.

Individuals who receive palliative care have fewer hospitalizations or re-hospitalizations,[1] which shows that palliative care benefits patients and reduces healthcare costs.

[1] For example, a 2008 study of eight diverse hospitals showed that palliative care consultations resulted in adjusted net savings of $1,696 in direct costs per admission and $279 in direct costs per day, including significant reductions in laboratory and ICU costs. Morrison RS, Penrod JD, Cassel JB, Caust-Ellenborgen M, Litke A, Spragens L, Meier DE. Cost savings associated with hospital palliative care consultation programs. *Arch Intern Med* 168(16)1783-1790 (2008). Similarly, a 2011 study found that Medicaid patients at four New York hospitals who received integrated palliative care consultations incurred $6,990 less in hospital costs during a given admission, spent less time in intensive care, and were less likely to die in the ICU. Morrison RS,

XIX. Proposed Additional Hospital Value-Based Purchasing (VBP) Program Policies

The Centers for Medicare and Medicaid Services (CMS) proposes to remove the pain management dimension of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience care survey from the Hospital Value-Based Purchasing (VBP) Program. Specifically, under the CMS proposal, the following questions would not be weighed for the purposes of the payment calculation:

- 12. During this hospital stay, did you need medicine for pain?

☐ Yes
☐ No (If No, Go to Question 15)

- 13. During this hospital stay, how often was your pain well controlled?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

- 14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

The Coalition appreciates the opportunity to comment on the proposed change. In the preamble, CMS explained its proposal is based on feedback from stakeholders who expressed concern that these questions create pressure on hospital staff to prescribe more opioids in order to achieve higher VBP scores. However, it is important to note that there is scant evidence that supports the notion that HCAHPS scores have a direct impact on a provider's opioid prescribing practices.

Addressing pain in the hospital setting is a critical component of patient care. If left untreated, acute pain can develop into chronic pain, increasing the likelihood that patients could experience complications, extended hospital stays and ongoing functional impairment. Pain is one of the most feared, common and fundamentally troubling symptoms of serious illness,[2] and we must have measures addressing its identification and management.

The Coalition recognizes that the current questions regarding pain management in the HCAHPS survey could be improved to better measure an individual's pain experience. We note that in the preamble, CMS discusses its intent to develop alternative questions for the pain management dimension. As CMS undertakes this effort, we urge the agency to include new survey questions so that the emphasis is not

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Dietrich J, Ladwig S, Quill T, Sacco J, Tangeman T, Meier DE. Palliative care consultation teams cut hospital costs for Medicaid beneficiaries. *Health Affairs* 30(3)454-463 (2011).

[2] Institute of Medicine. (2011). Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research. National Academy of Sciences.

on whether medications were prescribed (eg, question 12). Instead, the survey questions should seek to elicit: a) whether the individual's pain was assessed; b) if pain existed, whether treatment options were discussed and interventions were made to address the individual's pain; and then c) whether that pain was reassessed to evaluate the effectiveness of that intervention.

The survey should make clear that while opioid prescription may be appropriate in some instances, an individual's pain can be managed through a variety of interventions. Clinicians can offer nerve blocks, non-opioid medications, physical therapy, or alternative therapies such as acupuncture. A high-quality patient experience means that the health care provider discussed pain management treatment options with the individual and the individual felt as though she had an opportunity to engage in the discussion to determine the most appropriate treatment option.

The Coalition also calls on CMS to thoroughly study the impact of these questions (both the current set and the revised set, when it is implemented) on clinician behavior, including opioid prescribing, use of other approaches to pain treatment, and on patient outcomes such as length of stay, and degree of functional impairment. Assessing and managing pain in the hospital setting is vital, and it is important to understand the total impact, both positive and negative, of including these questions in the HCAHPS survey and the VBP program.

The Coalition applauds CMS for its desire to improve the quality reporting for this important aspect of patient care. We stand ready to work with CMS to revise the HCAHPS survey to include better measures for pain management and other aspects of patient quality of life. We urge CMS to identify better measures for inclusion in HCAHPS quickly, so this important aspect of hospital care does not go unmeasured or degrade in quality.

Conclusion

On behalf of the Patient Quality of Life Coalition, we thank you for the opportunity to comment on the proposed rule implementing the CY 2017 Medicare Hospital Outpatient Prospective Payment System. If you have any questions, please contact Keysha Brooks-Coley, Executive Director of the Patient Quality of Life Coalition, at 202-661-5720 or Keysha.Brooks-Coley@cancer.org.

Sincerely,

Academy of Integrative Pain Management

American Cancer Society Cancer Action Network

American Heart Association / American Stroke Association

Association of Oncology Social Work

The California State University Institute for Palliative Care

Catholic Health Association of the United States

Center to Advance Palliative Care

Colon Cancer Alliance

Hospice and Palliative Nurses Association

Motion Picture and Television Fund

National Palliative Care Research Center

Oncology Nursing Society

Physician Assistants in Hospice and Palliative Medicine

Prevent Cancer Foundation

Supportive Care Coalition