AMRPA
AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

November 12, 2020

Dear Dr. Schreiber, Ms. Adams and Ms. Rivi,

The American Medical Rehabilitation Providers Association (AMRPA) applauds the Centers for Medicare and Medicaid Services (CMS) for your work in launching the new Care Compare site, as well as the agency's broader efforts to help patients make more informed decisions about their healthcare. AMRPA supports CMS' efforts to make all Compare sites – particularly the Inpatient Rehabilitation Facility (IRF) Compare site – easier for both patients and caregivers to use from a content and formatting perspective. We also greatly appreciate CMS' outreach to the Association throughout its work on the development and refinement of Care Compare, and we value the opportunity to provide comments on the current version of Care Compare during the initial launch phase.

AMRPA is the national trade association representing more than 650 freestanding inpatient rehabilitation hospitals and rehabilitation units of general hospitals, referred to by Medicare as inpatient rehabilitation facilities (IRFs). The vast majority of our members are Medicare-participating providers and in 2018, IRFs served 364,000 Medicare beneficiaries with more than 408,000 inpatient IRF stays.[1] Our member hospitals have actively engaged in the development of Care Compare and support efforts to better educate patients and their families about the value of inpatient rehabilitation and provide the appropriate quality-related data in a reader-friendly and clear format.

Based on our correspondence with CMS, we understand that input is being sought on the more-technical aspects of Care Compare – such as the descriptions of the care settings and the supplementary information provided to users as part of their treatment decision. Our comments are therefore generally focused on content and formatting-related components of Care Compare. However, we ask CMS to be mindful of several broader policy implications as it considers future changes to the site in order to ensure it facilitates appropriate post-acute care (PAC) placements, such as:

- CMS should continue its current approach of maintaining different Compare sites for the different PAC settings. AMRPA strongly believes that CMS' approach is appropriate in light of the key differences in clinical competencies, quality, staffing, and resources across PAC settings, and avoids the confusion that would inevitably result from allowing cross-site comparison.
- AMRPA has consistently encouraged CMS to ensure that the most salient information related to a hospital's quality, safety and clinical performance is posted on Care Compare – such as functional outcome measures. With CMS planning to post a number of new functional outcomes, safety and process-related measures on Care Compare beginning December 2020,[2] AMRPA encourages

[1] Medicare Payment Advisory Commission (MedPAC), "Chapter 10: Inpatient Rehabilitation Facility Services," Report to the Congress: Medicare Payment Policy, March 2020.

[2] In December 2020, CMS plans to post the following functional outcome-focused measures on IRF Compare: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633), IRF Functional Outcome Measure: Change in Mobility for Medical Rehabilitation Patients (NQF #2634), IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635), and IRF Functional Outcome Measure: Discharge Mobility

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CMS to ensure that this information is appropriately highlighted in the future, and that users receive appropriate information to help to utilize the data for their treatment decisions.

- While AMRPA supports CMS' efforts to improve price transparency throughout the healthcare industry, AMRPA believes that providing cost-related information that is meaningful to patients in the short-term and long-term is a very complex undertaking. For example, providing patients with information on the price that *Medicare* pays for any service has little bearing to the patient's out-of-pocket costs and would not necessarily represent the difference in intensity and volume of services provided across settings. AMRPA therefore supports CMS' decision not to include charge-related data at this stage in any of the hospital or PAC Compare sites. Moreover, we urge CMS to closely engage with hospital and PAC stakeholders and proceed through a formal notice-and-comment process before adding this type of information in the future.
- Finally, in light of the current public health emergency (PHE) and the reporting waivers granted by CMS, the data on Care Compare is scheduled to be frozen for the December 2020, March 2021 and June 2021 IRF Compare refreshes**.** While AMRPA greatly appreciates the quality reporting waivers that were furnished at the beginning of the PHE, the resulting reporting lag will exacerbate the existing issues tied to the nearly two-year time-lag related to the data driving a rehabilitation hospital's IRF Compare score and the year in which their performance is reflected on the Compare site. Now, as a result of the reporting waivers, a hospital's Care Compare scores in 2021 and 2022 will reflect performance from 2019. AMRPA urges CMS to ensure this data lag is disclosed to users. Additionally, AMRPA encourages CMS to consider whether this delay warrants consideration of whether and how Compare data should be required to be provided to patients vis-à-vis the hospital discharge planning requirements in the upcoming calendar quarters.

AMRPA appreciates CMS' consideration of these policy implications as it considers longer-term changes to the underlying data included Care Compare. For more immediate purposes, AMRPA provides the following recommendations focused on the current content and format of Care Compare that we think will make the site more functional and user-friendly for patients - particularly patients in need of inpatient rehabilitation:

Content-Related Recommendations

- **Reference to Inpatient Rehabilitation Hospitals versus Facilities:** AMRPA has long urged CMS to utilize the term "inpatient rehabilitation *hospitals*" rather than the current "inpatient rehabilitation facility" (IRF) moniker to more accurately reflect the fact that inpatient rehabilitation is in fact provided in hospitals or units of hospitals. While AMRPA believes that this change is necessary across the Medicare program (for example, in yearly payment rules), the use of the accurate "hospital" term is all the more important in a consumer-facing and educational tool. The continued use of the "IRF" term on Care Compare could result in our hospitals being confused with skilled nursing facilities, despite the significant differences in the competencies and level of services provided in the two settings.

Score for Medical Rehabilitation Patients (NQF #2636). Other new measures will include Changes in Skin Integrity Post-Acute Care (PAC): Pressure Ulcer/Injury, Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC IRF QRP.

- **Icons to Reflect the Inpatient Rehabilitation Hospital Setting:** Unlike the clear hospital icons associated with short-term acute care hospitals (STACHs) and long-term care hospitals (LTCHs), the icon for inpatient rehabilitation is a patient using parallel bars. We ask CMS to consider using an icon more consistent with the other hospital settings, consistent with our aforementioned request related to terminology.
- **Setting Descriptions:** Given the breadth of information being relayed on Care Compare, we understand CMS' approach to using concise language and descriptions of each care setting. However, AMRPA believes patients would benefit from additional language that conveys more specific features of each PAC setting to help them better distinguish PAC providers. For inpatient rehabilitation hospitals, this could include references to the rehabilitation physician supervision requirements and therapy-intensive environment.
- **Measure Descriptions:** As AMRPA discussed with CMS in our February 2020 focus group meeting on Care Compare, we encourage CMS to reconsider the elements included under the "Effective Care" section. Currently, in IRF Compare, this section includes process measures such as the percentage of patients whose functional abilities are assessed and functional goals were included in their treatment plan. AMRPA questions whether process measures like these really reflect "effective care" in the way it would be interpreted by patients and caregivers. We recommend that CMS put process measures like these under a heading such as "Compliance with Reporting Rules," while keeping those measures that reflect patient outcomes under the "Effective Care" section.

Formatting & Technical Features:

- **User Feedback Feature:** In order to ensure that the new Care Compare provides patients with the type and amount of information they require, AMRPA encourages CMS to include some type of post-visit survey or other type of feedback tool. Given the importance of a site like Care Compare to patients and caregivers, we believe it is essential to learn about potential sources of confusion or usability issues directly from the users of the site.
- **Sorting Capabilities:** Under the current version of the inpatient rehabilitation-specific portion of Care Compare, inpatient rehabilitation hospitals can be sorted by two features: distance and ownership status (for-profit, non-profit, or government-owned). AMRPA urges CMS to consider expanding the sorting features over time to allow patients and families to better sort by their needs – for example, by a specific condition volume or the hospital's Star Ratings status.
- **Increasing Hospital Comparison Counts:** Consistent with the current version of IRF Compare, the inpatient rehabilitation-specific portion of Care Compare allows users to compare three hospitals at a time. AMRPA encourages CMS to explore ways to allow users to compare up to five hospitals at a time in light of the different specialties offered by inpatient rehabilitation hospitals and other clinical or geographic considerations.
- **Improving the Visibility/Availability of Quality Data:** AMRPA believes the inpatient rehabilitation-specific section of Care Compare would be bolstered by two quality-related technical changes: (1) allowing hospitals to add a footnote (or other form of hospital-entered data) regarding their hospital's emergency preparedness capability and other efforts that they have undertaken to improve their quality performance in response to the COVID-19 PHE; and (2) changing the current Care Compare site view to allow users to view all quality measures at once

(rather than having to click to view each individual measure). We view these changes as collectively giving users more digestible and comprehensive information as to a hospital's quality performance both before and during the public health emergency.

AMRPA stands ready to work with CMS as it contemplates future changes to Care Compare to ensure that this important tool is effective in helping patients and their families make patient-centered treatment decisions. More than ever, AMRPA believes it is critical that patients and their families have the information needed to make PAC placement decisions based on patients' clinical and environmental needs and the quality of the providers under consideration. While Care Compare is a critical step in this direction, AMRPA appreciates CMS' consideration of the aforementioned policy and technical considerations to improve the use and long-term outcomes of this important tool.

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AMRPA welcomes continued opportunities to collaborate with the Department of Health and Human Services (HHS) and CMS on these matters. If you have any questions about AMRPA's recommendations, please contact Kate Beller, J.D., AMRPA Executive Vice President for Government Relations and Policy Development (kbeller@amrpa.org / 202-207-1132).

Sincerely,

Robert Krug, MD
AMRPA Board Chair