

The Honorable Kevin Brady  
Subcommittee Chairman  
House Committee on Ways and Means  
Subcommittee on Health  
1102 Longworth House Office Building  
Washington, DC 20515

December 18, 2014

Dear Chairman Brady:

We thank you for the opportunity to provide input on the Committees' draft legislation, the Hospitals Improvements for Payment (HIP) Act of 2014. The National Transitions of Care Coalition (NTOCC) appreciates your commitment to reform the current fee-for-service payment system to better reward value over volume and align incentives across providers to drive better, more coordinated care. NTOCC believes that the current system undermines the ability of health care facilities and professionals to provide successful and safe transitions of care for patients moving from one care setting to another.

NTOCC is a non-profit organization of leading multidisciplinary health care organizations and stakeholders dedicated to providing solutions that improve the quality of health care through stronger collaboration between providers, patients, and family caregivers. The organization was formed in 2006 to raise awareness about the importance of transitions in improving health care quality, reducing medication errors, and enhancing clinical outcomes among health care professionals, government leaders, patients, and family caregivers.

As you are aware, patients face significant challenges when moving from one care setting to another within our fragmented health care system. Poor communication during transitions can lead to confusion about the patient's condition and appropriate care, duplicative tests, inconsistent patient monitoring, medication errors, and lack of follow through on referrals. Navigating these transitions can be even more difficult for individuals with serious illness who may be too frail to communicate effectively for themselves and rely heavily on their care team and family care givers. Furthermore, given the nature of their illness, patients may have multiple providers and move between different care settings more often, which puts these medically complex patients at higher risk for gaps in care due to improper communication between providers and other care givers.

NTOCC was encouraged that the underlying bill addressed many issues that have been affecting the health care community as a whole, especially with patients transitioning out of the hospital. Access to timely and necessary follow-up care after a hospital stay is critical towards ensuring improved health outcomes and reducing costly hospital readmissions. NTOCC encourages the inclusion of language that includes a comprehensive assessment of the individual prior to the individual's transition from the hospital facility to another care facility or the home. This assessment should include the individual's physical and mental condition, cognitive and function capacities, social and environmental needs, and primary caregiver needs and resources. NTOCC also believes that this care plan should be administered by a licensed qualified health professional.

As the Ways and Means Committee works to improve the hospital system, NTOCC encourages the committee to include language surrounding a comprehensive medications management plan for all individuals transitioning from the hospital to another care facility or their home. Poor communication during transitions can lead to medication errors, duplicative tests, inconsistent patient monitoring, and lack of follow through on referrals, all of which contribute to poor health outcomes for patients and avoidable hospital readmissions. In fact, on discharge from the hospital, 30% of patients have at least one medication discrepancy<sup>i</sup> and an estimated 66% of medication errors occur during transitions: upon admission, transfer or discharge of a patient.<sup>ii</sup>

NTOCC has developed several tools, such as NTOCC's Medicare Reconciliation Elements, to assist providers in creating their own forms for performing medication reconciliation to ensure that key information is communicated. In addition, NTOCC has developed My Medicine List, to help patients and family caregivers to track their own medications as they navigate transitions. NTOCC strongly believes that patients and family caregivers should be empowered to take an active role when a care transition occurs. Patients and family-caregivers must have a clear understanding of the care plan, including how to take medications, how the medications relate to their condition or diagnosis, and potential benefits and risks of medications.

As the Committee continues to work towards a comprehensive overhaul of the current payment system, NTOCC urges consideration of the underlying issues of IT interoperability. Interoperability among the various technology systems—such as the administrative systems, medical record systems, diagnostic tools, transcription and security, and others—is critical for effective transitions of care. There exists a pervasive inability, to connect disparate health technology software programs to one another, resulting in poor communication across the continuum of care. Connectivity between acute and primary care, between post-acute and community-based services, between patients and health technology resources, and every touch-point within that ecosystem, is uneven at best. Without addressing these impediments, the promise of HIT's effect on overall transitions of care improvement will not be realized.

NTOCC shares the Committee's statement that complex problems need a comprehensive solution and NTOCC is ready to assist the Committee as they look to transform the current care models. NTOCC appreciates the opportunity to submit these comments and looks forward to working with the Committee to improve patient outcomes and strengthen our health care delivery system through improved care coordination and care transitions.

Sincerely,



Cheri Lattimer  
Executive Director

- <sup>i</sup> Kwan, Y, Fernandes, OA, , JJ et al., "Pharmacist medication assessments in a surgical preadmission clinic," Arch Intern Med, 2007;167:1034-40.
- <sup>ii</sup> Santell, J., "Catching Medication Errors at Admission, Transfer, and Discharge," United States Pharmacopeia.