



February 28, 2011

Secretary Kathleen Sebelius
Department of Health and Human Services
Office of the Secretary
200 Independence Avenue SW
Washington, D.C. 20201

Dear Secretary Sebelius:

We appreciate the opportunity to comment on the notice “Medicaid Program: Initial Core Set of Health Quality Measures for Medicaid Eligible Adults” (CMS-2420-NC).

The National Transitions of Care Coalition (NTOCC) and its multidisciplinary team of leading health care experts and stakeholders are dedicated to improving the quality of care transitions. NTOCC’s mission is 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 —particularly the elderly and individuals with chronic or serious illnesses— face significant challenges when moving from one care setting to another within our fragmented health care system. Poor communication during these transitions may create serious concerns regarding patient safety, quality of care and health outcomes. As policymakers strive to improve health care quality and reduce hospital readmissions, it is essential that the improvement of care transitions is made a top priority.

NTOCC believes that part of creating a payment system that encourages better transitions of care involves the development and implementation of performance measures relating to care transitions and coordination. For that reason, NTOCC has convened a “Measures Work Group” to review, assess, and make recommendations on how to improve and expand the current state of quality measurement for transitions of care. One tool that the Administration may find useful when developing quality measurements is NTOCC’s “Proposed Framework Outline for Measuring Transitions of Care” which depicts the basic elements of structural quality and the common processes that should occur in any setting of care. This framework can be found at: http://www.ntocc.org/Portals/0/TransitionsOfCare_Measures.pdf

NTOCC supports the Administration's efforts to develop health care quality measures for Medicaid eligible adults. We are particularly pleased that the Administration recognized the importance of including measures to evaluate transitions of care, specifically measures #27: Timely Transmission of Transition Record, and #28: Transition Record with Specified Elements Received by Discharged Patients.

While NTOCC supports the inclusion of these measures, it is important to acknowledge that gaps in transitions of care exist between all settings and levels of care, providers, and across patients' different levels of health status. Therefore, as the Administration looks to enhance the initial set care of measures, NTOCC recommends expanding the reach of these measures to cover transitions within facilities and between primary care providers and specialists. Additionally, NTOCC submits the following comments in regards to measures #27 and #28.

Measure # 27: AMA-PCPI "Timely Transmission of Transition Record (Inpatient Discharges to Home/Self-Care or any other site of Care)

In order to maximize the amount of information for this measure, NTOCC recommends that two measures need to be considered to ensure we evaluate process, structure and outcomes. The first measure would look at the number of patients for whom a transition record was transmitted to the facility, the primary care provider or other health care professional designated for follow-up. NTOCC recommends a second measure to include the number of transition records transmitted timely (within 24 hours) of transition/discharge. For example, if an institution discharges 400 patients and only 300 (75%) have transitions records, and 100 patients (25%) have transition records transmitted in a timely manner (within 24 hours), it is important to distinguish between these outcomes.

Measure #28: AMA-PCPI Transition Record with Specified Elements Received by Discharged Patients (Impatient Discharges to Home/Self-Care or Any Other Site of Care)

While NTOCC applauds AMA-PCPI for the development of this measurement, we feel that two important elements were omitted: documentation of any patient and family caregiver engagement, and education and shared accountability across providers and organizations.

Most patients and family caregivers are not encouraged to play an active role when a transition in their care occurs, even though they are often the only constants in the transition. NTOCC believes that patients should be provided with tools and resources to help make them informed consumers of care and identify questions to ask their care team during any transition. At a minimum, such tools should help patients and family caregivers understand who is involved in their care plan and clear time frames for steps in that care plan—such as tests and test results, follow- up appointments, and medication information. NTOCC believes it is important that measure #28 include documentation of this patient and family care-giver engagement.

In regards to shared accountability across providers and organizations, NTOCC supports the concept of ensuring that a health care provider is responsible for the care of the patient at all times, assuming responsibility for the outcomes of the care transition process by both the provider (or facility) sending and the provider (or facility) receiving the patient. NTOCC's Measures Work Group recommends that process measures for care transition should address both the sending and the receiving providers to promote shared accountability. Process measures that are applicable to the "sending" provider confirming that key information has been sent to the intended "receiving" provider should be paired with process measures that are applicable to the "receiving" provider documenting that key information received has been acted upon

NTOCC looks forward to continued engagement with HHS and the Agency for Health Care Research and Quality to establish quality health care measuring aimed at measuring and improving care transitions. Should you have any questions, please do not hesitate to contact me personally at 501-673-1144 or clattimer@acminet.com.

Sincerely,

A handwritten signature in cursive script that reads "Cheri Lattimer".

Cheri Lattimer, Executive Director