

CMS Response to Public Comments Received for CMS-10688

The Centers for Medicare and Medicaid Services (CMS) received comments from a Nurse Practitioner Group and a Home Care Association related to CMS-10688. This is the reconciliation of the comments.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received comments from a Nurse Practitioner Group stating that “NPs that are the primary care providers for patients in the Home Health program are not able to make necessary adjustments to medication or treatment without obtaining a physician signature. This delays access to treatment and puts patients at risk for avoidable complications.” The Nurse Practitioner Group suggested that CMS “include a question in the ‘Characteristics of Your Home Health Agency’ section of the survey instrument that asks home health agencies about delays in care related to physician certification requirements.”

Response:

CMS thanks the commenter for this suggestion. The aim of the survey is to identify: actions that home health agencies took to try to improve performance on CMS measures; whether agencies perceived the changes they made as helpful; whether barriers to improvement exist; and whether the quality measures are related to any unintended consequences. While CMS notes that the comment is interesting, it falls out of the scope of the closed-ended survey because delays in care due to physician certification requirements do not constitute a home health agency characteristic that is directly related to quality measurement programs. Furthermore, several questions would be needed to determine if care is delayed and, if so, determine whether the need for certification is responsible for such delays. Adding such questions is infeasible in the context of a closed-ended survey but may be possible in the open-ended qualitative interviews. Accordingly, questions probing this issue were added to the qualitative interview guide (under the section titled “Additional Home Health Agency Market Characteristics”), which will allow the issue to be explored as a potential barrier to improvement.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received comments from a Nurse Practitioner Group suggesting that “it is important for HHS to obtain data regarding the types of providers that are providing home health care to Medicare and Medicaid patients. We request that HHS include a question for home health agencies that would ask how many nurse practitioners and other providers are affiliated with the home health agency.”

Response:

CMS thanks the commenter for the suggestion. The goal of the proposed survey is to understand: actions that home health agencies have taken in response to the CMS quality measures; whether home health agencies feel these actions have improved performance; and what barriers to improving performance exist. As such, we are surveying quality leaders in home health agencies. Asking such staff to identify proportions or counts by clinician type would impose a significant burden, since most quality leaders would require additional information gathering to give accurate answers. To minimize burden on respondents, given that provider type is not significantly related to quality measurement, CMS will refrain from adding questions to the survey regarding the distribution of clinician types within each agency.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received comments from a Nurse Practitioner Group suggesting that “as you seek to collect data or convene panels of experts to amass information to make your decisions regarding the HH program, we recommend that you ... involve nurse practitioners. We cannot stress enough the importance of including feedback from all providers, including NPs, as you are standardizing and utilizing data regarding patient care in home health programs.”

Response:

CMS thanks the commenter for the comment and appreciates this interest in providing feedback on the results of this survey. The goal of the proposed survey is to understand: actions that home health agencies have taken in response to the CMS quality measures; whether home health agencies feel these actions have improved performance; and the barriers to improving performance that exist. CMS will provide stakeholders with multiple opportunities to offer comments on the results, including Open Door Forums, Listening Sessions, and Technical Expert Panels. CMS will issue public notices calling for nominations to participate in such opportunities. In addition, CMS uses the Notice of Proposed Rule Making (NPRM) process for gathering input from affected stakeholders on the Home Health Agency program. CMS encourages all affected stakeholders, including nurse practitioners (who play an important role in delivering home health services to seniors), to provide comments during the NPRM.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received comments from a Home Care Association suggesting that CMS “include agencies in rural areas in the stratification approach. Home health agencies in rural areas experience greater challenges in care delivery and the quality improvement activities than urban agencies. Patients in rural areas are typically low income, are in poor health, and do not have access to high quality health care.”

Response:

Thank you for this suggestion regarding the proposed stratification approach to drawing the sample. Understanding how home health agencies in rural areas are affected by quality measurement programs is a key priority for CMS. As such, CMS intends to compare urban and non-urban agencies. Based on initial testing, the current sampling design is expected to yield approximately 89 responses from home health agencies located in small towns or rural areas. Given this expected yield, CMS estimates that the current sampling design will have 80% power for detecting medium-sized differences between urban and rural/small-town home health agencies. However, adding rural status as a fourth stratification criterion would be infeasible due to the presence of too few home health agencies in rural areas in most strata.