Emergency Department EDPMA Practice Management Association

September 11, 2017

Submitted Electronically

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
Room 445–G
200 Independence Avenue SW
Washington, DC 20201

Re. CMS-1678-P: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

Dear Administrator Verma:

The Emergency Department Practice Management Association (EDPMA) is one of the nation's largest professional physician trade associations focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's membership includes emergency medicine physician groups, as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments. Together, EDPMA's members deliver (or directly support) health care for about half of the 136 million patients that visit U.S. emergency departments each year. We work collectively and collaboratively to deliver essential healthcare services, often unmet elsewhere, to an underserved patient population who often has nowhere else to turn.

EDPMA appreciates the opportunity to provide input as you finalize payment and other policies under the Hospital Outpatient Prospective Payment System (OPPS) for calendar year (CY) 2018.

Hospital Outpatient Quality Reporting Program Updates

CMS does not propose any new measures for the Hospital OQR Program. However, it proposes to remove or delay a number of measures for both the CY 2020 and 2021 payment determinations to alleviate the maintenance costs and administrative burden to hospitals associated with retaining them. The list of measures proposed for removal include:

- *OP-21: Median Time to Pain Management for Long Bone Fracture Beginning with the CY 2020 Payment Determination*: This process of care measure assesses the median time from emergency department arrival to time of initial oral, nasal, or parenteral pain medication (opioid and non-opioid) administration for emergency department patients with a principal diagnosis of long bone fracture (LBF). CMS' rationale for removal of this measure is out of concern that it may create undue pressure for hospital staff to prescribe more opioids. Although CMS is unaware of any scientific studies that support an association between this measure and opioid prescribing practices, out of an abundance of caution, it proposes to remove the measure to avoid misinterpretation of the intent of the measure. ***EDPMA agrees with the proposal to remove OP-21 from the OQR program.*** While a more nuanced measure might be useful in the future, we believe this is a prudent step given the public health concern over the ongoing prescription opioid overdose epidemic.

- *OP-1: Median Time to Fibrinolysis (beginning with CY 2021 Payment Determination)*: This chart-abstracted measure assesses the median time from ED arrival to administration of fibrinolytic therapy in ED patients with ST-segment elevation on the ECG performed closest to ED arrival and prior to transfer. CMS proposes this measure for removal since the currently adopted OP-2: Fibrinolytic Therapy Received within 30 Minutes of ED, which has been designed with a threshold that is based on a clinical standard, allows CMS to measure this topic area and provides meaningful and clinically relevant data on the receipt of fibrinolytic therapy. ***EDPMA supports the proposal to remove OP-1 from the OQR program given the burden associated with chart-abstracted measures.***

- *OP-4: Aspirin at Arrival (beginning with CY 2021 Payment Determination)*: This chart-abstracted measure assesses the rate of patients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department. CMS has determined that this measure is topped out and thus, the burden of reporting it is not justified by the value of retaining it. ***EDPMA agrees with CMS' proposal to remove OP-4 from the OQR, particularly given the burden associated with reporting chart-abstracted measures.***

- *OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional (beginning with CY 2021 Payment Determination)*: This chart-abstracted measure assesses the time from ED arrival to provider contact for Emergency Department patients. During regular measure maintenance, specific concerns about OP-20 were raised by a Technical Expert Panel (TEP), including (1) limited evidence linking the measure to improved patient outcomes; (2) validity concerns related to wait times and the accuracy of door-to-door time stamps; and (3) potential for skewed measure performance due to disease severity and institution-specific confounders. CMS agrees with the concerns that the measure does not result in better patient outcomes and that the burden of continuing to include this measure in the program outweighs the benefits. We believe that there are issues with how this measure is currently administered by CMS. There are socio-economic pressures that can vary by community that cause variation in performance on this measure if it results in a one-size-fits-all score. However, EDPMA also believes that, when properly administered, OP-20 is a measure that can be an important measure from the patient

perspective. We encourage CMS to consider a reconstituted version of OP-20 that stratifies performance by hospital size and other factorsso that the measure takes into account understandable factors related to measure performance variation.

CMS also proposes the following measure for public display on *Hospital Compare* beginning as early as July 2018:

- *OP-18c: Median Time from ED Arrival to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients*: This measure addresses ED efficiency in the form of the median time from ED arrival to time of departure from the ED for patients discharged from the ED (i.e., ED throughput). OP-18 measure data is stratified into four separate calculations:
    - OP-18a is defined as the overall rate
    - OP-18b is defined as the reporting measure
    - OP-18c is defined as assessing Psychiatric/Mental Health Patients; and
    - OP-18d is defined as assessing Transfer Patients

  Currently, the OP-18 measure publicly reports data only for the calculations designated as OP-18b, which excludes psychiatric/mental health patients and transfer patients. CMS believes it is important to publicly report data for OP-18c to address a behavioral health gap in the publicly reported Hospital OQR Program measure set. CMS states that it also considered delaying public reporting of the measure until about July 2019, but felt this would create a delay in its efforts to address the behavioral health data gap in the publicly reported measure set. ***EDPMA supports delaying public reporting of this measure until such time that issues related to the reporting of the measure can be addressed.*** EDPMA is extremely supportive of efforts to enhance care for those with behavioral health needs, particularly in the Emergency Department. However, we are concerned that time-based arrival-to-departure measures for patients with behavioral health needs could create disincentives from providing care needed. We are also skeptical of whether public posting of time-based arrival-to-departure measures provide any utility in the Emergency Department setting (for patients with behavioral health needs or otherwise) at all.

ASCQR Program Quality Measures for the CY 2021 and CY 2022 Payment Determinations and Subsequent Years

CMS proposes to add *ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures* to the ASC Quality Reporting Program (ASCQR) beginning with the CY 2022 Payment Determination.

The measure outcome is all-cause, unplanned hospital visits within seven days of an orthopedic procedure performed at an ASC. CMS notes that ASC patients often present to the hospital for complications of medical care, including infection, post-operative bleeding, urinary retention, nausea and vomiting, and pain. CMS clarifies that “hospital visits” here include emergency

department visits and observation stays (as well as unplanned inpatient admissions). While CMS stated its intention to submit it for review and endorsement by NQF once an appropriate NQF project has a call for measures, the proposed ASC-17 measure is not currently NQF- endorsed.

EDPMA opposes the use of ED visits as a part of this quality metric. EDPMA is concerned with metrics that assume that receiving care in the emergency department should be avoided. In 2013, the RAND Corporation released a study entitled "The Evolving Role of Emergency Departments in the United States," that, among other things, explains why the emergency department is often the most appropriate venue for many patients. It found that emergency department physicians are the major decision makers in over half of an average hospital's admissions and are critical in helping hospitals fulfill their statutory obligation to provide emergency care without regard to the ability to pay (i.e., EMTALA). Primary care physicians increasingly rely on the emergency department to evaluate complex patients with potentially serious problems, conduct workups, and provide overflow and after-hours primary care. Increasingly, the emergency department is seen not as a health care resource to be avoided, but a key stabilization and decision point for patient disposition, which increasingly involves finding alternatives to hospital admission or observation stays for high-focus patient populations. The RAND report found that "an average inpatient admission costs ten times more than an ED visit." In many cases, a visit to the emergency department is not only appropriate – but the least costly alternative. And increasingly, emergency department providers are finding alternatives to hospitalization (either inpatient or observation stays). Therefore, in order to ensure the appropriate implementation of this measure, ***EDPMA urges CMS to remove the ED visits and observation stays from this and focus only on inpatient admissions.*** In the alternative, ***EDPMA requests that CMS wait to finalize the measure for inclusion for the CY 2022 OQR payment determination until NQF endorsement review has concluded so these issues can be further addressed.***

The EDPMA appreciates the opportunity to provide input on the proposed rule. If you have any questions, please contact Elizabeth Mundinger, Executive Director of EDPMA, at emundinger@edpma.org if we can be of further assistance.

Sincerely,

Andrea Brault, MD, FACEP, MMM, Chair of the Board
Emergency Department Practice Management Association (EDPMA)