

*Submitted via electronic mail*

May 24, 2010

Michelle Shortt  
Director, Regulations Development Group  
Office of Strategic Operations and Regulatory Affairs  
Centers for Medicare and Medicaid Services  
Attn: CMS-10298  
Room C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
*OIRA\_submission@omb.eop.gov*

**RE: Agency Information Collection Activities: Submission for OMB Review;  
Comment Request (CMS-10298 and CMS-R-142)**

Dear Director Shortt:

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 140,000 occupational therapists, assistants, and students. The practice of occupational therapy is science-driven, evidence-based, and enables people of all ages to live life to its fullest by helping to promote health and prevent – or minimize the functional effects of – illness, injury, and disability. AOTA appreciates the opportunity to work with the Centers for Medicare & Medicaid Services (CMS) and RTI International (RTI) on the Developing Outpatient Therapy Payment Alternatives (DOTPA) project, and to provide comments on the project's proposed information collection activities, which were requested in the April 23, 2010 *Federal Register*.

DOTPA was designed to identify and analyze information on Medicare Part B therapy services in order to better understand patterns in therapy utilization and effectiveness and ultimately develop new payment methods. Accordingly, the CARE-C and CARE-F assessment tools RTI has developed attempt to identify the characteristics and outcomes of Medicare beneficiaries receiving occupational therapy, physical therapy and speech-language pathology services on an outpatient basis. As the project could have a significant impact on the provision of occupational therapy services to older adults in our nation, AOTA has carefully reviewed the assessment tools and sought input from experts in the occupational therapy profession. Among these experts are AOTA members who served on the DOTPA technical expert panel (TEP) in July 2008, and participated in ongoing discussions with RTI during the development phase for both tools.

The following are AOTA's comments on the utility and burden of the proposed information collection.

## **I. Necessity and Utility of the Proposed Information Collection for the Proper Performance of the Agency's Function**

The charge to understand the reimbursement patterns and needs of outpatient therapy patients can only be met if occupational therapy services are adequately sampled. AOTA is consequently submitting these comments in order to ensure that the CARE-C and CARE-F assessment tools accurately measure the characteristics and outcomes of individuals receiving Medicare Part B therapy services of all types, and that each service – including occupational therapy – is adequately and appropriately evaluated.

### **A. Increase Emphasis on Provider Assessment**

The CARE-C tool notably lacks a thorough provider-assessed section on activities of daily living, specifically self-care, functional mobility and instrumental activities of daily living. We recommend using items from Sections VI.A, B, and C ("*Functional Status*") of the CARE-F tool. This modification would have three important advantages:

1. Self-care, mobility and instrumental activities of daily living are critical domains triggering the need for occupational therapy services, and are the primary outcomes of interest for most Medicare Part B beneficiaries.
2. Both tools (CARE-C, CARE-F) would then contain the same items addressing these critical domains (self-care, mobility, instrumental activities of daily living).
3. Provider-assessed function in these critical domains could be compared against patient reported outcomes.

Including a provider assessment section would not increase the administrative burden because this is information therapists already collect as part of the current evaluation process.

### **B. Risk Adjustment and Statistically Valid Sampling**

Another issue of concern to AOTA is RTI's plan to conduct analyses to derive risk adjustment for all outpatient therapy services based on case mix group coefficients. The stated rationale for this is to avoid complications when two disciplines may be treating the same patient. Despite this justification, we strongly recommend that analyses examining risk adjustment be distinct for each discipline.

Risk adjustment for occupational therapy services should be different from risk adjustment for other therapy services because, by definition, the scope, intervention, and anticipated outcomes differ by therapy type. In addition, the frequency of claims related to occupational therapy services is significantly less than physical therapy and an unweighted analysis could skew the results as they relate to determining occupational therapy patient characteristics, need, and outcomes. AOTA therefore recommends that CMS require a statistically valid sample of each therapy separately to make sure the data are appropriately representative of each therapy discipline.

AOTA also has another related concern. In our previous interactions with RTI, we have discussed the use of some data as “risk adjusters” and some data as “outcomes.” We submit that the same data points cannot serve both purposes and that the use of each data point, as well as its weight in the algorithm, needs to be specified clearly as this project moves forward. AOTA strongly urges separation between these purposes.

### **C. Missing Data**

Finally, we strongly recommend that CMS require RTI to identify their plan for managing missing data and examining the reasons for missing data. This could have a significant impact on the outcomes of the data analyses, potentially skewing results in a way that thwarts the purpose of the DOTPA project and hurts CMS’s ability to achieve its desired outcome.

## **II. Accuracy of the Estimated Burden**

RTI estimates that it will take an average of 15 minutes to complete the CARE-C tool and 30 minutes to complete the CARE-F tool.<sup>1</sup> Our experts have found this to be a low estimate, and note that the paper tools are long and have the potential to confuse patients (causing the therapist to spend even more time explaining questions and concepts to the patient). This will place administrative and financial burdens on the providers who volunteer to participate in the collection process. AOTA urges CMS to calculate and provide the accurate time estimates so that volunteers can be informed and optimum participation is achieved.

However, AOTA recognizes that the tool must be able to comprehensively capture occupational therapy services and, as such, will have some heft. With our comments incorporated, the tool should be useful for describing Medicare beneficiaries receiving Part B therapy services. Also, as discussed below, an electronic version of the assessment tools with built-in skip-patterns would substantially reduce the burden of participation, consequently increasing the pool of providers willing to participate in the data collection phase of DOTPA.

## **III. Ways to Enhance the Quality, Utility, and Clarity of the Information to be Collected**

While AOTA has noted that a number of its suggestions from the prior comment period have been incorporated into the latest versions of the assessment tools, we have included here some additional changes that would impact the quality, utility, and clarity of the data collection.

### **A. Distinction: Body Function and Activity Limitation**

The options listed under Section II.C.1 (“*Primary Condition: What is the main health/condition/reason you are receiving therapy?*”) of the CARE-C tool are a mixture of body structure and body function impairments, health conditions, and other functional problems. Consistent with the use of the ICF, we recommend that the list be split into two sections with one focusing on body function impairments and the other on activity limitations. Body structure and body function impairments should be broadened to include problems with memory and problems

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<sup>1</sup> Data Collection for Developing Outpatient Therapy Payment Alternatives: Office of Management and Budget Clearance Package supporting Statement, Section B.6 (February 19, 2010).

with vision. Activity limitations should be broadened to include problems with self-care, problems managing the home, and problems maintaining activities in the community.

**B. Setting Identification**

We recommend adding an item to Section 1 (“*Administrative Information*”) in the CARE-C tool in order to identify the setting where the therapy is taking place (*e.g.*, comprehensive outpatient rehabilitation facility, outpatient rehabilitation facility, private practice, etc.). There is little information on the context of therapy otherwise.

**C. Provider Training**

With respect to the plan for data collection, we would recommend careful consideration of how providers will be trained in the administration of the data collection tools. As we reviewed the items in both tools, we detected several instances where the wording was subject to interpretation, which may affect data clarity and utility. We strongly recommend standardized procedures for training providers participating in the data collection process.

**D. Extended Assessment Period**

We would also like to note that the short, two day timeframe of the assessment will likely affect a provider’s ability to accurately complete the entire form. Thus, to ensure the quality and utility of the data collected, AOTA recommends extending the assessment period to three days.

**E. Concerns Regarding the Use of Collected Information**

Finally, AOTA has consistently expressed its concerns that the data collected would ultimately be used to measure outcomes. Such a use would be improper, as the assessment tools do not fully allow the therapist to measure or rate a patient’s functional improvement, and instead rely heavily on patients to self-report. While RTI has assured us that the data will not be used to predict outcomes, we would like to reiterate our position that such a use would be quantitatively inaccurate and qualitatively inappropriate.

**IV. Use of Automated Collection Techniques or other Forms of Information Technology to Minimize the Information Collection Burden**

Finally, we encourage CMS to prioritize the development of an electronic version of the DOTPA tools including skip-patterns and other functions. Occupational therapy practitioners in the field tell us that an electronic version would substantially reduce the burden of this project, both in stacks of paper and number of hours, as well as increase the ability of more providers to participate. This would, in turn, increase the quantity and improve the utility of collected data.

AOTA remains committed to the DOTPA mission and would like to thank CMS, RTI, and the Office of Management and Budget (OMB) for including us in this process. We respectfully request that careful consideration be given to these comments and that we be kept informed as the project unfolds. Should you have any questions, or if you would like additional information, please contact us at (301) 652-6611 ext. 2023 or [jhitchon@aota.org](mailto:jhitchon@aota.org).

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Hitchon".

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Jennifer Hitchon  
*Regulatory Counsel*

cc: Dr. David M. Bott, [david.bott@cms.hhs.gov](mailto:david.bott@cms.hhs.gov)