

Via electronic submission to: physicianvbp@cms.hhs.gov

December 24, 2008

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Development of a Plan to Transition to a Medicare Value-Based Purchasing Program for Physician and Other Professional Services Issues Paper

Dear Sir or Madam:

On behalf of 140,000 occupational therapy practitioners, the American Occupational Therapy Association (AOTA) submits this letter to Centers for Medicare & Medicaid Services (CMS) regarding CMS' Issues Paper on Development of a Plan to Transition to a Medicare Value-Based Purchasing Program for Physician and Other Professional Services. We appreciate the opportunity to comment. CMS has asked some great questions that are critical in developing a value-based purchasing program. We do not have the answers to all of your questions at this time, but below we have included the answers to the questions that we have had time to analyze and discuss. We look forward to continuing dialogue on this issue and working with CMS and other stakeholders to develop the Plan.

AOTA offers the following comments and recommendations for your consideration.

Overarching Questions

1. Will the stated objectives, assumptions, and principles support higher quality of care for Medicare beneficiaries and better value from Medicare spending? What other planning parameters should be considered?

AOTA generally supports the objectives, assumptions, and principles presented by CMS. We are in favor of measuring outcomes and feel it is critical that this not be limited by setting. One important piece of developing the plan is the development of outcome measures. AOTA would like to be consulted in the development of measures, as we have direct access to occupational therapists with clinical expertise across all settings that will be key to ensuring that new measures address outcomes, cost of care, patient experience, care coordination, prevention, and adoption and use of HIT in a workable way. We urge CMS to move forward with item 5 on page 6 of the Issues Paper "Develop an ongoing evaluation process to assess impact, monitor for unintended consequences, and support improvement of the Plan over time." We feel this is necessary in order to accomplish the goal of reducing fragmentation and duplication through alignment of measures and incentives across providers and settings of care.

2. Is it desirable to have several different approaches to accommodate different practice arrangements across various care settings? If so, how should this be accomplished?

We feel that it is very important to accommodate different practice arrangement across various care settings. For instance, occupational therapists serve a variety of settings, such as community practice, nursing homes, hospitals, home health, and long term care. Each of those settings entails unique challenges as CMS develops a plan for value-based purchasing. At this time, we are not able to provide a specific answer to this question. We look forward to working with CMS and other stakeholders to explore sensible and realistic approaches.

Additional Issues

Measures

AOTA feels that both clinical process measures and outcomes measures are important. We have more experience with process measures and are interested in working on outcomes measures. In developing outcomes measures, we are particularly concerned about how CMS will measure risk and assess the difference between patients and outcomes. CMS must compensate for outliers and co-morbidities and keep in mind that rehabilitation does not have an absolute goal. An occupational therapist develops a plan of care with goals for each individual patient based on their overall condition, needs, and abilities. Therefore, patients may expect various degrees of improvement. Measures must be sensitive to the setting, i.e., progress by a patient in a nursing home is different than progress by a patient receiving outpatient therapy. Populations are different, such as outpatient v. long term residence v. home health. Therefore, measures must be developed in a way that takes those differences into account. AOTA looks forward to working with CMS as it seeks an objective way to measure outcomes.

Another concern is that occupational therapists and other professionals need help with the development of measures. This is an involved process that requires measure testing. Resources must be available to encourage health care professionals to participate in testing measures under development for the long-term benefit of the program.

Incentive Methodology

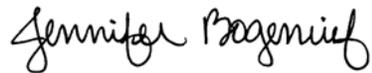
We believe that a bonus system would be most helpful in engaging occupational therapists in value-based purchasing. We do not have much experience with incentives due to the limited opportunities for occupational therapists to participate in the previous demonstrations and pilot programs, including the Physician Quality Reporting Initiative (PQRI). We have been involved in PQRI, however, our participation and that of our members is limited to due the low number of measures that have been available for occupational therapists to use, compared to the number of measures available to physicians. Also, many occupational therapists work in other outpatient settings besides private practice, which are currently excluded from PQRI due to logistical and other issues. Several new measures available to occupational therapists are in place for 2009, and we look forward to receiving feedback on occupational therapists' participation in and experience with PQRI.

Data Strategy and Infrastructure

We feel that in addition to claims reporting, registries should also be used in order to involve more professionals in the Plan. AOTA recommends that CMS consider collecting therapy quality data in facility settings (for example, skilled nursing facilities) through a registry based system for occupational therapy practitioners. If these professionals were allowed to participate in data submission it would increase the quality of care to patients and the savings to Medicare.

We look forward to a continuing dialogue with CMS on these issues. Should you have any questions, feel free to contact me at (301) 652-6611 ext. 2017 or via email at jbogenrief@aota.org.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Bogenrief". The signature is written in a cursive style with a large initial "J" and "B".

Jennifer Bogenrief
Senior Regulatory Analyst, Reimbursement and Regulatory Policy