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Submitted via www.regulations.gov

Ms. Karen L. Tritz
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Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Mr. David R. Wright
Director, Quality, Safety & Oversight Group
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RE: Advance Copy - Interoperability and Patient Access Rule - Admission, Discharge, and Transfer Notifications for Hospitals, Psychiatric Hospitals, and Critical Access Hospitals (CAHs) Interpretive Guidance. A-0471 (Issued 5-01-2020; Effective Date 06-30-2020; Implementation Date 05-01-2021) §482.24 Condition of Participation: Medical Records.

Dear Ms. Tritz and Mr. Wright,

We write to encourage you to reconsider recent CMS guidance around requirements for event notifications – also known as admission/discharge/transfer or ADT feeds – to community practitioners. These notifications are critical to improving patient safety through better care transitions and to enabling value-based care at scale. **We are concerned that the recent guidance will not encourage already-reluctant hospitals to do more than simply check-the-box, thus limiting the significant impact that the new requirement could have in supporting the value-based care movement.**

The Partnership to Empower Physician-Led Care (PEPC) is a membership organization dedicated to supporting value-based care to reduce costs, improve quality, empower patients and physicians, and increase access to care for millions of Americans through a competitive health care provider market. We believe that it is impossible to achieve truly value-based care without a robust independent practice community. Our members include Aledade, American Academy of Family Physicians (AAFP), California Medical Association, Florida Medical Association, and Medical Group Management Association (MGMA). We also have individual and small medical group supporters across the country, many of whom are independent physicians or practices and wish to remain so.

We are united in a common commitment to realizing the promise of health care data through increased information sharing – the backbone of our collective efforts to improve quality, reduce total cost of care, and improve the patient experience. We were encouraged to see the Centers for Medicare and Medicaid Services (CMS) finalize the new Condition of Participation (CoP) related to ADT feeds as these notifications would be transformative if implemented in a manner that encourages and incentives hospitals to share notifications broadly to enable better decision-making, reduce waste, and improve patient outcomes.

While recent CMS guidance states that the event notification requirement does “not limit the hospital’s ability to notify additional entities based on hospital policy, such as ACO attribution lists,” it certainly does not encourage hospitals to accept them. This is problematic because value-based payment models – including those run by Medicare and Medicaid – almost universally utilize rosters (i.e., attribution lists)



and to allow hospitals to ignore those rosters will mean that the new regulations will not support these programs.

In the final guidance, we urge CMS to clearly and affirmatively state that hospitals should make every effort to accept patient rosters. This is common practice in states where event notifications have been shared at scale for years, and should be encouraged by CMS for the following specific reasons:

1. Electronic Information Sharing is Key to Value-Based Care. Real population health management – the bedrock of many delivery system transformation initiatives, including ACOs – cannot be achieved without timely access to patient health care information. Today’s value-based care practices have to go hospital-by-hospital to find facilities willing to share information about their own patients. In the event that they are unable to find willing partners, they have to make do with the information they have or can get from their patients. This jeopardizes the success of our system-wide movement to value-based care and is counterproductive to our national goals of improved quality and reduced costs.
2. Greater Information Sharing Promotes Health Care Competition. Even after federal policymakers have invested billions of dollars to encourage the adoption and exchange of electronic health information, too many providers continue to see the data generated as proprietary rather than as an enabler of higher value care. In the case of ADT feeds, the failure to communicate is not a technical problem, but rather a strategic decision not to share information to preserve its “competitive value.” By requiring ADT feeds, CMS would be promoting and encouraging healthy competition in the health care market.
3. Roster-Based Approaches Can Be Accommodated by Hospitals Today With No New Technology. Today, most hospitals have multiple technological options for sharing ADT feeds – participate in a local HIE, contract with a vendor to share alerts, and/or build their own data exchanges or interfaces. Conditions of Participation and Conditions for Coverage (CoP/CfC) requirements can and should be written to allow hospitals flexibility in the mechanism for implementing new requirements. No new standards are needed, and there are no technical barriers to sharing today as evidenced by the hospitals that are already frequently sharing this data with community providers.

Thanks for your consideration of this feedback. Please do not hesitate to reach out to me if the Partnership to Empower Physician-Led Care can be a resource to you. I can be reached at kristen@physiciansforvalue.org or 202-640-5942.

Sincerely,

Kristen McGovern
Executive Director