



May 3, 2018

RTI International
701 13th Street NW, Suite 750
Washington, DC, United States 20005-3967

Delivered electronically to: TOHPublicComments@rti.org

SUBJECT: Request for Comments on “*Transfer of Health Information and Care Preferences When an Individual Transition - Medication Profile Transferred to Provider / Medication Profile Transferred to Patients*”

Dear RTI International:

The Federation of American Hospitals (FAH) thanks RTI International for the opportunity to comment on the Medication Profile Transferred to Provider and the Medication Profile Transferred to Patient measures. The FAH agrees that post-acute care providers should measure and track effective care coordination and communications across settings. These measures serve as a key first step in a multi-step process and these measures in conjunction with other initiatives such as tailored patient education and web-based pharmaceutical treatment algorithms will drive improvements and reduce adverse events.

While we support the measures’ intent, the FAH recommends that the Medication Profile be simplified. Specifically, some of the elements required for the medication profile are duplicative with other discharge and transition documents (e.g., active diagnoses) and reducing the number of required data elements would ensure feasibility and reliability of data collection. In addition, some of the elements add significant provider burden while not demonstrably providing higher value. The revised Medication Profile could include the following:

- Patient Information
 - Name
 - Date of Birth
 - Primary physician contact information
 - Height and weight and date recorded
 - Patient discharge diagnoses
 - Known drug allergies and sensitivities
- Medication Information
 - Name
 - Dose

- Route of administration
- Frequency
- Directions and special instructions **if applicable*
- For held or inactive medications, reason for hold and if/when medication should resume **if applicable*
- Prescriber (for prescribed medications)
- Timeline for final dosing of a medication after discharge **if applicable*
- Education provided to patient about potential risks/side effects and when to notify prescriber

The FAH understands that medication profiles provided to the patient have been shown to increase their sense of responsibility towards their medical care as well as their sense of knowledge. However, it remains unclear whether inclusion of discontinued medications in the patient medication profile would add value, particularly without paired patient education, or lead to unintended consequences such as unproductive information overload. We recommend that this not be included in the patient profile until more evidence of the effects of this data element can be assessed.

The FAH also recognizes that electronic capture and transmission of these data across settings would be optimal to reduce data collection burden and increase the timeliness of information. While adoption and availability of electronic systems and interoperability remains limited in the post-acute setting, the FAH appreciates that CMS created a measure that allows the transmission of data through other means. However, the FAH encourages CMS to continue to facilitate and incentivize broader adoption of these technologies and address the potential digital divide created by low levels of EHR adoption in post-acute care settings.

The FAH appreciates the opportunity to comment on this quality measures. If you have any questions regarding our comments, please do not hesitate to contact me or a member of the FAH staff at (202) 624-1500.

Sincerely,



Claudia A. Salzberg
Vice President, Quality
Federation of American Hospitals