



pharmacists advancing healthcare®

7272 Wisconsin Avenue  
Bethesda, Maryland 20814  
301-657-3000  
Fax: 301-664-8877  
www.ashp.org

September 3, 2013

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1601-P  
P.O. Box 8013  
Baltimore, MD 21244-1850

VIA ELECTRONIC SUBMISSION:

**Re: CMS-1601-P, Hospital Outpatient Prospective and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Hospital Value-Based Purchasing Program; Organ Procurement Organizations; Quality Improvement Organizations; Electronic Health Records (EHR) Incentive Program; Provider Reimbursement Determinations and Appeals**

Dear Sir/Madam:

The American Society of Health-System Pharmacists (ASHP) is pleased to submit comments on the changes to the Hospital Outpatient Prospective Payment System (HOPPS) and CY 2014 Payment Rates (proposed rule) as published in the July 19, 2013 Federal Register.<sup>1</sup> ASHP is the national professional organization whose 40,000 members include pharmacists, pharmacy technicians, and pharmacy students who provide patient care services in acute and ambulatory care settings, including hospitals, health systems, and ambulatory clinics. For over 70 years, the Society has been on the forefront of efforts to improve medication use and enhance patient safety.

ASHP is extremely pleased that the Centers for Medicare and Medicaid Services (CMS) has proposed that for CY 2014 the payment rate for separately payable drugs and biologicals will remain at Average Sales Price (ASP) plus six percent.

We have long supported reimbursement that is adequate to support core pharmacy services, in particular the costs of ensuring safe medication use, including ensuring patients receive the correct dosage of a medication, screening for drug interactions and contraindications, and verifying the appropriateness of a drug therapy. We supported CMS's decision to reimburse for separately payable drugs and biologicals at ASP plus six percent in the 2013 Final Rule and urge

---

<sup>1</sup> Federal Register Vol. 78, No. 139 pages 43534 – 44707

**TOGETHER WE MAKE A GREAT TEAM**

the Agency to finalize the Proposed Rule to reimburse for separately paid drugs at no less than ASP plus six percent in 2014.

ASHP’s comments on the Outpatient Quality Reporting Program (OQR) are summarized in Table 1. Our comments on the Ambulatory Surgical Center Quality Reporting Program (ASCQR) are summarized in Table 2.

**Table 1: Comments on the Hospital OQR Program**

<b>Location</b>	<b>Issue</b>	<b>Comment</b>
XIII.C.2.a	OP-19: Transition Record with Specified Elements Received by Discharged ED Patients (CY 2015)	ASHP agrees with the removal of the measure to streamline the quality improvement and reporting process. However, the Society cautions that transition record information is highly important in the spectrum of care in regards to patient safety. Furthermore, both the patient and provider are accountable for understanding the therapeutic plan. Education on medication therapy contributes to reductions in preventable harm and readmissions to acute care settings. According the Agency for Healthcare Research and Quality (AHRQ), up to 40% of some populations are prescribed medications without indication.
XIII.E.1	HAI measure NQF #0431 Influenza Vaccination Coverage among Healthcare Personnel	ASHP fully supports a healthcare quality measure to track influenza vaccination among healthcare providers. It is official ASHP (ASHP Policy 0615) policy to advocate that health-systems require personnel to receive an annual influenza vaccination with three exclusions: <ol style="list-style-type: none"> <li>1. A contraindication</li> <li>2. religious obligations</li> <li>3. informed declination</li> </ol> Further, ASHP advocates for universal vaccination for the US population. The Society agrees with the recommendation from the MAP for inclusion of this measure in the OQR.

<b>Location</b>	<b>Issue</b>	<b>Comment</b>
XIII.F	Possible hospital OQR measure topics for future consideration	ASHP strongly recommends consideration of healthcare quality measures that describe appropriate medication reconciliation and patient understanding of medication use. The current gap in care coordination on safe medication use can be filled by measures such as NQF 0097: Medication Reconciliation and NQF 0554: Medication Reconciliation Post-discharge. According to estimates from AHRQ 700,000 people are injured from adverse drug events per year and each adds close to \$20,000 to the cost of an episode.
XIII.H.2.g	Proposed data submission requirements for a measure reported via NHSN for the CY 2016 Payment determination and subsequent years	ASHP applauds HHS on the efficient mechanism for reporting data for OP-27 Influenza vaccination coverage among healthcare personnel. The administrative burden of reporting will be reduced by streamlining the data submission process through this mechanism that is already familiar to many health-systems. Furthermore, the stated timeframe for reporting coincides with the influenza season and can provide more useful and actionable information.

**Table 2: Comments on the Ambulatory Surgical Center Quality Reporting (ASCQR) program**

<u>Location</u>	<u>Issue</u>	<u>Comment</u>
XV.B.4	ASCQR program measure topics for future consideration.	ASHP believes appropriate medication management is one of the most important aspects in the healthcare spectrum that can bridge the gaps associated with poor coordination. Ensuring appropriate use of medications will contribute to a decrease in adverse events and more specifically adverse drug events and high cost hospital admissions. Reconciling medication lists helps increase communication between care settings and decrease patient harm. Medication management requires consistent and accurate communication among all members of the team including the patient. The Society requests consideration of quality measures that incorporate understanding of medication lists and prescribed medication and appropriate pharmacotherapy by the patient, caregiver, and provider. Such measures may include the following: <ul style="list-style-type: none"><li>- NQF 0419 Documentation of current medications in the medical record</li><li>- NQF 0097 Medication Reconciliation</li><li>- NQF 0036 Use of appropriate medications for people with asthma</li></ul>

The Society appreciates this opportunity to provide comments. Please contact me if you have any questions on ASHP's comments on the Proposed Rule. I can be reached by telephone at 301-664-8806, or by e-mail at [ctopoleski@ashp.org](mailto:ctopoleski@ashp.org).

Sincerely,



Christopher J. Topoleski  
Director, Federal Regulatory Affairs