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Rural Health Panel

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September 24th, 2018

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1695-P
P.O. Box 8013
Baltimore, MD 21244-1850
By electronic submission at <http://www.regulations.gov>

RE: 42 CFR Part 416 and 419: Medicare Program; Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Requests for Information on Promoting Interoperability and Electronic Health Care Information, Price Transparency, and Leveraging Authority for the Competitive Acquisition Program for Part B Drugs and Biologicals for a Potential CMS Innovation Center Model

To Whom It May Concern:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policy makers. The Panel is pleased to offer comments in response to this particular proposed rule. Our comments are limited to rural-specific issues and are structured to parallel questions posed, or issues stated, by CMS (not technical comments regarding specific sections of the proposed rule).

Overall, the Panel supports efforts to improve the Medicare Program, and other issues highlighted in this proposed rule. Medicare represents a higher proportion of patients for most rural health care organizations and clinicians than in urban areas, so Medicare policies may have a disproportionate impact on rural providers, hospitals, and beneficiaries. Therefore, we hope our comments below serve as valuable input during the proposed rule finalization.

Requirements for the Hospital Outpatient Quality Reporting (OQR) Program

CMS is requesting comment on future measure topics for the Hospital Outpatient Quality Reporting (OQR) Program. The Panel would like to direct CMS's attention to the 2018 National Quality Forum (NQF) Report titled, "*A Core Set of Rural-Relevant Measures and Measuring and Improving Access to Care: 2018 Recommendations from the MAP Rural Health Workgroup.*" The NQF report identifies a core set of the best available rural-relevant measures to address the needs of the rural population and provides recommendations from a rural perspective regarding measuring and improving access to care. Moreover, the NQF report

suggests including measures that address mental health, access to care, substance abuse, diabetes, and hypertension. Importantly, the report provides the selection criteria and process utilized to produce the core set of measures, the reasoning behind the selected measures, and offers proposals on access to care from a rural perspective. This report can be used for hospitals and ambulatory settings such as hospital outpatient centers or clinics.

Request for Information on Promoting Interoperability and Electronic Healthcare Information Exchange

Historically, rural hospitals have faced unique challenges, in technology, urban or larger healthcare organizations rarely need to consider. The time, technical expertise, and cost required to fully implement EHR technology can be a financial and operational burden on rural hospitals and providers. Unfortunately, this has left patients and residents negatively affected. According to a 2016 report by the Office of the National Coordinator for Health Information Technology, other barriers rural hospitals and patients must contend with include inconsistent EHR implementation across specialty providers, data blocking, a lack of national standards, and an absence of health IT transparency. Consistency among providers and the medium used for EHR is essential to implementing industry-wide interoperability, particularly in rural hospitals. The Panel encourages CMS to use all available regulations, rules, and assistance to advance interoperability as quickly as possible as it would be helpful to patient safety and quality of care.

The Panel commends CMS' continued work on these critical issues and we thank you for the opportunity to submit comments prior to the finalization of this proposed rule.

Sincerely,

The Rural Policy Research Institute Health Panel

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