National Patient Advocate Foundation

May 28, 2024

Administrator Chiquita Brooks-LaSure
Centers for Medicare and Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

RE: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2025

Submitted electronically via www.regulations.gov

Dear Administrator Brooks-LaSure,

National Patient Advocate Foundation (NPAF) appreciates the opportunity to submit comments on this proposed rule in regard to its effects on those we serve.

Background

NPAF advocates for inclusive policies that elevate and integrate patient and caregiver perspectives as critical parts of healthcare reform. Advancing equitable and affordable healthcare is the core of our person-centered agenda, in which financial and social stability are key components of quality healthcare. Our direct patient services counterpart, Patient Advocate Foundation (PAF), delivers a skilled needs navigation model specifically supporting social and financial well-being for thousands of limited-resourced patients and families. In 2023, PAF reached 2.5 million people via direct services, education, and outreach and over 185,000 with direct, sustained help. This resulted in $450,000 in direct financial support. The patients we serve come from all walks of life, with one shared experience that unites them - an inability to obtain needed medical care or afford necessities such as food, housing, utilities, and transportation.

Needs Navigation provides hands-on support for patients and caregivers to find and use resources that address their essential needs. This service improves health outcomes and is integral to achieving health equity. It is provided by people skilled in person-centered communication and resources coordination who

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serve as a key contact in helping find and access safety net support for patients and families experiencing financial hardship because of their medical conditions. Navigation models have evolved over the past decades as a critical component of person-centered care to address those patients' needs necessary for making ends meet and maintaining their financial health while coping with disease and we applauded their inclusion in the final 2024 Physician Fee Schedule and the new CMMI GUIDE Dementia model.

Needs navigation is urgently needed due to new learnings about the consequences of financial instability. A recent analysis of U.S. counties in JAMA found on average, "almost 20% of the population, 19.8%, had medical debt. After adjusting for county-level sociodemographic characteristics, a 1–percentage point increase in those with medical debt was associated with 18.3 more physically unhealthy days and 17.9 more mentally unhealthy days per 1000 people during the past month, 1.12 years of life lost per 1000 people, and an increase of 7.51 per 100 000 person-years in age-adjusted all-cause mortality rate. Associations of medical debt and elevated mortality rates were consistent for all leading causes of death, including cancer, heart disease, and suicide per 100 000 person-years."

This needs navigation model should now be expanded and integrated across all Medicare programs to provide real-time relief and practical help for limited-resourced patients and families confronted with medical debt, household financial hardships, or other financial and social strains that contribute to poorer health outcomes.

Proposal To Collect Four New Items as Standardized Patient Assessment Data Elements

Given the work we do, we support the addition of housing instability, food insecurity, utility challenges, and transportation challenges to the standardized patient assessment. From that work we know these are all areas that affect health and quality of life. They are certainly relevant for SNF patients, as they are relevant for all Medicare programs.

Our recommendation, however, is that CMS think more broadly about the underlying factor for these four SDOH domains. Financial insecurity underpins them all and perhaps is what should be assessed, rather than the various manifestations of that financial insecurity. While housing and transportation challenges can be due to limited options in an area, they are usually exacerbated by financial insecurity.

Finally, while we support this broader financial assessment, once needs are identified, they need to be addressed with referrals to available resources. We encourage CMS to continue working on this to eventually develop a mechanism to ensure that such needs are not only assessed but met with delivered services.

SNF QRP Quality Measure Concepts Under Consideration for Future Years— Request for Information (RFI)

We appreciate the opportunity to respond to the following in this RFI:

- Depression- We support both assessing for and managing depression as we have recently revised our policy priorities to advocate for physical and mental health parity. Mental health parity and access policies are grounded in the health equity view that mental and behavioral health treatment, access, and coverage should be the same as for physical healthcare. Therefore, we support work to develop a depression measure concept for the SNF QRP.
- Patient Experience of Care/Patient Satisfaction- We also support measure development in this area as patient self-report is a key way to determine quality care. We therefore recommend consideration of the Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain and also the 2024 MIPS Measure #495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood. Both would be appropriate in the SNF program to get direct input on key aspects of care.

We also suggest the following additional future measure concept:

- Needs navigation- With the new Principal Illness Navigation (PIN) codes in the 2025 Physician Fee Schedule, there will be increased access and use of these navigation services. However, there are not yet metrics to measure the quality of such services, nor who will be receiving them. We therefore suggest that this be a future measure concept for the SNF QRP.

Conclusion

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NPAF appreciates CMS' intent to improve access to more equitable healthcare for all. Providing a needs navigation model directly to patients and caregivers is a hallmark of PAF's two and a half decades of organizational experience, expertise, and history. We are happy to share lessons learned and welcome the opportunity to meet directly with agency staff to discuss these recommendations to scale needs navigation as part of efforts to achieve equitable and affordable healthcare reform. Please contact me at Rebecca.kirch@npaf.org if NPAF can provide further details.

Respectfully submitted,

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