



November 30, 2017

Submitted electronically via PACEQMcomments@econometricainc.com

Centers for Medicare and Medicaid Services
Econometrica, Inc. Project Team

Re: Development, Implementation, and Maintenance of Quality Measures for the Programs of All-Inclusive Care for the Elderly (PACE)

Dear Project Team:

Community Catalyst respectfully submits the following comments on the Development, Implementation, and Maintenance of Quality Measures for the Programs of All-Inclusive Care for the Elderly (PACE).

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1998, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. The Center for Consumer Engagement in Health Innovation is a hub devoted to teaching, learning and sharing knowledge to bring the consumer experience to the forefront of health. The Center works directly with consumer advocates to increase the skills and power they have to establish an effective voice at all levels of the health care system. We collaborate with innovative health plans, hospitals and providers to incorporate the consumer experience into the design of their systems of care. We work with state and federal policymakers to spur change that makes the health system more responsive to consumers, particularly those who are most vulnerable. We have been working to improve Medicaid and Medicare for consumers for more than a decade, producing tools for consumer advocates to use in state-based advocacy as well as tools for use by other stakeholders.

We believe that the PACE program embraces values and a model of care that are beneficial to older adults and especially those with multiple chronic conditions or frailty. It supports living at home in the community; it offers a comprehensive, wide array of services and benefits from an interdisciplinary care team; and it is person and family centered.

We offer the following comments as CMS/Econometrica considers these quality measures for PACE. We also support comments submitted by the National PACE Association.

Overall, we appreciate CMS's efforts to improve quality measures for PACE. However, we continue to emphasize the importance of patient-reported outcomes, including measures relating to quality of life and community inclusion. We note that the proposed measures are all administrative measures, and we believe that patient-reported outcome measures are critical to a more consumer-centered approach to quality measurement.

Percentage of Participants with an Advance Directive or Surrogate Decision-Maker & Percentage of Participants with an Annual Review of Their Advance Directive or Surrogate Decision-Maker

We appreciate the intent of these measures and agree with the focus on improving quality of care and life, and ensuring that care is provided according to participants' goals, values and preferences. We note that this quality measure is a reasonable first step, but over time, it would be helpful to have a fuller picture of patient and family member experiences with end of life care, such as through family reported outcomes.

Percentage of Participants Not in Nursing Homes

We agree with the goal of supporting people to live independently in their homes or communities if that is their wish. Therefore, the number of PACE participants who need nursing home care should be low. However, there are still circumstances in which nursing home care is needed, whether that is due to age, functional limitations or loss of a caregiver, and we suggest that approaches to risk adjustment be considered that would appropriately take into account the acuity of the population.

We are also concerned by the exclusion of institutional stays less than 90 days. From a consumer perspective, a 90-day nursing facility stay is significant in terms of its impact on a consumer's life, and omitting these stays does not give a full picture of community tenure.

Finally, we note the limits of administrative data in identifying whether a participant is living in the setting of their choice, experiencing good quality of life, and is integrated into community living, domains that can and should be measured through patient-reported outcomes.

Percentage of Participants with Depression Receiving Treatment

While we support the importance of screening and treating depression, we note that the measure as proposed assesses whether a patient received at least one of a defined set of treatments, not whether the treatment was appropriate or effective. We suggest that what is missing is an approach that would measure whether the patient feels that their symptoms have improved, and we believe that this approach would better measure what is actually important to patients.

We appreciate this opportunity to comment, and we welcome the opportunity to provide additional input on these issues in the future.

Please do not hesitate to contact me at ahwang@communitycatalyst.org with any questions. As always, thank you for your time and attention to these issues.

Respectfully submitted,



Ann Hwang, MD
Director, Center for Consumer Engagement in Health Innovation