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-1600-P
P.O. Box 8013
Baltimore, MD 21244-1850

VIA ELECTRONIC SUBMISSION:

Re: CMS-1600-P, Medicare Program; Revisions to Payment Polices under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014

Dear Sir/Madam:

The American Society of Health-System Pharmacists (ASHP) is pleased to submit comments on the changes to the 2014 Physician Fee Schedule (proposed rule) as published in the July 19, 2013 Federal Register.[1] 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's comments on the Proposed Rule are limited to the Physician Quality Reporting System (PQRS) and are summarized in Table 1.

Table 1: Comments on the PQRS Program

Location	Issue	Comment
III.H	Proposal to increase the number of measures EPs are required to report for the 2014 PQRS incentive to 9 measures covering at least 3 NQS domains. Qualified data registries must be able to collect all data elements at the TIN/NPI level.	ASHP fully supports this proposal to increase the number of reported healthcare quality measures. The Society strongly supports the three part aim of the National Quality Strategy and alignment of incentive based payment programs. ASHP agrees with the increase in the number of measures as well as the reporting mechanisms outlined in the proposed rule. However, we would recommend CMS maintain the 80% threshold for Medicare Part B FFS beneficiaries rather than reducing this threshold of reporting to 50% of beneficiaries. Measuring the quality of care is a necessary component of improving performance, and reducing this threshold might contribute to lower performance. Furthermore the value-based payment modifier would be more precise from increases in reliable and valid data that accurately reflects the current quality of care.

[1] Federal Register Vol. 78, No. 139 pages 43282 – 43532

Location	Issue	Comment
	On the proposed PQRS reporting system recommended core measures for 2014 and beyond.	ASHP supports the inclusion of NQF 0419/PQRS 130 Documentation of Current Medications in the Medical Record. As a non-profit association of more than 40,000 members that advocates for safe and appropriate medication use, the Society believes this measure will help enhance the effectiveness and safety of medication therapy. In addition, appropriate medication use contributes to reductions in high cost adverse drug events and hospital readmissions.
	On the proposed individual quality measures and those Iicluded in measure groups for the PQRS to be available for satisfactory reporting via claims, registry, or EHR beginning in 2014.	ASHP applauds CMS for the inclusion of the measure: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range. However, the Society cautions against the use of a single measure and methodology for tracking the appropriateness of anticoagulant therapy.[2] We believe a more appropriate measure should be based on total Time in Therapeutic Range (TTR) using the Rosendaal method.[3,4] Measures that reflect the total time in recommended INR range or the percentage of time in range are more reflective of clinical practice.
	On the measures proposed for removal from the existing PQRS measures set beginning in 2014.	ASHP's does not support the removal of NQF 27: Smoking and Tobacco Use Cessation, Medical Assistance: a. advising smokers and tobacco users to quit, b. discussing smoking and tobacco use cessation medications, c. discussing smoking and tobacco use cessation strategies. According to the CDC smoking alone causes 1 in 5 deaths in the US each year - almost half a million deaths annually. Further tobacco use contributes to more deaths than HIV, drug and alcohol use, motor vehicle accidents, suicides and murders combined. ASHP advocates for health care professionals to take an active role in systematically integrating strategies to reduce tobacco use in routine patient care. [5]

[2] Schmitt L Speckman J Ansell J. Quality Assessment of Anticoagulation Dose Management: Comparative Evaluation of Measures of Time in Therapeutic Range. Journal of Thrombosis and Thrombolysis. 2003;15(3):213-16

[3] Rosendaal F Cannegieter S. A method to determine the optimal intensity of oral anticoagulant therapy. Thrombosis and Haemostasis. 1993; 69(3): 236-239

[4] Schulman S, Parpia S, Stewart C, Rudd-Scott L, Julian JA, Levine M. Warfarin dose assessment every 4 weeks versus every 12 weeks in patients with stable international normalized ratios: a randomized trial. Ann Intern Med. 2011;155(10):653–659, W201–203

[5] Hudmon KS, Corelli RL. ASHP Therapeutic Position Statement on the Cessation of Tobacco Use. *American Journal of Health-System Pharmacy*. 2009;66(3):291–307. doi:10.2146/ajhp070303.

Location	Issue	Comment
	On the Proposed PQRS Measure Groups	ASHP applauds the availability and use of the listed measure groups. However, the Society requests CMS to consider the creation of a medication adherence measure group. The Pharmacy Quality Alliance (PQA) is a multi-stakeholder organization that develops quality measures on medication adherence based on proportion of days covered. Adherence to appropriately prescribed medications for chronic diseases would contribute to improved outcomes and fewer readmissions for acute illness such as exacerbations for COPD and heart failure.[6] Measure that can be included in a medication management measure group include the following: - NQF 0542: Adherence to Chronic Medications - NQF 0419: Documentation of Current Medications in the Medical Record - NQF 0097: Medication Reconciliation ASHP recommends that CMS collaborate with experts and stakeholders focused on improving medication-use safety to construct this potential measure group. ASHP would welcome participation in such a committee along with organizations such as the Institute of Safe Medication Practices, The Joint Commission, and the Pharmacy Quality Alliance.
	On whether CMS should eliminate the claims-based reporting mechanism beginning with the reporting period (CY 2017) for the 2019 PQRS payment adjustment.	ASHP strongly recommends the removal of a claims-based reporting mechanism because of the errors and lag associated with administrative data. CMS should phase out this antiquated method of quality data reporting in favor of more actionable information provided by qualified clinical data registries and certified EHRs.

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.

Sincerely,

Christopher J. Topoleski
Director, Federal Regulatory Affairs

[6] Ho PM, Bryson CL, Rumsfeld JS. Medication Adherence: Its Importance in Cardiovascular Outcomes. Circulation. 2009;119(23):3028–3035. doi:10.1161/CIRCULATIONAHA.108.768986.