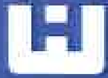

Washington State
Hospital Association

August 15, 2016

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Andy Slavitt, Acting Administrator
Attention: CMS-3295-P
PO Box 8010
Baltimore, MD 21244
e-copy: http://www.regulations.gov

RE: CMS-3295-P: Medicare and Medicaid Programs: Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care

Dear Mr. Slavitt,

On behalf of its 39 Critical Access Hospitals in Washington State, the Washington State Hospital Association appreciates the opportunity to offer comments on the proposed rule on Critical Access Hospital (CAH) conditions of participation. WSHA appreciates CMS's work to improve quality of care, reduce access to care issues, and address a number of technical corrections that needed updating in the CAH conditions of participation (CoPs). Overall we see the need to be flexible in proposed changes, as many facilities operate with minimal margins, limited resources, and low volumes. Many of the CAHs in Washington are quite remote; more than a dozen, are financially vulnerable.

We concur with the American Hospital Associations recommendations on the proposed rule. WSHA supports the many changes that better enable implementation of value-based payment and the triple aim. There are, however, a few areas of concern that could adversely affect Critical Access Hospitals if implemented as proposed.

We have outlined our concerns as follows, in order of priority.

Antibiotic Stewardship Program: Hospital Acquired Infections and antibiotic-resistant organisms: While there is an important need to address hospital acquired infections in all healthcare systems, it is difficult for CAHs to quickly adapt to policy changes without having adequate resources and infrastructure to support full integration of a robust infection prevention and antibiotic steward program that meets national benchmarks. The implementation of these robust programs would require enhanced pharmacy resources. Many rural hospitals do not have a staff pharmacist on

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duty 24/7 or access to a local pharmacist during non-business hours or even pharmacists in the community to meet the national standards protocols and practices. Addressing hospital acquired infections and implementing best practices for improving antibiotic use would require federal support for the additional processes, pharmacist and provider antibiotic/infection prevention education, and infrastructure development in order to comply with these new standards. CAH's would need flexibility to integrate these programs as well. We hope that there are opportunities and programs available to support the infrastructure changes that may be required.

Infection Prevention: Program enhancements. In many CAHs the duties of infection prevention leadership are wrapped into other duties of a clinical professional. Where resources and personnel are limited, it is not uncommon in CAHs to have clinical personnel performing multiple duties and functions within the organization in order to meet the standards. Though WSHA supports program enhancements, again CAHs will need time to implement the enhancements along with the need for program dollars to provide certification and education in order to transition the program to national benchmarks.

Medical Records: At times, a final diagnosis is not attainable quickly when there are specialty tests and specialty providers involved in care coordination of a patient. For inpatients, it should be possible to have medical records complete within the 30-day guideline. The proposed CoPs mandate medical records for outpatient visits be complete within seven days after the visit. We question whether this is achievable when ancillary services and specialists may be needed to complete the record.

In closing, WSHA appreciates the work to update the CAH conditions of participation. We need the rules to be implemented in a way that allows flexibility for these hospitals while improving quality of care.

Sincerely,

Claudia Sanders, Senior Vice President of Policy Development (ClaudiaS@wsha.org)

Brenda Parnell, Acting Director of Policy & Rural Health (brendap@wsha.org)