799 9th Street NW
Suite 210
Washington, DC 20001

T (202) 354-2600
vizientinc.com

vizient

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Submitted electronically via:
https://cmsgov.secure.force.com/forms/request_info_make_your_voice_heard

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

Re: Request for Information; Make Your Voice Heard

Dear Administrator Brooks-LaSure,

Vizient, Inc. appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) request for information (RFI) "Make Your Voice Heard: Promoting Efficiency and Equity within CMS Programs". Vizient applauds the agency for seeking feedback through the RFI, as future policy proposals on these topics would significantly impact our members and the patients they serve.

Background

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality, and market performance for more than 60% of the nation's acute care providers, including 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than $130 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Recommendations

In our comments, we respond to various issues and proposals provided in the RFI. We thank CMS for the opportunity to share recommendations related to the four topics of 1) accessing healthcare and related challenges; 2) understanding provider experiences; 3) advancing health equity; and 4) the impact of the COVID-19 PHE waivers and flexibilities. In addition, we offer recommendations for the agency's consideration and to inform future rulemaking.

Topic 1: Accessing Health Care and Related Challenges

Challenges related to understanding, choosing, accessing, paying for, or utilizing health care services (including medication) across CMS programs

As CMS is aware, various Medicare Advantage (MA) plans and others impose prior authorization (PA) policies and other utilization management techniques, several of which are concerning to providers. Vizient reiterates recommendations provided in prior comments regarding MA plans and access to care, including PA policies: https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/aboutus/20220824_cms_medicare_prog

ram_request_for_information.pdf. PA policies may lead to clinical judgment being delayed, overridden, or unnecessarily questioned by the plan for coverage purposes. In addition, PA often poses a significant administrative burden, as various forms of communication with the plan are often required before authorization is provided. Currently, various efforts are underway to improve the PA process, including a recent RFI from the Office of the National Coordinator for Health Information Technology (ONC) to identify PA standards, implementation specification, and certification criteria (87 FR 3475), and Vizient understands that this effort will take time and testing before implementation and adoption. However, in addition to process improvements, greater oversight of these policies, particularly clinical implications, is needed ensure patient care is prioritized.

Plan requirements (e.g., coverage, observation care, and post-acute care transfers), networks (e.g., bed availability, facility inclusion) and coordination challenges (e.g., plan policies that require providers to justify admission decisions) also often lead to difficulties in care continuity for both inpatient admissions and for patients who need to be discharged but require additional care. From providers' responsibility to locate an in-network facility with an available bed, to the myriad concerns and confusion around "observation status" and necessary inpatient days before eligibility for post-acute care, significant burdens on placed on providers to ensure that MA beneficiaries receive continuous care

Medication access may also be limited particularly due to payer-mandated white bagging, which occurs when a plan covers certain specialty medications but requires that those medications be dispensed from a specific pharmacy, which can be extremely disruptive to care. Often, medications included in such policies are specialty medicines that have unique storage needs (e.g., cold-chain), require provider administration (e.g. infusions), may demand additional modifications before administration to the patient, or are subject to significant variability in dosing and selection based upon the patient's lab results and health status. A survey of Vizient members revealed that payer mandated white bagging and brown bagging polices strain members' time and resources, and also result in medication waste (https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/noindex/whitebaggingreport.pdf).

Other barriers to accessing care are the significant challenges faced by providers in rural areas. Rural facilities struggle with staffing shortages, transportation, and sufficient resources, making it difficult to maintain and establish these facilities. These challenges have only been further exacerbated by the COVID-19 pandemic. Regarding maternal health, an analysis by Vizient using the Vizient Vulnerability Index (https://newsroom.vizientinc.com/leveraging-vizients-clinical-data-base-newly-created-index-supports-hospitals-health-equity-efforts.htm) showed a higher burden of maternal health complications such as hypertension, serious maternal complications, and low birthweight babies in neighborhoods with higher vulnerability. These indicators were particularly driven by households who lived in poverty, unemployment, or below the median income; households in neighborhoods with low percentage of health insurance; and those households that included crowded housing, incomplete plumbing, and severe housing costs.

Recommendations

Prior Authorization: Vizient believes greater oversight of MA plans, including oversight of PA policies, is one critical step to ensuring that such policies do not harm beneficiaries. Vizient recommends that CMS take more immediate steps to improve the PA process, such as requiring determinations to be issued within shorter timeframes. Further, plans should be

required to process PA requests at all times and not just during business hours, to avoid any delays in patient care.

As CMS considers plans' attempts to align on PA processes, such as reducing or standardizing information demands, we recommend the agency carefully consider the clinical implications of such processes to clarify their appropriateness, particularly as related to equity. For example, if all plans require the same lab results before providing authorization, the agency should not presume such a requirement is appropriate and should work with providers and patients to understand how these requirements impact patient care. For example, patients in under-resourced communities may have limited access to lab services that could prevent them from obtaining the needed tests so that authorization from the plan can be given. Even if a provider recognizes such challenges, plans' PA policies may be too rigid for coverage purposes, which can impact whether or when care is delivered.

White bagging: Vizient urges CMS to examine plans' white bagging policies, as they can lead to waste and cause disruptions to care or lead to patients missing treatment. As the agency learns more, we request the agency share those findings with other stakeholders, including state regulators, as the findings may help inform other payers' decisions and regulatory requirements beyond Medicare and Medicaid, as several types of payers and plans are imposing such policies.

Rural Healthcare: Vizient encourages CMS to expand access to care in rural areas by finalizing the Rural Emergency Hospital (REH) designation and supporting these facilities as a hub for primary care services, including services like care coordination, cancer screening, and chronic care management. As more is learned about REHs, we encourage CMS to identify best practices so that more REHs can eventually serve as an access point for specialists' consultations and offer virtual triage to help patients find the level of care they need in the most appropriate setting.

Virtual maternal fetal medicine provided for some prenatal and postpartum services, such as remote monitoring of blood pressure, remote ultrasounds, and fertility tracking, are appropriate virtual services and should be encouraged or incentivized as a service to offer at REHs. In addition, since facilities without maternity units can still see individuals who are pregnant for a variety of other reasons, Vizient suggests CMS consider additional education and outreach to REHs regarding these services and potential care models.

Telehealth and Virtual Health: Vizient encourages CMS to expand access to telehealth and virtual health. Remote services increase access to care, especially for behavioral health services. Audio-only services and remote therapeutic monitoring also provide important avenues of care for individuals in rural and underserved areas. However, clearer, long-term coverage policies are needed to support access and advance innovative approaches to virtual care. Therefore, Vizient encourages CMS to provide such clarity and to support providers' efforts where Congressional action is needed.

Language Access and Culturally Competent Care: Vizient recommends that CMS work with the Office of Civil Rights to identify opportunities to support providers in developing more tailored language access policies. For example, requiring a facility to provide language access to the top 15 languages spoken in a state may force rural facilities to channel resources to groups that are not represented in their patient population, while channeling limited resources away from additional services that could more meaningfully improve care. The impact of language access impacts a variety of outcomes

(https://medschool.cuanschutz.edu/docs/librariesprovider31/default-document-library/ajmq_the-art-of-care_a-report-on-the-2019-vizient-connections-education-summit.pdf?sfvrsn=f89dd0b9_0). Vizient also recommends CMS provide written translation documents for commonly used resources in the top languages required across the country.

Topic 2: Understanding Provider Experiences

Factors Impacting Provider Well-Being and the Impact of CMS Policies on Well-Being and Retention

Vizient is aware of numerous factors that influence provider well-being and experiences of the strained health care workers. For example, in the early stages of the pandemic, Vizient provided resources via the "Clinical workforce well-being playbook" (available at: https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/disasterresources/clinicalworkforcewellbeingplaybook_covid19.pdf) which provided suggestions to help support the health care workforce during such extreme situations by meeting critical employee needs (i.e., trust, stability, compassion and hope). In addition, the playbook outlined ways to address relevant needs of clinicians during a crisis, leadership for organizational and individual healing and investing in clinicians. More recently, Vizient's May 2022 Clinical Workforce Conference (available at: https://info.vizientinc.com/l/73872/2022-03-03/ggfmfk/73872/1657118532Bq4L4ESn/CWC_Presentations_May2022.pdf?_gl=1*1cc79r2*_ga*NDQ4MjM5NTQ0LjE2NTE3NTU5NzA.*_ga_TM3JWCXTQX*MTY2NTE1MjQ2Ni4xNTguMS4xNjY1MTU1NDA2LjYwLjAuMA) addressed clinical workforce challenges and how organizations are persevering with innovative approaches. Topics addressed included provider-led initiatives that empower changes, physician engagement and resilience committees, and multidisciplinary teams. Vizient encourages CMS to consider these presentations in understanding the various approaches being employed to address workforce challenges.

Vizient also notes that there are various ways in which digital health technology may help support provider well-being. As workforce challenges persist, hospitals are pursuing alternative staffing models. According to a recent Vizient survey (https://newsroom.vizientinc.com/content/1221/files/Documents/HospitalLeadersTurntoTech.pdf?_gl=1*1ydbh4y*_ga*NDQ4MjM5NTQ0LjE2NTE3NTU5NzA.*_ga_TM3JWCXTQX*MTY2NTE1MjQ2Ni4xNTguMS4xNjY1MTUzOTcyLjQxLjAuMA) of more than 100 leaders representing 92 health systems across the country, digital/video remote monitoring and virtual patient observation programs are, or are in process of, being implemented by nearly 60 percent of respondents. Vizient's hospital members identified the following workforce benefits of alternative staffing models: higher engagement due to increased collaboration among team members; lower burnout rates as transactional time is traded for relational time with the patient; ability to operate at the top of the license at the bedside; and additional training opportunities for new nurses. The ability to continue alternative staffing models can rely, in part, on long-term CMS reimbursement policies as various investments, such as additional training, new workflows, and new equipment or resources, are needed to transition to alternative models. During the pandemic, the agency provided significant flexibilities that allowed hospitals and other providers to provide care to patients in different settings, such as when patients are at home with providers (e.g., acute hospital care at home) or when providers are in the office monitoring patients (e.g., remote physiologic monitoring and remote therapeutic monitoring), in addition to services provided via telehealth.

Vizient is also aware of several providers that have been reluctant to implement alternative staffing models or make long-term investments in more robust models due to regulatory and reimbursement uncertainties. As a result, the full benefits of such models from a staffing perspective have yet to be realized. Further, for those hospitals that are particularly strained or lacking resources, they may be less willing to consider such changes, as it could disrupt an already challenging situation.

Lastly, Vizient notes that workforce engagement is critical to achieving a high reliability organization (HRO). In HROs, the workforce becomes more reliable, resulting in diminished harm and improved clinical outcomes. Examples of HRO principles include creating learning cultures that promote mindfulness and accountability, enhancing workforce engagement and resiliency, and integrating clinical and outcome data with culture and employee engagement data to identify new drivers and align with targeted solutions. More information, including case studies, are available at: https://www.vizientinc.com/our-solutions/care-delivery-excellence/reliable-care-delivery?_gl=1*o5ajw6*_ga*NDQ4MjM5NTQ0LjE2NTE3NTU5NzA.*_ga_TM3JWCXTQX*MTY2NTY5MzczNS4xNjguMS4xNjY1NjkzOTI0LjYwLjAuMA.

Recommendations

Identifying Workforce Challenges and Current Strategies: Vizient encourages CMS to consider insights from our May 2022 Clinical Workforce Conference (available at: https://info.vizientinc.com/l/73872/2022-03-03/ggfmfk/73872/1657118532Bq4L4ESn/CWC_Presentations_May2022.pdf?_gl=1*1cc79r2*_ga*NDQ4MjM5NTQ0LjE2NTE3NTU5NzA.*_ga_TM3JWCXTQX*MTY2NTE1MjQ2Ni4xNTguMS4xNjY1MTU1NDA2LjYwLjAuMA) to help in understanding the various approaches being employed to address workforce challenges. In addition, Vizient encourages CMS to more carefully consider costs associated with identifying workforce challenges, retaining staff and recruitment in broader payment policy.

Well-being: Vizient suggests the agency review the “Clinical workforce well-being playbook” (https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/disasterresources/clinicalworkforcewellbeingplaybook_covid19.pdf) to better understand how hospitals aimed to support staff during extreme situations. Also, Vizient recommends CMS more carefully consider costs associated with staff retention and recruitment in broader payment policy. Further, the agency could provide incentives to facilities to support their ability to retain staff and improve recruitment and well-being.

Alternative Staffing Models: Vizient encourages alternative staffing models, as they can both help providers and patients. Along the same lines, Vizient urges CMS to ensure that pandemic-era flexibilities that have helped foster uptake of such models is continued after the PHE. Further, Vizient suggests CMS provide additional incentives to offset potential financial risks associated with implementation to encourage uptake of alternative staffing models. As noted elsewhere in Vizient’s comments, we urge CMS to make permanent various telehealth flexibilities that have been provided during the pandemic, as such certainty can help hospitals and other providers justify investments, including practitioner training and education, associated with implementation of these models. Finally, Vizient suggests CMS provide additional incentives to offset potential financial risks associated with implementation to encourage uptake of alternative staffing models.

High-reliability Organizations: Vizient encourages CMS to offer support to those organizations seeking to be a high reliability organization, as described here: https://www.vizientinc.com/our-solutions/care-delivery-excellence/reliable-care-delivery?_gl=1*o5ajw6*_ga*NDQ4MjM5NTQ0LjE2NTE3NTU5NzA.*_ga_TM3JWCXTQX*MTY2NTY5MzczNS4xNjguMS4xNjY1NjkzOTI0LjYwLjAuMA.

Topic 3: Advancing Health Equity

CMS Policies that can be used to Advance Health Equity

Vizient applauds CMS for its efforts to gain stakeholder feedback to inform policies that will advance health equity. Given our health equity and analytics expertise, Vizient emphasizes our willingness to serve as a resource to the agency, particularly should it seek to model or test impacts of potential policies. Generally, as CMS evaluates health equity approaches, we suggest the agency consider how such approaches fit into multiple dimensions that impact health care disparities, including systemic, community, institutional, interpersonal, and intrapersonal, as categorized by the National Academies of Sciences (https://www.ncbi.nlm.nih.gov/books/NBK425848/).

In addition, as we understand the agency is considering the use of social needs indices for various purposes, we urge the agency to utilize the Vizient Vulnerability Index™ (VVI) (https://newsroom.vizientinc.com/content/1221/files/Documents/MeasuringSocialRisk.pdf) to help measure social risk .The VVI can characterize a health system's patient community needs, provide insights between community vulnerability and patient outcomes that could drive potential interventions within a health system, and identify peer hospitals in "communities like me" with similar SDoH challenges, among other functions.

Regarding quality measures, as noted in Vizient's FY 2023 Inpatient Prospective Payment System comments (https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/aboutus/20220617_vizient_ipps_fy2023_proposed_rule_comments.pdf), Vizient believes it is important that CMS implement measures which are within a provider's locus of control. Not only will this encourage performance improvement and benefit patients, but it will also not penalize providers for failing to achieve outcomes that are dictated by factors beyond their control.

Vizient has a long history in quality measurement, including providing Ambulatory Care Quality and Accountability Rankings that measure the quality of outpatient care in five domains, one of which is equity. In Vizient's experience in measuring health care disparities, we have focused on a clinically specific condition that evaluates the combination of process and outcome measures that are directly within the provider's locus of control. For example, Vizient has measured both lactate lab draws within 12 hours of a patient arriving to the hospital with severe sepsis present on admission and associated in-hospital, risk adjusted sepsis mortality stratified by race, gender and payer. Vizient then evaluates statistical differences between each stratum and shares with providers encounter-level details for review and performance improvement. Vizient members have found this approach meaningful in identifying clear opportunities for improvement (e.g., a hospital where performance differences are identified can better understand the circumstances of those cases and evaluate the lactate timing differences and improve processes of care). We encourage CMS to take a similar approach, as our members have used this information to help guide various process improvements to enhance performance to the benefit of patient.

Vizient also supports the role of utilizing data to identify disparities, including for individuals with disabilities. The Vizient Clinical Database/Resource Manager (CDB/RM), which includes patient data from an analytic platform for performance improvement populated by more than a thousand health systems and community hospitals nationwide, was critical to learning that having an intellectual disability was the strongest independent risk factor for presenting with a COVID-19 diagnosis and the strongest independent risk factor other than age for COVID-19 mortality. This information was used broadly to inform vaccine prioritization policy and is an example of how information about disparities can impact patient care. Vizient emphasizes our willingness to collaborate with CMS on future projects or pilots.

Effects on Underserved and Underrepresented Populations when Community Providers Leave the Community or are Removed from Participation with CMS Programs

Vizient has leveraged the Vizient Vulnerability Index™ (VVI) (https://newsroom.vizientinc.com/content/1221/files/Documents/MeasuringSocialRisk.pdf) to better understand the effects on populations when community providers leave the community. The VVI includes health care provider shortage areas (HPSAs) in primary care, mental health and dental health as a factor when measuring social risk within communities. By adding these factors to the VVI, Vizient was able to improve the VVI's ability to identify by census tract those communities facing greatest social risks when considering life expectancy. While the degree to which health care provider access on life expectancy varies geographically, areas identified as shortage areas for mental health and for primary care are, overall, more vulnerable (i.e., lower life expectancy) than areas that are not HPSAs. In particular, the life expectancy difference between the census tracts that are not Primary Care HPSAs and those that have the greatest shortages (> 20 points in the Primary Care HPSA scoring) is six years (79 years vs 73 years). Therefore, Vizient believes provider access to care is a critical factor to consider for rural and underserved communities.

Recommendations

Goal Development Process: As health equity goals are developed, CMS should identify how contributing factors fit into the multiple dimensions that impact health care disparities, including systemic, community, institutional, interpersonal, and intrapersonal, as categorized by the National Academies of Sciences (https://www.ncbi.nlm.nih.gov/books/NBK425848/).

Measures: Measures selected to improve provider performance and advance health equity should be within the provider's locus of control.

Data Collection: There is a critical need to standardize data and data collection practices, which are relevant for purposes of identifying disparities. As data is being collected by providers and other entities, it is important that data be collected for a purpose and that this purpose is clearly communicated to the individual. Redundant data collection should be minimized and opportunities to share data to reduce redundancies should be considered.

Social Needs Index: Should CMS select a social needs index for its payment and quality programs we recommend the Vizient Vulnerability Index because, among other reasons, it was developed specifically for health equity, adjusts geographically, is better correlated to fit life expectancy than other indices being contemplated, such as the Area Deprivation Index, and uses timely, publicly available data sources in its construct.

Administrative Burden: Administrative burdens that detract from patient care activities should be minimized to the extent possible. As providers are being asked to do more with less time, such as screening patients for social needs, it is important that administrative burdens be minimized and such activities included in the provider's workflow.

Heath equity initiatives: Vizient applauds CMS for its decision to prioritize health equity and we were pleased to see that the agency is considering policies to support health equity in different payment models. While we believe several changes and refinements would be helpful, we also encourage CMS to consider whether additional resources can be made available to providers to support the development and implementation of new health equity initiatives, which may involve start-up costs.

Topic 4: Impact of the COVID-19 Public Health Emergency (PHE) Waivers and Flexibilities

CMS seeks input on the impact of waivers and flexibilities issued during the COVID-19 PHE to identify what was helpful as well as any areas for improvement, including opportunities to decrease burden and address health disparities that may have been exacerbated by the PHE. Vizient supports CMS exploring these flexibilities and appreciates the agency's commitment to helping hospitals transition from the PHE and into the next phase of providing care. Vizient reiterates its support for extending several waivers for which CMS requested comment on in 2020 (https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/aboutus/20201228_hhs_rfi_covid.pdf) and has continued to advocate to the agency and Congress regarding such flexibilities .

During the PHE, telehealth and other virtual health services have been an important mechanism for healthcare providers to provide care. Vizient recognizes that CMS's flexibilities have been critical in supporting patient and provider uptake of telehealth and virtual health services. For example, CMS has and continues to take steps to expand the number of these services, the methods by which they can be provided, and the locations in and from which they can be provided – thus drastically increasing access to care.

Further, audio-only visits present both a useful expansion of services, as well as an opportunity to refine the practice. Audio-only services are disproportionately accessed by Medicare beneficiaries and are an important avenue for accessing care. As video technology is not accessible to patients in all areas of the country for a range of reasons, including broadband limitation or lacking access to devices for audio-visual communications, audio-only services open the door to care for many patients who would otherwise struggle to access audio-video telehealth services, among other means of accessing care.

During the PHE, hospitals and other health care providers needed to adapt quickly to different care demands while continuing to protect patients from the spread of COVID-19. Hospitals have utilized flexibilities, such as those advanced through the "Hospital Without Walls" initiative, to optimize space and provide care to patients in unique settings, including their homes. With data collected even prior to the COVID-19 pandemic, Hospital-at-Home programs have shown reduced costs, improved outcomes, and high patient satisfaction. Huntsman Cancer Center found a cost savings of 47 percent and a 55 percent reduction in readmissions (https://ascopubs.org/doi/abs/10.1200/JCO.20.03609). As CMS is aware, the waivers provided are permitting hundreds of hospitals to provide this critical care, which has allowed them to increase access and capacity.

During COVID-19 surges, hospitals have added beds to increase their treatment capacity and utilized other flexibilities provided to allow for medical residents to be effectively deployed as caregivers while continuing to complete medical education requirements. Further, a recent report issued by Sg2, a Vizient company, (https://newsroom.vizientinc.com/content/1221/files/Documents/2022_IoC_Forecast_Media.pdf) predicted that due to chronic disease, hospital inpatient days are expected to increase at 8 percent growth while outpatient services are expected to grow at a rate of 16 percent over the next decade. Overall, patient acuity is rising. Yet, the healthcare workforce is already strained. Additional Graduate Medical Education (GME) slots and maintaining PHE flexibilities related to GME, such allowing residents to spend time at another hospital, including non-teaching hospitals, can help address workforce challenges.

Recommendations

PHE Waivers: Vizient also notes that as HHS considers these flexibilities, we recognize that these policies were quickly implemented to support facilities during the pandemic. As extensions and other modifications are made to these policies, additional improvements could be provided to support patient safety and access. Vizient supports the extension of the following waiver flexibilities, as identified by the CMS roadmap for unwinding the PHE: (https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf) and (https://www.cms.gov/files/document/hospitals-and-cahs-ascs-and-cmhcs-cms-flexibilities-fight-covid-19.pdf).

Telehealth: Generally, Vizient supports the extension of telehealth flexibilities created during the PHE. These flexibilities have allowed patients who might otherwise have been unable to attend in-person appointments the ability to access care while also increasing capacity. In comments for the Outpatient Prospective Payment System (OPPS) and Physician Fee Schedule (PFS), Vizient supported making many of these waiver policies permanent and continuing to treat telehealth services as if they were provided in-person for reimbursement purposes.

Vizient encourages CMS to study the quality and effectiveness of audio-only services to consider broadening policies that will go into effect after the PHE, as audio-only services have been an important means for patients to communicate with their provider, especially for older Medicare beneficiaries and patients who prefer or can only access audio-only services. Also, as the end of the PHE approaches, we encourage the agency to consider opportunities to clarify coding and documentation requirements related to both telehealth visits and audio-only visits.

To support longer-term telehealth expansion and ensure gaps in care do not emerge after the PHE, Vizient encourages HHS to continue providing flexibility regarding: Eligible Practitioners, Audio-Only Telehealth for Certain Services, Hospital Originating Site Facility Fee for Professional Services Furnished Via Telehealth, and flexibilities provided under CMS Hospitals Without Walls. Vizient also encourages CMS to extend the flexibilities provided under the Acute Hospital at Home individual waiver.

Rural Health: Vizient believes CMS should permanently extend the following waivers (as described in more detail at (https://www.cms.gov/files/document/rural-health-clinics-and-federally-qualified-health-centers-cms-flexibilities-fight-covid-19.pdf): telehealth for Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC); expansion of virtual

communication services; RHC and FQHC temporary expansion locations; CAH Bed Count and Length of Stay; Responsibilities of Physicians in Critical Access Hospitals (CAH); flexible Physician Supervision of NPs in RHCs and FQHCs; staffing flexibilities; CAH Staff Licensure; and CAH Personnel Qualifications.

Site of Care Flexibility: As noted above, hospitals have utilized flexibilities, such as those advanced through the "Hospital Without Walls" initiative and the Acute Hospital Care at Home model, to optimize space and provide care to patients in unique settings, including their homes, and Vizient encourages CMS to consider further extending these policies after the PHE. Also, Vizient encourages CMS to extend beyond the PHE the Furnishing Hospital Outpatient Services Remotely; Use of Provider-Based Departments as Temporary Expansion Sites; Physical Environment; and Practitioner Locations waivers.

GME: Vizient urges CMS to extend the following waivers after the PHE: Counting of Resident Time at Alternate Locations; GME Residents Training in Other Hospitals; and Additional Flexibility under the Teaching Physician Regulations such as allowing physicians to use audio/video real time communications technology to interact with residents. See https://www.cms.gov/files/document/teaching-hospitals-physicians-medical-residents-cms-flexibilities-fight-covid-19.pdf. Vizient also encourages CMS to support efforts to expand GME slots.

Conclusion

Vizient appreciates CMS's efforts to gain additional feedback regarding these critical topics. Vizient membership includes a variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care needs. In closing, on behalf of Vizient, I would like to thank CMS for providing the opportunity to respond to the RFI. Please feel free to contact me, or Jenna Stern at jenna.stern@vizientinc.com, if you have any questions or if Vizient may provide any assistance as you consider these recommendations.

Respectfully submitted,

Shoshana Krilow
Senior Vice President of Public Policy and Government Relations
Vizient, Inc.