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June 1, 2026

The Honorable Mehmet Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1845-P
7500 Security Boulevard
Baltimore, MD 21244

RE: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2027 and Updates to the IRF Quality Reporting Program [CMS-1845-P]

Dear Administrator Oz:

On behalf of the more than 5,000 members of the American Academy of Hospice and Palliative Medicine (AAHPM), we would like to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to comment on the Fiscal Year (FY) 2027 Inpatient Rehabilitation Facility (IRF) proposed rule. AAHPM is the professional organization for physicians specializing in Hospice and Palliative Medicine. Our membership also includes nurses, social workers, spiritual care providers, and other health professionals deeply committed to improving quality of life for the expanding population of patients facing serious illness as well as their families and caregivers. Together, we strive to advance the field and ensure that patients across all communities and geographies have access to high-quality palliative and hospice care.

Our comments focus on the request for information (RFI) addressing quality measure concepts under consideration for future years for the IRF Quality Reporting Program (QRP). Specifically, CMS seeks input on a quality measure concept related to advanced care planning (ACP) for the IRF QRP, including its importance, relevance, appropriateness, and applicability in the IRF setting.

AAHPM supports efforts to promote ACP discussions and appreciates CMS seeking input on a potential quality measure related to ACP in the IRF QRP. ACP is an important component of high-quality serious illness care. We consider ACP as a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The goal of advance care planning is to help ensure that people receive medical care that is consistent with their values, goals and preferences during serious and chronic illness.¹ Studies show that timely, meaningful advance care planning can improve patient and family satisfaction, decrease hospitalization and intensity of treatment near the end of life, increase hospice use and the likelihood of patients dying in their preferred place, and reduce stress, anxiety, and depression in surviving caregivers.^{2, 3, 4, 5}

Adopting an ACP-related measure in the IRF QRP could help ensure that beneficiaries in IRF settings receive care aligned with their values, preferences, and goals, while minimizing the risk of burdensome care transitions. However, thoughtful implementation is essential. **As CMS designs an ACP measure for the IRF QRP, AAHPM urges CMS to consider the following core principles:**

- **Capture role of health care agents and surrogate medical decision-makers.** A critical component of effective ACP is ensuring that patients clearly identify a health care agent or, among patients who do not have capacity to engage in ACP discussions, surrogate medical decision-makers, in accordance with state laws. Identification of such agents or surrogates should be a priority for patients. In designing the ACP measure, CMS should ensure that any measure only gives credit to rightful health care agents or surrogates. For example, any measure should explicitly exclude temporary health care surrogate designations (e.g., those captured on temporary advance directive forms used at admission) from qualifying as valid surrogate decision-makers. Identification of a patient's surrogate decision-maker should be performed by an appropriate clinical member of the care team, and this process should include a clear discussion to ensure an accurate understanding of the decision-maker's role and responsibilities. CMS should also consider excluding patients who are unrepresented from the denominator to avoid inadvertently penalizing facilities that serve a higher proportion of such patients.

¹ Sudore RL, Lum HD, You JJ, Hanson LC, Meier DE, Pantilat SZ, Matlock DD, Rietjens JAC, Korfage IJ, Ritchie CS, Kutner JS, Teno JM, Thomas J, McMahan RD, Heyland DK. Defining Advance Care Planning for Adults: A Consensus Definition From a Multidisciplinary Delphi Panel. *J Pain Symptom Manage.* 2017 May;53(5):821-832.e1. doi: 10.1016/j.jpainsymman.2016.12.331. Epub 2017 Jan 3. PMID: 28062339; PMCID: PMC5728651.

² Schichtel M, Wee B, Perera R, Onakpoya I. The Effect of Advance Care Planning on Heart Failure: a Systematic Review and Meta-analysis. *J Gen Intern Med.* 2020 Mar;35(3):874-884. doi: 10.1007/s11606-019-05482-w. Epub 2019 Nov 12. PMID: 31720968; PMCID: PMC7080664.

³ Weissman JS, Reich AJ, Prigerson HG, et al. Association of Advance Care Planning Visits With Intensity of Health Care for Medicare Beneficiaries With Serious Illness at the End of Life. *JAMA Health Forum.* 2021;2(7):e211829. doi:10.1001/jamahealthforum.2021.1829

⁴ Scott I, Reymond L, Sansome X, Carter H. Association of advance care planning with hospital use and costs at the end of life: a population-based retrospective cohort study. *BMJ Open.* 2024 Nov 7;14(11):e082766. doi: 10.1136/bmjopen-2023-082766. PMID: 39510772; PMCID: PMC11552563.

⁵ Scott I, Reymond L, Sansome X, Carter H. Association of advance care planning with hospital use and costs at the end of life: a population-based retrospective cohort study. *BMJ Open.* 2024 Nov 7;14(11):e082766. doi: 10.1136/bmjopen-2023-082766. PMID: 39510772; PMCID: PMC11552563.

- **Ensure measure reflects meaningful ACP, not a checkbox exercise.** Medical decision-making is not a single event but an ongoing process that evolves across different stages of illness and care, and the measure should reflect this reality. Meaningful ACP must be more than a static entry in the patient’s record.⁶ In specifying an ACP measure, CMS must ensure that the measure cannot be satisfied by the presence of an advance directive completed decades earlier, without any assessment of whether it is still representative of the patient’s preferences or applicable to their current condition. Incorporating a requirement to confirm whether existing ACP documentation is up to date and reflective of the patient’s current preferences would support informed, patient-centered decision-making.

Equally important is the quality and appropriateness of ACP discussions themselves. A measure that captures only the occurrence of a conversation, without regard to how or when it took place, risks incentivizing discussions conducted at inappropriate moments or by insufficiently trained clinicians. CMS should consider ways to incentivize high-quality, well-timed ACP discussions and should engage stakeholders in assessing the feasibility of quality-based approaches in the IRF setting. Any design should be mindful of the staffing and training resources available to IRFs and should avoid placing undue administrative burden on providers.

- **Ensure reporting flexibility in light of challenges with electronic health record adoption.** While AAHPM appreciates CMS’ broader interest in transitioning to digital quality measurement, which could enable greater care coordination and information sharing, we caution against moving too quickly, particularly given the unintended consequences that rapid transitions may create for post-acute care providers with limited health information technology infrastructure. Fully transitioning to digital quality measurement will demand investments in technology, infrastructure, and workforce training, posing challenges for many organizations; this is particularly true for post-acute care providers like IRFs that did not benefit from federal incentives to adopt certified electronic health record technology. Notably, as part of the FY 2027 Inpatient Prospective Payment System (IPPS), CMS proposes adoption of an electronic clinical quality measure (eCQM) related to ACP; however, the IRF setting presents distinct challenges compared to acute care hospitals, and ACP-related data may be less readily captured through electronic systems in these environments. As a result, we urge CMS to specify a measure that accounts for these challenges by maintaining flexibility for different reporting approaches. CMS should also explore integration of the ACP measure into existing reporting systems, such as the IRF Patient Assessment Instrument (IRF-PAI).

AAHPM applauds CMS’ consideration of adopting an ACP measure into the IRF QPR and urges CMS to incorporate these design principles as it continues to work with stakeholders to specify a measure that promotes high-quality, patient-centered care. AAHPM would be pleased to serve as a resource to help guide this work.

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Thank you, again, for the opportunity to provide feedback on the FY 2027 IRF proposed rule. AAHPM would be pleased to work with CMS to address our recommendations above. Please direct questions or

⁶ McMahan RD, Hickman SE, Sudore RL. What Clinicians and Researchers Should Know About the Evolving Field of Advance Care Planning: a Narrative Review. J Gen Intern Med. 2024 Mar;39(4):652-660. doi: 10.1007/s11606-023-08579-5. Epub 2024 Jan 2. PMID: 38169025; PMCID: PMC10973287.

requests for additional information to Katherine Ast, AAHPM Director of Quality and Research, at kast@aahpm.org.

Sincerely,

A handwritten signature in black ink that reads "Kimberly Curseen MD FAAHPM". The signature is written in a cursive style with a large, stylized initial 'K'.

Kimberly Curseen, MD, FAAHPM
President, American Academy of Hospice and Palliative Medicine