



December 22, 2015

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, DC 20201

RE: Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies

Dear Acting Administrator Slavitt:

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I am responding to the [proposed rule](#) titled, "Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies as published in the November 3, 2015, *Federal Register*.

We support the proposed rule to the extent that it mandates hospitals and other facilities to better inform primary care physicians about the discharge of their patients in a timely fashion. We agree that the proposed changes in this regard modernize the discharge planning requirements, improve patient quality of care and outcomes, and reduce avoidable complications, adverse events, and readmissions.

Anecdotally, family physicians have told us that one of the common barriers they encounter in attempting to use the transitional care management (TCM) codes is that they do not learn of hospital discharges in time to meet the TCM requirement to contact the patient/caregiver within two business days of discharge. We believe this proposed rule would help address that barrier.

We encourage CMS to mandate that a given facility transmit upon the patient's discharge personal health information by methods that each primary care practice prefers. Some practices might prefer this to be transmitted electronically whereas others might prefer it to be on paper. Regardless of how the information is transmitted, the information should at least list relevant clinical information and the name of the physician in the facility.

Since critical access hospitals (CAHs) currently have no discharge planning conditions of participation, we applaud CMS for now establishing and including discharge planning requirements for CAHs in this proposed rule. The AAFP fully agrees that discharge planning is an important component of successful transitions from the CAH setting especially due to the availability of fewer health care resources in a rural environment. In many small CAHs, the same family physician may treat the patient both during the patient's CAH stay and after the patient's discharge. While we believe it is important to keep all CAH patients on the path to recovery

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by ensuring that the CAH effectively communicates the discharge plan to the patient and those outside the CAH who will be providing support to the patient post-discharge, the AAFP recognizes and supports those family physicians who treat patients while hospitalized as well as following a discharge to the community. We urge CMS to remove barriers for those family physicians who follow their patients into hospital settings.

We appreciate the opportunity to provide these comments. For any questions you might have, please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,



Robert L. Wergin, MD, FAAFP
Board Chair