



May 23, 2016

Lew Sandy, MD
Work Group Chair, Clinical Episode Payment
Health Care Payment Learning & Action Network (LAN)
Submitted electronically through HCP LAN website

Dear Dr. Sandy,

On behalf of the American Academy of Family Physicians (AAFP), which represents 124,900 family physicians and medical students across the country, I write in response to the draft white paper titled, "Accelerating and Aligning Clinical Episode Payment Models: Maternity Care" as released on April 21, 2016.

The AAFP agrees that the overarching goal of clinical episode payments for maternity care is to improve the value of maternity care by reducing costs and improving outcomes, as well as the experience of care, for the woman and her baby.

According to the most recent AAFP member census, approximately 17 percent of members deliver maternity care, but 75 percent deliver care to infants and children. The proposed episode payment encompasses the first thirty days of a newborn's life. The only routine care mentioned for the baby during this time was "ensuring a link from birth to pediatric care." Typically, a baby will have a two-day or fourteen-day follow up with a provider, often times both. There are also infants born that require higher levels of care at birth that exceed the thirty day window.

The AAFP is concerned about how the payment would flow back to physicians providing services to infants within the thirty day window. To reduce confusion and payment complications, we strongly believe it would be best to exclude newborn care from this episode.

We thank you for the opportunity to provide input to the Accelerating and Aligning Clinical Episode Payment Models: Maternity Care White Paper. Please do not hesitate to call upon the AAFP for assistance. For additional information, please contact Amy Mullins, MD, Medical Director, Quality Improvement (913) 906-6000 extension 4120 or amullins@aafp.org.

Sincerely,

Robert L. Wergin, MD, FAAFP
Board Chair

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