



March 15, 2016

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

Dear Administrator Slavitt,

On behalf of the American Academy of Family Physicians, which represents 120,900 family physicians and medical students across the country, I write to request assistance in facilitating the release of medical records from hospitals and other health care facilities to primary care physicians to promote Transitional Care Management (TCM).

The AAFP, in a [joint letter](#) on December 12, 2012, expressed gratitude for CMS's continued support and level of attention to the issue of appropriate payment for transitions of care management services provided to Medicare beneficiaries. Unfortunately, due to a lack of communication between hospitals and other healthcare facilities with primary care physicians, the transmission or release of discharge information to the primary care physician often does not occur at all or does not occur within the two business days allotted to contact the patient as required by CMS to bill TCM.

AAFP believes CMS has a role to play in correcting this situation by updating its rules and communications related to hospital discharge planning. The AAFP on December 22, 2015, [responded](#) to CMS on the proposed rule titled, "Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies," published in the November 3, 2015, *Federal Register*. Support was given to 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. The AAFP agrees the proposed changes modernize the discharge planning requirements, improve patient outcomes, and reduce avoidable complications, adverse events, and readmissions. This proposed rule would help address the barrier family physicians encounter in attempting to use TCM codes within the two business days of discharge to contact the patient/caregiver.

Additionally, the [Medicare Learning Network Discharge Planning Booklet](#), dated October 2014, indicates when a patient is referred for follow-up ambulatory care from an acute care hospital, long term care hospital, or inpatient rehabilitation facility, information should be provided to the physician within 7 days after discharge or before the first appointment, whichever occurs first. These guidelines do not allow adequate time for the patient's primary care practice to conduct the interactive contact with the patient or caregiver within two business days as required under TCM. We ask CMS to update this booklet to align with TCM requirements.

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Acting Administrator Slavitt
Page 2 of 2
March 15, 2016

Health Insurance Portability and Accountability Act (HIPAA) and privacy rules permit doctors, nurses, and other health care providers, as “covered entities,” to share patient information for treatment without signed patient consent.

In addition, in some instances, the primary care physician is not identified or documented at the time of an acute care hospital admission. When this is the case, the primary care physician does not receive discharge information that would improve care transitions and are required for timely contact with the patient under TCM. If the Medicare hospital conditions of participation or other Medicare rules governing hospitals do not address this issue, we ask CMS to make the necessary revisions to ensure these rules require hospitals to document the patient’s primary care physician.

Unfortunately, the lack of communication between hospitals and the patient’s primary care physician leads to duplication of imaging and lab testing and using medications which may have been tried on the patient previously without success. This lack of communication can also increase the risk of readmission and result in poorer outcomes and higher patient risk as compared to when the patient’s primary care physician is involved in a the patient’s post discharge care. All of these things, in turn, increase the cost and decrease the quality of care for the patient and the Medicare program.

Accordingly, AAFP believes CMS has an important role to play in getting hospitals and other health care facilities to improve upon the timely release of medical records and discharge information to primary care physicians in the community. In particular, your assistance in updating the Medicare Learning Network Discharge Planning Booklet and Medicare rules for hospitals to align with the TCM requirements and in advocating for the timely release of information to primary care physicians from hospitals and other healthcare facilities would be an enormous step forward. This effort would help to ensure the most vulnerable, sickest patients receive the care they need following discharge and would promote [CMS Quality Strategy Goals to](#) make care safer by reducing harm caused by the delivery of care; and promote effective communication and coordination of care.

Thank you for your time and consideration of this request. If you or your staff has any questions about this matter, please contact Robert Bennett, Federal Regulatory Manager at (202) 232-9033, or rbennett@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Robert L. Wergin MD". The signature is written in a cursive, flowing style.

Robert L. Wergin, MD, FAAP
Board Chair