

think there are better ways to do so and hope that CMS will explore all options which could make this process as simple and automated as possible. The following comments are intended to constructively move CMS in a more positive direction in this regard.

In the CMS document, the agency first outlines policy principles used in the development of patient relationship categories and codes before then asking several questions for consideration. To improve the suggested patient relationship categories, the AAFP offers the following comments.

AAFP comments on policy principles

In the draft description of an acute episode, CMS states:

Acute episodes may encompass a disease exacerbation for a given clinical issue, a new time-limited disease (e.g. acute bronchitis), a time-limited treatment (e.g., surgery, either inpatient or outpatient) or any defined portion of care (e.g., post-acute care) so long as it is limited, usually by time, but also potentially by site of service or another parameter of healthcare. It may occur or span inpatient and outpatient settings. Continuing care occurs when an episode is not acute, and requires the ongoing care of a clinician.

The AAFP points out an apparent disconnect in this description, since the agency describes the episode as being potentially limited by site of service yet also says that it potentially may span inpatient and outpatient settings. We urge CMS to clarify this description and the role of multiple sites of service. Please see our response to question 3, below, for a suggested revision.

The CMS policy principles then discuss the agency's belief that there may be some overlap between three of the illustrative categories outlined in the law, which are:

- The clinician that furnishes items and services only as ordered by another clinician;
- The clinician that furnishes items and services to the patient on a continuing basis during an acute episode of care, but in a supportive rather than a lead role; and
- The clinician that furnishes items and services to the patient on an occasional basis, usually at the request of another practitioner.

The AAFP fully agrees with CMS's assessment of these examples in the law and supports the critical need to develop categories that are better distinguished from each other and easier for physicians to use. Patient relationship categories must be mutually exclusive in a given situation, so a physician does not have to choose among two or more equally applicable categories for a patient in a particular circumstance. .

Next, the document discusses CMS's development of five patient relationship categories in the following three areas:

- Continuing Care Relationships
- Acute Care Relationships
- Acute Care or Continuing Care Relationships

Within the Continuing Care Relationship area, CMS proposes to define two patient relationship categories:

- i. Clinician who is the primary health care provider responsible for providing or coordinating the ongoing care of the patient for chronic and acute care.
- ii. Clinician who provides continuing specialized chronic care to the patient.