



Donald Berwick, MD
Administrator, Centers for Medicare & Medicaid Services
Hubert Humphrey Building
200 Independence Avenue, SW
Room 314-G
Washington, D.C. 20201

Re: CY 2012 Physician Fee Schedule Proposed Rule (CMS-1524-P)

Dear Dr. Berwick,

We appreciate the opportunity to comment on the proposed CY 2012 Physician Fee Schedule Proposed Rule (CMS-1524-P).

The National Transitions of Care Coalition (NTOCC) believes that the improvement of transitions, or hand-offs, between care settings is integral to providing seamless, high quality care for Medicare beneficiaries. As you know, the U.S. health care system often fails to meet the needs of patients during transitions because care is rushed and responsibility is fragmented, with little communication across settings and multiple providers. Poor communication during transitions from one care setting to another can lead to confusion about the patient's condition and appropriate care, duplicative tests, inconsistent patient monitoring, medication errors, delays in diagnosis, and lack of follow through on referrals. These failures create serious patient safety, quality of care, and health outcome concerns.

NTOCC strongly believes that in order to effectively change clinical behaviors and practices to improve transitions of care, payment systems should reward coordination over an entire episode of care. This includes providing payment incentives that encourage communication and coordination, such as spending time educating patients, developing a plan of care, and engaging in provider collaboration. Yet, at a time when the Centers for Medicare and Medicaid Services (CMS) is seeking to improve the way care is provided—including penalizing hospitals for high readmission rates—physicians and other health providers may face a 29.5 percent cut in payment rates. NTOCC believes that it is vital that these cuts be averted and that the payment system should be reformed to incent services which improve care coordination and transitions, such as those provided by primary care providers. NTOCC understands that these payment cuts may only be averted by changes in law and will continue to advocate that Congress address this issue.

Value-Based Payment Modifier

The Affordable Care Act required CMS to adopt a value-based payment modifier to the physician fee schedule to improve quality and decrease costs. NTOCC believes that integral to achieving this aim is the inclusion of performance measures related to care coordination and care transitions. In that regard, NTOCC appreciates the proposed quality measures related to medication reconciliation and 30-day post discharge physician visit.

However, NTOCC urges CMS to develop, and include in future rulemakings, additional measures to promote shared accountability across care settings. Communication and transfer of information have to be complete, accurate, and as timely as possible to ensure an effective transition. NTOCC strongly supports the concept of making certain that a health care team is responsible for the care of the patient at all times, assuming responsibility for the outcomes of the care transition process by both the provider (or facility) sending and the provider (or facility) receiving the patient. Process measures that are applicable to the “sending” provider confirming that key information has been sent to the intended “receiving” provider should be paired with process measures that are applicable to the “receiving” provider documenting that key information has been received and has been acted on. Health information technology for this transfer of information must have the ability to document the “handover” of information and validate a receipt of acknowledgement from the receiving provider.

Hospital Discharge Care Coordination

NTOCC strongly supports initiatives aimed at testing payment and delivering models for improving care transitions for high-risk Medicare beneficiaries, including the Community-based Care Transitions Program and Bundled Payments Demonstrations.

As mentioned in the proposed rule, efforts to improve the transition from a hospital to primary care provider would result in better health outcomes and decreased expenditures. However, currently direct communication between hospital and primary care physicians occurs only 20 percent of the time.¹ We strongly support efforts to align the current fee schedule to provide incentives for particular strategies and interventions that have been demonstrated to improve transitions.

Earlier this year, NTOCC released a *Compendium of Evidence-Based Care Transition Interventions* that provides a user-friendly centralized resource for providers to have access to all currently available evidenced-based interventions and tools. A companion resource to the compendium “Care Transition Bundle: Seven Essential Intervention Categories” is also available which highlights the essential care transition interventions identified from a cross walk of the various models of care. These seven care interventions include: medications management; transition planning; patient and family engagement/education; information transfer; follow-up

¹ Kripalani, S., et al., “Deficits in Communication and Information Transfer Between Hospital Based and Primary Care Physicians: Implications for Patient Safety and Continuity of Care,” JAMA, 2007:297(8)831—41.

care; health care provider engagement; and shared accountability across providers. NTOCC encourages CMS to ensure the fee-schedule is structured to address these essential categories.

We appreciate the opportunity to comment on ways to enhance the proposed rule and look forward to continued engagement with CMS to improve health care quality.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Cheri Lattimer".

Cheri Lattimer
Executive Director