The Honorable Earl Blumenauer 1502 Longworth House Office Building Washington, D.C. 20515 The Honorable Thomas Petri 2462 Rayburn House Office Building Washington, D.C. 20515

May 29, 2014

Dear Congressman Blumenauer and Petri:

The below signed organizations strongly support the Medicare Transitional Care Act of 2014.

As you well know, patients—particularly the elderly and individuals with chronic or serious illnesses—face significant challenges when moving from one care setting to another within our fragmented health care system. Poor communication during these transitions 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.

The problems resulting from poor transitions also lead to significant financial burdens for patients, payers, and taxpayers. For instance, unnecessary hospital readmissions are often a result from errors and poor communication made in transitioning patients. Almost 20 percent of Medicare patients must be readmitted within 30 days of their original release and those readmissions cost Medicare more than \$17 billion a year.ⁱ The Medicare Payment Advisory Commission (MedPAC) concluded in its 2009 Report to Congress that a large proportion of re-hospitalizations could be prevented by improving the discharge planning process and coordinating care after discharge.ⁱⁱ In fact, several evidenced models focused on improving care coordination have reduced 30-day readmission rates by 20-40 percent.ⁱⁱⁱ

The Medicare Transitional Care Act would directly address continuity of care problems by increasing support for patients as they move from the hospital to their new care setting and would ensure that appropriate follow-up care is provided during this vulnerable period. Specifically, the bill would provide Medicare beneficiaries that are at highest risk for hospital readmission access to evidence based transitional care services that are provided by an eligible transitional care entity, such as a hospital, community-based organization or skilled nursing facility. Payment for these services would be linked to performance metrics to ensure that interventions result in improved outcomes, which will ultimately lead to reductions in Medicare spending.

The legislation ensures that the transitional care services provided are aligned with the best practices in the field and fosters the use of these and other evidence-based care models that have demonstrated improvements in both health outcomes and a reduction in costs to the health care system. The bill also recognizes the importance of the entire care team in providing in executing efficient transitions.

We strongly believe that enactment of the Medicare Transitional Care Act will build on the progress made in the ACA and be an important step forward to improving patient outcomes and reducing unnecessary health related expenses. Thank you for championing such an important piece of legislation.

Sincerely,

The National Transitions of Care Coalition

AMDA - The Society for Post-Acute and Long-Term Care Medicine

American Society on Aging

Caregiver Action Network

Case Management Society of America

Hudson Health Plan

Rush University Medical Center

Sanofi

Visiting Nurse Associations of America

ⁱ Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2013 Rates, Proposed Rule, Fed. Reg, Vol. 77, No. 92. 28110-28039 (May 11, 2012). Web. http://www.gpo.gov/fdsys/pkg/FR-2012-05-11/html/2012-9985.htm

ⁱⁱ Medicare Payment Advisory Commission. Report to Congress: Improving Incentives in the Medicare Program. June 2009. Web.

http://www.medpac.gov/documents/jun09 entirereport.pdf Fiscal Year 2013 Rates, Proposed Rule, Fed. Reg, Vol. 77, No. 92. 28110-28039 (May 11, 2012). Web. http://www.gpo.gov/fdsys/pkg/FR-2012-05-11/html/2012-9985.htm