December 8, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Re: CMS-3317-P: Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies 80 Fed. Reg. 68126 (November 3, 2015)

Dear Acting Administrator Slavitt:

On behalf of the American Nephrology Nurses’ Association (ANNA), I am writing to share our comments on the proposed rule for the Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals (CAHs), and Home Health Agencies (HHAs). We appreciate the opportunity to offer our comments on the proposed updates on discharge planning requirements.

ANNA promotes excellence in and appreciation of nephrology nursing so that we can make a positive difference for people with kidney disease. Established as a nonprofit organization in 1969, ANNA has a membership of approximately 10,000 registered nurses in almost 100 local chapters across the United States. We are the only professional association that represents nurses who work in all areas of nephrology, including hemodialysis, chronic kidney disease, peritoneal dialysis, acute care, and transplantation. Most of our members work in freestanding dialysis facilities, hospital outpatient units, and hospital inpatient dialysis units.

ANNA develops and updates standards of clinical practice, educates practitioners, stimulates and supports research, disseminates knowledge and new ideas, promotes interdisciplinary communication and cooperation, and monitors and addresses issues encompassing the breadth of practice of nephrology nursing.
Provisions of the Proposed Regulations

Hospital and CAHs Discharge Planning

ANNA is committed to improving outcomes for patients and providing greater health care efficiencies through care coordination centered on the needs and preferences of patients and their families. ANNA believes the coordination of care between care settings (e.g., hospitals, dialysis facilities, rehabilitation facilities, and nursing homes) that addresses the unique needs of kidney patients is essential to improving quality of care and patient outcomes. We applaud the Centers for Medicare and Medicaid Services (CMS) for modifying the discharge planning requirements for hospitals and placing an emphasis on patient engagement in the discharge-planning process, which will help to improve patient quality of care and outcomes.

Applicability

ANNA applauds CMS’ proposal to require all inpatients and specific categories of outpatients be evaluated for their discharge needs and have a written discharge plan developed. CMS’ proposal will ensure that all applicable providers responsible for a patient who requires follow-up care will be made aware of the patient’s hospitalization, the discharge instructions provided to the patient, and any and all relevant medical information.

We recommend CMS clarify the specific categories of outpatients for whom a discharge plan should be developed. Patients with chronic kidney disease (CKD) and End-Stage Renal Disease (ESRD) have needs that are unique and specific. All patients suffering from kidney disease would benefit from an evaluation of their discharge needs and the development of a written discharge plan. Requiring a discharge plan be prepared for every patient that suffers from kidney disease, whether admitted as an inpatient or outpatient, ensures the patient’s condition is accurately communicated to the patient’s vascular access surgeon, nephrologist, and primary care physician, and if applicable, the dialysis facility responsible for furnishing treatment after discharge.

Discharge Planning Process

ANNA appreciates CMS’ efforts to improve the discharge planning process by requiring hospitals to take into consideration patient needs, preferences, and treatment goals in the development of the discharge plan and implementing requirements that would improve patient transitions between settings. Improving the discharge planning process by including the patient’s goals and treatment preferences also should result in a better, more clearly understood discharge plan and decrease the risk of re-hospitalization and post-discharge adverse events. We appreciate that CMS has taken steps to ensure patients are afforded the opportunity to participate in the development of a discharge plan.
Patients with kidney disease play a critical role in safeguarding their health and selecting appropriate treatments following hospitalization. ANNA applauds CMS’ emphasis on patient involvement in the discharge planning process, as we believe the engagement of patients and families in the discharge planning process is essential to improving patient outcomes and quality of care.

**Discharge to Home**

In 2012, about 370,000 ESRD Medicare beneficiaries received dialysis from about 5,800 dialysis facilities and approximately 35.2 percent of dialysis patients were readmitted to the hospital within 30 days. Dialysis facilities have a difficult time obtaining timely transfer of important information from inpatient stays—information such as changes made to medications, the need for completion of a course of antibiotics, or significant changes to the dialysis treatment prescription.

ANNA strongly supports CMS’ proposal to revise the discharge to home requirements and, specifically, the clarification that the phrase “discharge to home” includes patients returning to their residence; those who require follow-up care with their primary care physician or specialist; HHAs; hospice services; or any other type of outpatient health care service. Requiring hospitals to provide individuals with kidney disease with discharge instructions and verify patient comprehension and understanding, whether the patient is “discharged to home” or referred for post-acute services, is essential to successfully managing patient care transitions and avoiding preventable readmissions. We urge CMS to clarify in the final rule that prior to a dialysis patient’s “discharge to home,” the hospital is required to promptly transmit discharge instructions, the discharge plan, and all necessary medical information to the appropriate dialysis unit.

Hospitals must ensure that patients receive appropriate post-hospital care, and increasing dialysis providers’ access to patients’ medical information will allow for improved care and reduced risk of readmissions. ANNA believes that hospitals should be encouraged to support patients and their caregivers during the transition to outpatient care and we request that CMS require that hospitals provide kidney disease education to those affected by the disease and discuss outpatient treatment options prior to discharge. Further, we support the proposal to require hospitals to establish a post-discharge follow-up process for patients that are discharged home. By conducting post-discharge follow-up, patients will be engaged and informed, resulting in an improved patient experience and fewer readmissions.

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**Transfer of Patients to Another Health Care Facility**

ANNA supports regulations that support a seamless transfer process and increase the sharing of patient information between hospitals and post-acute care (PAC) facilities, which will reduce risks for patients. To facilitate efficient transitions for patients with ESRD, we encourage CMS to implement regulations that require hospitals to promptly transmit the discharge instructions and discharge summary, pending test results, and all other necessary medical information to those providers involved in care of these individuals (e.g., outpatient dialysis facility, nephrologist, primary care physician) upon discharge.

Often, it is difficult for a dialysis facility to obtain information from a hospital stay, and impossible to acquire such information in time to plan the continued care of that patient. Receiving a comprehensive discharge summary and related information will allow for safer and more effective care of patients returning from a hospital stay. ANNA believes the coordination of care between inpatient and outpatient facilities, including dialysis facilities, is essential to improving the quality of care and outcomes of beneficiaries.

ANNA applauds CMS for clarifying its expectations regarding what constitutes the necessary medical information that must be communicated to a receiving facility to meet the patient’s post-hospitalization health care goals and support the continuity of care. In addition to the list published within the proposed rule of the information that must be provided to a receiving facility, we encourage CMS to require hospitals to include patients’ blood culture results and blood transfusion data within the medical records that are transmitted to a receiving facility at the time of transfer/discharge. Communicating a comprehensive summary of a patient’s medical information, test results, patient preferences, and other relevant data to the receiving facility will help to ensure patients experience a smooth transition between care settings. Improving communication between hospitals and other health care providers promotes better continuity of care and greater safety, resulting in improved access to care and increased patient satisfaction.

Finally, ANNA urges CMS to modernize the communication process between hospitals and health care providers. Currently, when a patient is discharged, his or her discharge records often are transmitted to a dialysis facility via facsimile. Unfortunately, this mode of communication is unreliable, and it is not uncommon for records to fail to reach the intended destination. Ineffective communication between health care providers can lead to medical errors and patient harm. ANNA recommends that CMS delineate in the final rule the appropriate methods of communication and stipulate that all necessary medical information must be promptly transmitted to all health care providers responsible for follow-up care. Such efforts will allow providers the maximum amount of time to review the records and will help to improve the efficiency of the overall process.
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**Conclusion**

ANNA greatly appreciates the opportunity to share our comments on the proposed rule revising the discharge planning requirements for hospitals. As the leading professional association representing nephrology nurses, we look forward to continuing to work with your Agency on these important issues. Should you have any questions, please contact me or have your staff contact our Health Policy Associate, Kara Gainer (Kara.Gainer@dbr.com or 202-230-5649). We thank you for your consideration.

Sincerely,

\[Signature\]

Cindy Richards, BSN, RN, CNN
President, 2015-2016
American Nephrology Nurses’ Association