

President
Michael F. Lupinacci, MD

President-Elect
David L. Bagnall, MD

Vice President
Alberto Esquivias, MD

Secretary
Kathleen R. Bell, MD

Treasurer
Kurt M. Hoppe, MD

Past President
M. Elizabeth Sandoz, MD

Members-at-Large
David G. Walsh, MD
Michael W. O'Dell, MD

Strategic Coordinating
Committee Chairs

Medical Education
Michelle S. Gitter, MD

Membership
Al Mukai, MD

Public and Professional Awareness
Martin P. Lanoff, MD

Quality, Practice and Policy
Gregory M. Wronowicz, MD, MBA

President,
Resident Physician Council
David M. Brooks, M.D., M.B.A., M.P.H.

AMA Delegate
Leon Reinstein, MD

PM&R, Editor-in-Chief
Stuart M. Wenzelin, MD

Executive Director
Thomas E. Stautzenbach, CAE

November 30, 2010

Donald Berwick, M.D.
CMS Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 310-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Berwick,

Re: CMS Rule - 42 CFR Chapter IV [CMS-1345-NC] - Aspects of CMS Policies and Standards for Accountable Care Organizations (ACOs)

As the national association representing more than 7,500 physical medicine and rehabilitation physicians (physiatrists), the American Academy of Physical Medicine and Rehabilitation (AAPM&R) offers comments on CMS Rule - 42 CFR Chapter IV [CMS-1345-NC] - Aspects of CMS Policies and Standards for Accountable Care Organizations (ACOs)

As you know, physiatrists focus on restoring function in patients, both children and adults, with problems ranging from mobility impairments to complex cognitive impairments by using a wide variety of assessments and interventions. Many of our patients have neurological diagnoses such as brain injury, spinal cord injury, stroke, multiple sclerosis, neuromuscular disorders, and other conditions that result in disability.

AAPM&R's perspective on ACOs is much aligned with the disability and chronic illness perspective and it is summarized as follows:

The AAPM&R strongly believes that ACOs must have adequate quality measures and standards in place to protect patients and to ensure that they will not be diverted away from intensive rehabilitation settings. In an environment where networks of providers have built-in financial incentives to reduce cost, the risk of this occurring is high.

Measures in a rehabilitation setting should be functional in nature. The current existing measures are geared towards acute and primary care and do not address function. The AAPM&R would like to emphasize the importance of



functional status as a quality measure which can be utilized to determine performance. At this time, we would also like to suggest that CMS fund a review of current measures. In doing so, CMS would be able to develop a reasonable set of functional measures that can be utilized in ACOs as well as other similar models of care.

AAPM&R also supports the creation of specialized ACOs that would allow for the treatment and care of specific subpopulations of patients, such as those with diagnoses of stroke, traumatic brain injury (TBI) and spinal cord injury (SCI). Whether or not the concept of specialized ACOs becomes a reality in the near future, certain conditions and patient populations should be carved out of the current structure of ACOs. It is our belief that there is insufficient data and information at this time that would show that patients with TBI, SCI, and others conditions would benefit from this delivery model and would recommend additional time for further testing to understand the effectiveness of ACOs.

As a viable option at this time, the AAPM&R believes CMS should develop specific mechanisms to ensure that every ACO has the full complement of rehabilitation care available to those who need it, including specialists ready to treat people with complex or chronic conditions and disabilities, perhaps through either ACO network standards or some third party mechanism such as accreditation, etc.

We appreciate the opportunity to provide you with comments regarding policies and standards for Accountable Care Organizations (ACOs). Please feel free to contact Suzanne Butler, JD, Manager, Legislative Affairs, Health Policy & Practice Services Department at 847-737-6000 or Peter Thomas, JD, Powers Pyles Sutter & Verville at 202-000-0000 if you have any questions. We thank you for the opportunity to comment and look forward to the opportunity work with CMS as you further consider these issues.

Sincerely,



Michael F. Lupinacci, MD
President