Hello,

sorry it took me a while to get these comments to you. I was ab;e to listen in on the Town hall Feb 9. I agree with other physician's comments that there should be more improtance given to Function as oppposed to just Diagnosis. I think excluding patients from inpatient Rehab merely because they have the "wrong diagnosis" (such as Total Joint replacement) is the wrong direction. I agree that not everyone needs inpatient Rehab, however, the standard of needing 2 therapies 3 hrs or more a day, at Moderate assistance or worse, should be able to weed out those patients who can benefit from an aggressive inpatient Rehab unit from those who can benefit from a less intensive setting. I feel merely excluding patients who have the wrong diagnosis is wrong.

I think the list of acceptable diagnosises should be updated to reflect typical patient populations in hospitals of today. Cardiopulmonary diagnosis should be considered to be added, due to the increased numbers of patients affected in 2009 compared to 1980.

I know Medicare (and to be fair, insurance companies and Medicaid) feel a Nursing Home is an acceptable alternative to hospital care, but in my 15 years of Rehab practice, I have yet to find a patient or family member who would agree with this. Certainly some patients can benefit from PT and OT at a SNF, but others need the intensity, mediacl attention that only an inpatient Rehab setting can provide. I have also had many refering MDs disagree with this to, I have had quite a few Surgeons tell me they would rather keep their patients longer on their service and get them home rather than have the patients go to a Nursing home.

If Medicare truly wants to have these changes done, they need to have all the intermediaries use the same criteria for inpatient Rehab, despite what you may say or think, this is NOT how things are being done in my community. There are several Rehab units in my city, I have worked for most of them. Only one has a different intermediary. Inmy experience, I have had to turn down patients to my Rehab unit as they did not meet Medicare's criteria, only to have them admitted to the one Rehab unit in the city that had another intermediary. In January 2006, one of the Medical Directors from Our Medicare intermdiary came to my hospital at the time. I told him this was happening, despite the fact he said he would look into it and make sure something was done, nothing has happened to my knowlege. The basic problem is this: Medicare has a certain criteria for Inpatient Rehab, which I may not agree with, but can explain to patiens, family and other MDs. However, it does not help when a patient then goes to another Rehab unit because their intremediary does not seem to be as stringent enforcing the standards. IT sends out mixed messages, tell other physicians tha I (and others like me) don't know what we are doing, since they obviously can get patients into a Rehab unit, therefore the other MDs should stop consulting me, and call the one who will take their patients. Plus it really doesn't accomplish what Medicare is trying to do.

Thank you for hearing me,

Pat McGowan, MD

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