I would like to make an addition to my submission of 12-12-09. Again, having been in the practice of Physical Medicine and Rehabilitation for 20 years and making decisions on the appropriate level of care for patients on a daily basis, I would like to comment on the other levels of care beyond in-patient rehabilitation. This has often been the source of contention when an auditor feels that it was not medically necessary for a patient to be admitted to an in-patient rehabilitation facility. The alternative is usually a skilled nursing setting as these patients are incapable of returning home at the time (which excludes home health or out-patient therapy).

In many cases it is significantly substandard care to allow Medicare patients to be placed for rehabilitation/medical needs in a skilled nursing setting. In Northeastern Pennsylvania many of these patients are placed in community nursing facilities. They are licensed to provide long-term care. Over the years I have worked extensively in both settings, and there is a substantial difference in the approach to a patient and care provided. In the rehabilitation hospital setting there is a standardization regarding medical care and rehabilitation outcomes. This is not present in the skilled nursing setting. We have seen many patients inappropriately placed in skilled nursing settings based on current regulation. The results are then consistent with that treatment - very suboptimal relative to the rehabilitation hospital setting.

Skilled nursing centers perform an excellent service for what they are designed to do - provide long-term care for medically stable patients. They are not accountable, as rehabilitation hospitals are, for their rehabilitation results. In my discussions with other rehab professionals around the country, this is a well recognized problem. Too often individuals outside the profession believe rehabilitation hospital and skilled nursing are interchangeable. This is without question a tragic fallacy which leaves Medicare patients at a severe disadvantage.

Please consider this issue when formulating changes to the approach to medical necessity. Thank you for your consideration of these comments.

Sincerely,
Gregory Basting,MD
Fellow of the American Academy of Physical Medicine and Rehabilitation