

January 26, 2016

The Honorable Orrin Hatch
Chairman
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Johnny Isakson
Senator
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Mark Warner
Senator
Committee on Finance
United States Senate
Washington, DC 20510

Re: Senate Finance Committee Working Group on Chronic Care Policy Options

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson and Senator Warner,

On behalf of the undersigned organizations, we are pleased to provide comments on the Request for Information (RFI) regarding Chronic Care Policy Options being considered by the Senate Finance Bipartisan Chronic Care Working Group.

Advance Practice Registered Nurses (APRNs) include Nurse Practitioners (NPs) Certified Nurse-Midwives (CNMs), Clinical Nurse Specialists (CNSs) and Certified Registered Nurse Anesthetists (CRNAs). America's APRNs are clinicians with advanced education and training who provide primary, acute and specialty health care services. APRNs play a significant role in ensuring patient access to high quality healthcare that is cost-effective. This is particularly true in the management of patients requiring chronic disease management. They are the solution to improving access, quality and cost-efficiency in health care. We thank the work group for the opportunity to comment on the provisions in this RFI.

Care Coordination. APRNs are particularly qualified to diagnose and manage multi-problem, chronic disease states. In that light, as you prepare policies that will increase care coordination among individual providers across care settings who are treating individuals and families living with chronic diseases, it will be important to include APRNs in your discussions. Incorporating inclusion of APRNs as major providers of care to chronically ill patients will provide patient access to a population of clinicians that have long had coordination of care as a major component of their care giving philosophy. Unfortunately whether through oversight or statutory and regulatory barriers, the ability for patients to have access to APRN skills is not always present. We encourage you to examine this lack of inclusiveness as these policies are being developed. Including APRNs in your work groups and task forces would allow these advanced practice nurses to contribute to the development of policy that builds on their skills in the area of chronic disease management and care coordination.

Medicare Payment. As payment designs are created, it will be important that they be based on the cost of a service rather than a tiered provider framework where the same service may have different costs depending on the clinician or agency that is providing the service. Also to be taken into account is the patient, the family and community's ability to pay. Removal of provider payment barriers such as those found in Medicare law related to ACOs and Home Health Care, would contribute to cost savings and streamline the provision of care so that patients would receive care earlier and more comprehensively. Currently the volume of "work arounds" for patients to obtain care is not only costly, but delays care in ways that create cost and poor patient status.

High-Severity Care Management Services. The document speaks to additional coordination codes for high-severity chronic care management (CCM). It is not clear if the working group intends to add this to the current care coordination coding system or to the current E & M coding system utilized by physicians, nurse practitioners and physician assistants. We encourage additional clarification and analysis of this issue to ensure that a high-severity chronic care management code targets Medicare resources to beneficiaries with the greatest need for chronic care management.

The Working Group Policy Options Document includes a recommendation to waive cost sharing/co-pays associated with CCM and the proposed high severity code. We agree that a co-pay/cost-share is not appropriate for this service. Increased patient and provider engagement is critical to improving and managing the health of those living with multiple chronic conditions. Improving access to these services by limiting or eliminating beneficiary cost sharing burdens may promote greater patient engagement in the plan of care and better, more cost-effective health outcomes.

Facilitating the Delivery of High Quality Care. The high quality of care provided by APRNs has been well documented. We encourage you to examine the nursing as well as the medical literature as you determine policies related to transitions, outcomes, patient satisfaction and quality of care. We are available to serve as consultants in all of these areas.

We also note in the proposed policy that the Working Group is considering a requirement that CMS include in its quality measures plan the development of quality measures that focus on health care outcomes for individuals with chronic disease. The list includes a series of concepts and practices that APRNs are particularly expert in designing and providing. The paper notes that the Working Group is considering a recommendation that the Government Accounting Office (GAO) evaluate appropriate measures for chronic care management.

We agree that it is essential to develop implement and evaluate robust performance measures to identify and address effective and efficient chronic care coordination. It is also important that if GAO is tasked with this undertaking that the APRN community be fully engaged and involved in the development of such measures. We note that APRNs serve a central role in diverse models of care coordination for people with complex illnesses across health care settings and have demonstrated impressive health care quality and lower costs in providing such care. For example, Nurse managed clinics can manage patients with complex chronic conditions effectively and efficiently and should be consulted and involved in the design of these policies.

Pain and Pain Care Inclusion. The Working Group's extensive examination of the policy issues surrounding chronic care demonstrates one critical gap: the role of chronic pain and of matters regarding pain treatment for patients, care delivery models, health benefit programs and benefit design. As APRNs who are frequently involved in pain prevention, diagnosis and treatment, both for individual patients and for communities of people, we recommend that the Work Group amend its policy document to include chronic pain related policy recommendations to be consistent with the congressionally mandated guidance of the Institute of Medicine and the draft National Pain Strategy promulgated by the National Institute of Health.

Our organizations have expressed strong support for the National Pain Strategy with some modifications. We asked that the final National Pain Strategy (a) include APRNs as stakeholders on issues and committees named in the strategy, (b) address barriers to practice and ensure that APRNs can practice to the full extent of their education and training and (c) advise that all relevant accrediting bodies, including nursing and medicine are needed in the preparation of pain management experts and leaders.

Given the dramatic impact that pain prevention, diagnosis, education and treatment have upon demand for chronic care, we request that the Working Group's final report on chronic care, include an appropriate section on pain consistent with the IOM, National Pain Strategy and APRN recommendations.

In conclusion, we thank you for the opportunity to provide comment regarding your draft proposal and look forward to further interaction with the Working Group regarding policy issue related to chronic care management. If we may be of further help, please contact Maryanne Sapio, Vice President for Federal Affairs, American Association of Nurse Practitioners, 703-740-2529, or msapio@aanp.org.

Sincerely,

American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American Association of Nurse Practitioners
American Nurses Association
American Academy of Nursing
Gerontological Advanced Practice Nurses Association
National Association of Clinical Nurse Specialists
National Association of Pediatric Nurse Practitioners
National Association of Nurse Practitioners in Women's Health
National League for Nursing
National Organization of Nurse Practitioner Faculties