



December 15, 2015

The Honorable Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-8013

RE: CMS-10467 – Agency Information Collection Activities: Proposed Collection; Comment Request; Evaluation of the Graduate Nurse Education Demonstration Program (80 Fed.Reg. 26390 October 16, 2015)

Dear Mr. Slavitt:

On behalf of the undersigned organizations, we are pleased to provide comments regarding the Evaluation of the Graduate Nurse Education (GNE) Demonstration Program (80 Fed. Reg. 26390, October 16, 2015).

The National Coalition on GNE has a longstanding interest in the GNE Demonstration Program and we are deeply committed to ensuring that an appropriate and scientifically rigorous evaluation is conducted. This evaluation will directly affect academic nursing's ability to project demand and improve capacity for Advanced Practice Registered Nurses (APRNs), including certified nurse-midwives, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. Improving patient access to APRNs will ensure quality healthcare delivery and contribute to cost savings.¹ The need for access to APRN services is crucial for the 40 million beneficiaries now in Medicare and for the 80 million beneficiaries who are expected to be in Medicare in the future.² We firmly believe every effort must be made to educate the next generation of providers who can meet this demand for services. APRNs can answer this call for quality health care. Through this demonstration program, Congress and the Administration have clearly identified the vital role APRNs play in increasing access to care. We applaud your efforts to thoroughly review the effectiveness of the GNE program.

Ensure that a scientifically rigorous, comprehensive and multi-faceted evaluation of the GNE Demonstration is conducted

¹ Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. Washington, DC: National Academies Press.

² Medicare Payment Advisory Committee. (2015, June). June 2015 report to the Congress: Medicare and the health care delivery system. Retrieved from <http://www.medpac.gov/documents/reports/june-2015-report-to-the-congress-medicare-and-the-health-care-delivery-system.pdf?sfvrsn=0>

Our organizations request that interim evaluation findings be made available since the evaluation has been underway since 2012. We believe providing sites with interim results will give schools of nursing the opportunity to ensure evaluator analysis is capturing growth in programs explicitly for ‘new’ APRNs in a scientifically rigorous manner.

Further, our organizations agree that the three areas identified for evaluation (growth in the number of APRNs, growth for each of the APRN roles, and cost to the Medicare program) are important to determine if the intent of the program has been met. The notice highlights using evaluation information to answer the following questions:

- What is the overall effectiveness of the GNE project?
- How is the demonstration implemented overall?
- How has the implementation of the demonstration changed over time?
- Which aspects of the demonstration have been successful?
- Which aspects of the demonstration have been unsuccessful?
- What plans do the sites have for the remainder of the implementation?
- What plans do the sites have for after the demonstration formally ends?

Additional questions that CMS should consider asking are as follows:

- What were the major differences in implementation between single-site and multi-site demonstrations? If so, what is the potential impact of these differences?
- Did the Demonstration result in the creation of new clinical sites previously not engaged with the clinical training of APRN students, particularly in community based settings? If so, how?
- Did the sites identify or recommend alternative payment models for clinical training costs based on their implementation of the demonstration model?
- Did sites identify or recommend other demonstration design or administrative refinements/improvements based on their implementation of the demonstration model?
- What innovations were utilized to meet the goals and objectives of the Demonstration?
- How did the sites organize webs/systems of clinical evaluation sites?
- How did the sites establish several payment models for reimbursing sites for clinical training?
- Did the sites increase access to clinical training with vulnerable populations?

Include all partnering schools in the GNE Demonstration Evaluation process

The notice requests comments on ways to enhance the quality, utility, and clarity of the information to be collected. We strongly encourage that when using any method of data collection that representatives from both the hospital and community-based care settings, as well as from *all* schools of nursing involved in the demonstration, be targeted. While Duke University Hospital and Rush University Medical Center only have one nursing program affiliated with the demonstration, the GNE sites at the Hospital of the University of Pennsylvania, Honor (formerly Scottsdale) Health Medical Center, and Memorial Hermann-

Texas Medical Center Hospital have multiple nursing partners, and it will be important to garner the feedback from each school involved. Partnering schools have a unique perspective to add to the effectiveness of the demonstration and we cannot stress enough the importance of their input in this evaluation process.

Ensure comprehensive data collection for the GNE Demonstration evaluation metrics between 2013 Request for Comment and 2015 Request for Comment

This is the second notice that CMS has posted on the Evaluation of the Graduate Nurse Education Demonstration Program since 2013.³ At that time, CMS estimated the number of respondents at 330 and the number of annual hours burden at 3,370; however, the current notice has reduced the number of respondents to a third of its previous size (104 respondents) and less than 25 percent of the original hours (802 hours). We recognize this is most likely based on feedback received in 2013 regarding burdensome reporting estimates. Our organizations have reviewed the data crosswalk and a supporting statement released by CMS relative to this notice.⁴ There is a discrepancy between the notice and accompanying documentation related to the burden of hours in which the register notice lists 802 hours and the document notes 1,188 hours. We request clarification concerning this difference. Additionally, we note that the number of respondents has significantly declined for certain collection instruments. As noted above, we believe it is important to collect data from the full breadth of possible collaborators in *all* five sites.

Finally, the graduate educational pathways into advanced practice registered nursing are many and varied, and these nuances can cause difficulties for analysts not familiar with academic nursing. The complexity of APRN education and practice must be thoroughly understood in order to properly conduct this evaluation. Again, we highly encourage the use of our organizations as expert resources in this area.

We thank you for the opportunity to comment on this request. Should you have any questions regarding APRN practice and education, or need additional feedback as the evaluation process is formulated, please do not hesitate to contact our organizations. For questions concerning this statement, please contact Suzanne Miyamoto, Senior Director of Government Affairs and Health Policy for the American Association of Colleges of Nursing, at smiyamoto@aacn.nche.edu or 202-463-6930 ext. 247.

Sincerely,

AARP
American Association of Colleges of Nursing

³ Center for Medicare and Medicaid Services (2013). Evaluation of the Graduate Nurse Education Demonstration Program, request for comment. Retrieved from <http://www.regulations.gov/#!documentDetail;D=CMS-2013-0073-0004>

⁴ Centers for Medicare & Medicaid Services (2015). Details for Title: CMS-10467. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10467.html?DLPage=1&DLEntries=10&DLSort=1&DLSortDir=descending>

American Association of Nurse Anesthetists
American Association of Nurse Practitioners
American College of Nurse-Midwives
American Nurses Association
American Organization of Nurse Executives
Gerontological Advanced Practices Nurses Association
National Association of Clinical Nurse Specialists
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National League for Nursing
National Nursing Centers Consortium
National Organization of Nurse Practitioner Faculties