CLINICAL EXPERTISE
NURSING PRACTICE
SYSTEMS INNOVATION

NACNS

National Association of Clinical Nurse Specialists

September 28, 2016

Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244–1850

ATTN: CMS–5519–P

Dear Sir/Madam:

As the voice of more than 72,000 clinical nurse specialists (CNS), the National Association of Clinical Nurse Specialists (NACNS) exists to enhance and promote the unique, high value contribution of the CNS to the health and well-being of individuals, families, groups, and communities, and to promote and advance the practice of nursing. We, therefore, appreciate the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposal regarding the ***Medicare Program: Advancing Care Coordination through Episode Payment Models (EPMs); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model*** (81 FR 50794). NACNS supports modifications in the healthcare payment system, specifically those that provide equity for reimbursement for all providers who serve Medicare patients.

CNSs are licensed registered nurses who have graduate preparation in nursing (master's or doctorate) as a clinical nurse specialist. They have unique and advanced level competencies that meet the increased needs of improving quality and reducing costs in our healthcare system. The CNS has a scope of practice that ranges from wellness to illness and acute to chronic care. An individual CNS will have a depth of expertise in a specific patient population's clinical care. For example, one CNS may specialize in diabetes care another in cardiopulmonary care. Unlike other primary care providers who have expertise in a wide-range of primary care conditions, the CNS will have in-depth knowledge in a specific clinical condition. This expertise provides cost-effective, high-quality services to patients.

CNSs have prescriptive privileges in 36 states – in 16 states they can prescribe independently and in 20 they can prescribe with physician supervision. Their ability to prescribe allows them to better care for those with chronic conditions. The effective use of medications is encouraged through education provided to patients on how to take the medications and why it is important at the time the prescription is given. Follow-up on medication compliance is an additional safety component. In addition, CNSs' ability to change prescription at the time of need avoids any delays or safety issues instead of waiting for a physician's order.

Cardiovascular patients who participate in cardiac rehab (CR) experience fewer hospital readmissions, which reduce healthcare costs. Research has shown that cardiac rehabilitation helps patients recover

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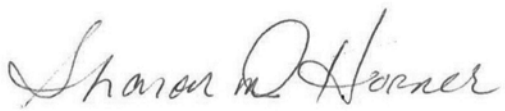
more quickly, return to an active lifestyle, and reduce the risk of future cardiac events. Despite the benefits, patients often fail to enroll in CR. Barriers to enrollment include lack of referral from physicians and the scarcity of programs in rural and medically underserved areas.

To counteract some of the problems mentioned above, CMS is proposing incentive payments to encourage the use of cardiac rehabilitation and Intensive Cardiac Rehabilitation services for beneficiaries hospitalized for a heart attack or bypass surgery during the 90-day care period following hospital discharge. These incentive payments are among CMS' ongoing efforts to shift Medicare payments from quantity to quality by creating incentives for hospitals to deliver better care at a lower cost.

***Additionally, the proposed model includes a waiver, which NACNS strongly supports, that the supervising role of a physician may be filled by other healthcare providers – CNSs, nurse practitioners or physician assistants.*** These providers will then perform the functions of a supervisory physician – prescribing exercise, and establishing, reviewing, and signing an individualized treatment plan as well as furnishing telehealth services for episode payment model beneficiaries who are in a "home health episode of care". This waiver will help greatly with the issue of scarcity of cardiac rehab programs in rural and medically underserved areas. It is an excellent model for implementing the innovative use of CNSs and other providers to expand the quality of the nation's healthcare.

NACNS encourages the implementation of this incentive payment model and hopes the results will support its broader use. If you have any questions or require additional information about our position, please feel free to contact Melinda Mercer Ray, MSN, RN, NACNS Executive Director, at 703-929-8995 or via email at mray@nacns.org.

Sincerely yours,



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President