

May 26, 2022

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-1850

Submitted electronically to www.regulations.gov

Re: Medicare Program; Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Federal Fiscal Year 2023 and Updates to the IRF Quality Reporting Program [CMS-1767-P]

Dear Administrator Brooks-LaSure:

The American Nurses Association (ANA) appreciates the opportunity to provide comment on the Centers for Medicare & Medicaid Services' (CMS') IRF Prospective Payment System for federal fiscal year (FFY) 2023 and Updates to the IRF Quality Reporting Program proposed rule. As the agency considers approaches to address health care disparities and advance health equity within the IRF quality reporting program (QRP), through this comment letter we urge CMS to:

- **Work closely with nurses to identify measures and implement reporting requirements that adequately assess areas of improvement to achieve health equity in the nation's health care delivery system, while**
- **Ensuring any reporting requirements utilized to identify and address health equity are meaningful and do not add an undue administrative burden on clinicians.**

1. CMS Must Work with Nurses on Reporting Measures and Reporting Requirements Aimed at Addressing Health Equity.

CMS is seeking information on changes to the IRF QRP that will enable comprehensive and actionable reporting of health disparities. ANA supports the agency's request for more information to address the important issue of closing the health equity gap. Registered nurses, in addition to providing quality care to patients, often serve as advocates for their patients and are best positioned to identify factors that could result in inequitable health outcomes. Nurses also reflect the people and communities they serve—allowing them to recognize the challenges faced by their patients and ensure that their patients receive culturally competent, equitable health care services.

Nurses are also leaders in implementing processes that further quality patient care and highlight existing gaps in care delivery, leading to measurable improvements. As the agency looks to identify areas in care delivery that result in or exacerbate health disparities, we encourage CMS to work with nurses on which reporting measures and other patient demographic information should be captured.

This is especially important in the identification of measures that capture socio-demographic factors, such as food insecurity. Other reported measures could include identifying barriers in connected

vulnerable patients to needed services in other health care settings or in the community that are critical in ensuring equitable health outcomes, such as stable, supportive housing post-discharge. In addition, it is critical that reported measures also determine a patient's access to care in the appropriate facility, including providers of choice such as advanced practice registered nurses (APRNs). Along with access to home health services and coverage and access for services provided through telemedicine technologies—both we have seen become increasingly important access points throughout the COVID-19 pandemic. Assessing access is critical, especially in rural and underserved areas.

The nurse is well positioned at the patient's bedside to recognize barriers faced by patients and their families. How to capture this nonclinical data is vital, but very nuanced. Given their role, nurses can best identify which reporting measures and requirements are appropriate to collect socio-demographic data from patients. Using the right measures and approaches ensures that data collection is appropriate and achieves the aims of advancing health equity. Collecting this type of information using the right measures and approach will allow for a more complete assessment of existing issues and factors leading to inequitable care delivery and then work toward a holistic approach to closing the health equity gap. As such, we encourage CMS to leverage the important role of the nurse in identifying and capturing measures to address health equity.

2. Reporting Requirements to Capture and Address Health Care Disparities Must Not Create Administrative Burdens that Impact Patient Care.

ANA strongly holds that health care disparities must be addressed to advance health equity. Collecting measures and instituting reporting requirements in the IRF QRP is one step to quantify disparities faced by patients. However, any reporting requirements must not present an undue administrative burden on clinicians, especially nurses. Quantifying health care disparities and barriers faced by patients is extremely nuanced due to the sensitive nature of this issue. Nurses at the bedside understand these nuances as they interact with and advocate for patients and their families. An overly burdensome reporting approach may impact the critical relationship between the nurse and patient by interfering in the ability of the nurse to truly ascertain the needs and challenges faced by their patients. Patients might be hesitant to fully disclose their individual situations if they feel disconnected from the nurse tasked with collecting data. Reporting requirements must preserve the ability of the nurse to use a patient-centered approach that allows for natural interactions to better reveal a patient's circumstances. As such, we urge CMS to work closely with nurses to ensure that collecting socio-demographic data is balanced with the provision of whole person care as the agency determines which measures and processes will be utilized to address health care disparities and advance health equity.

ANA is the premier organization representing the interests of the nation's over 4.3 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA members also include the four advanced practice registered nurse roles (APRNs): nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. RNs serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with CMS. Please contact Ingrida Lusi, Vice President, Policy and Government Affairs, at (301) 628-5081 or Ingrid.Lusi@ana.org, with any questions.

Sincerely,



Debbie Hatmaker, PhD, RN, FAAN
Chief Nursing Officer/EVP

cc: Ernest Grant, PhD, RN, FAAN, ANA President
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