



August 31, 2016

Honorable Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically to regulations.gov

Re: CMS-1656-P: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value-Based Purchasing (VBP) Program

Dear Acting Administrator Slavitt:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the proposed Center for Medicare and Medicaid Services (CMS) rule concerning the Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs [CMS-1656-P]. As the only full-service professional organization representing the interests of the nation's 3.6 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative 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 members also include the four advanced practice registered nurse roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹ ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

Section XIX. Additional Hospital Value-Based Purchasing Program Policies

In discussing the Hospital Value-Based Purchasing (VBP) Program, CMS notes that Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) pain management system is

¹ The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

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based on survey questions asking whether during the hospital stay the patient needed pain medicine, how often pain was well controlled, and the frequency with which hospital staff did everything they could to help with pain. CMS states that some stakeholders have expressed concerns that a link between these questions and pay adjustments provided through VBP may encourage unnecessary prescribing of opioids as a means to increase scores on these measures. To avoid confusion about the intent of these questions and address the public health concern about the ongoing prescription opioid overdose epidemic, CMS proposed to remove the HCAHPS pain management dimension from the inpatient Hospital VBP program beginning with the fiscal year (FY) 2018 payment determination year.

ANA supports the removal of these survey questions, the pain management dimension, from the scoring methodology of the Hospital VBP Program pending the results of research on the concerns expressed by stakeholders and examination of any unintended consequences. ANA also supports the development of modified pain management questions through the standard survey development process (including cognitive interviews and focus group evaluation, field testing, statistical analysis, stakeholder input, NQF endorsement, and other steps) to remove potential ambiguity concerning these questions and evaluate unintended consequences linking opioid prescribing practices and the pain management dimension. While this process is underway, ANA urges CMS to retain in CMS's transparent public reporting, the Inpatient Quality Reporting (IQR) program, the current pain questions in the survey until modified pain management questions have been developed.

We appreciate the opportunity to share our views on this proposed rule. If you have questions, please contact Maureen Dailey, PhD, RN, WOCN, Senior Policy Advisor, Health Policy (Maureen.Dailey@ana.org).

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director / Executive Vice President

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer