

July 15, 2024

Lauran Hardin, MSN, FAAN, Co-chair
Angelo Sinopoli, MD, Co-chair
Physician-Focused Payment Model Technical Advisory Committee
Department of Health and Human Services
Hubert H. Humphrey Building,
200 Independence Avenue SW
Washington, DC 20201

Submitted electronically to PTAC@HHS.GOV

RE: Request for Input (RFI): Addressing the Needs of Patients with Complex Chronic Conditions or Serious Illnesses in Population-Based Total Cost of Care (PB-TCOC) Models

Dear Co-chairs Hardin and Sinopoli:

The American Nurses Association (ANA) is pleased to submit the following comments in response to the above-captioned RFI. ANA shares PTAC's concerns regarding complex conditions and serious illnesses and urges PTAC to continue looking for ways to improve care for this patient population. While there has been plenty of information given on the care that physicians give to Medicare beneficiaries, PTAC needs to look at the care that registered nurses (RNs) and advanced practice registered nurses (APRNs) provide as well. There is a predicted physician shortage within the next few years¹ and other qualified health care practitioners (QHPs) are well positioned to provide needed access, and in many cases are doing so already. Medicare payment policy must recognize that QHPs are filling the gaps and APRNs are leading the way. ANA's comments will focus on:

- 1) Characteristics of the Population who have Complex Conditions or Serious Illnesses**
- 2) Challenges of Caring for Patients with Complex Conditions or Serious Illnesses**
- 3) Encouraging Use of Alternative Payment Models (APMs)**

Characteristics of the Population who have Complex Conditions or Serious Illnesses

PTAC is looking for information on characteristics of patients with either complex conditions or serious illnesses and then the highest cost. These two questions are interrelated as patients with complex conditions or serious illnesses tend to have the highest costs. The lens of health equity is important as these patients frequently come from lower socioeconomic backgrounds and may not have received the required care when the serious or complex conditions could have been prevented. Frequently, patients with these conditions are older as well and that adds additional

¹ "The Complexities of Physician Supply and Demand: Projections From 2021 to 2036." American Association of Medical Colleges, <https://www.aamc.org/media/75231/download?attachment>. Accessed July 9, 2024.

challenges to their care. Older patients may have challenges with mobility and newer technology which can make it more difficult to either schedule or attend meetings with their practitioners.

Another segment of the population that may have complex and serious conditions are those who live in rural areas. Many rural areas do not have access to adequate health care. Nurse practitioners (NPs) are one way to help alleviate this shortage as NPs in the past have shown a willingness to move to rural areas and provide primary care. Preventative primary care is one of the best ways to prevent serious or complex conditions as patients can see practitioners and receive treatment for simple conditions before they have the chance to become more complex and serious.

Finally, PTAC is asking about how COVID-19 affected patients with complex conditions. Many of the early COVID-19 deaths took place in nursing homes and this shed light on conditions in nursing homes overall. Many nursing homes were, and still are, understaffed. The Biden Administration has promulgated rules for long term care facilities requiring minimum staffing as the lower numbers of staff may have affected the care patients in these facilities received during the public health emergency (PHE).

Challenges of Caring for Patients with Complex Conditions or Serious Illnesses

PTAC is looking at the challenges in caring for these patients. One of the biggest challenges is the shortage of practitioners. While NPs are trained to do this kind of care, and in some parts of the country provide more than half of primary care, there are states that severely limit how NPs, and other APRNs, practice. Allowing NPs to practice to the top of their license would help alleviate the shortage and help ensure that more patients receive the care that they need.

The shortage of practitioners also means that patients cannot get appointments to see their primary care provider when they have health concerns or questions. This is one of the biggest problems in healthcare today, as primary care is the most cost-efficient and effective way to ensure that patients either stay healthy or manage their chronic diseases. When these patients are not able to access primary care, they either visit more expensive specialists or, the emergency room which can increase risks for the patient with the chronic condition for poorer health outcomes and higher costs than if they had been able to see their primary care.

Another strategy that can be used to ensure patients receive proper care is the continued use of telehealth. While telehealth cannot be used for all patients or patient visits, there are many cases where it can be used to treat patients. Patients with complex conditions or serious illnesses might not want to leave their homes for follow-up visits, or if they have questions about their care that can be answered without a full physical appointment, but Medicare frequently does not allow these visits. During the COVID-19 PHE, many telehealth waivers were implemented and over the last four years they have been shown to treat patients effectively and safely. Congress has been willing to extend the waivers for a short-term basis, but the upcoming expiration date leaves the future of telehealth for Medicare patients in doubt. By not having to travel to their appointments, these patients have been able to see their practitioners and receive the treatment they require without having to overcome many barriers to visit the physical office.

PTAC should also look at the care provided by RNs. As the practitioners who spend the most time with patients, RNs are uniquely suited to treat patients and understand their needs. Nursing care is undervalued in today's reimbursement systems, and the care provided by nurses has been subsumed into care provided by physicians and other practitioners who are reimbursed by Medicare. As a result, ANA encourages all nurses to obtain NPIs and would urge PTAC to make a similar recommendation. Obtaining NPIs would allow facilities to track the work currently being done by RNs and would show how much of the care nurses are currently providing.

ANA urges PTAC to look at the care that nurses provide as it is an integral part of the health care system, but at the same time is not treated equally. Hospitals, and other healthcare facilities, do not have enough nurses and the result is that patients do not receive proper care which worsens conditions, particularly for those needing serious and chronic care.

RNs are also qualified to take part in care coordination models. ANA has advocated for use of nurses in care coordination and has a position statement covering the role of the RN in care coordination.² RNs must be recognized as core team members in care coordination.

Encouraging Use of Alternative Payment Models (APMs)

ANA would also encourage usage of APMs in healthcare, but the problem is that APMs often do not appropriately account for the role of nurses and nursing care. Services provided to Medicare beneficiaries by RNs are what drive patient health outcomes—especially in hospitals and skilled nursing facilities. In every setting and region, particularly for populations in rural and medically underserved areas, APRNs and RNs advance both access to health care and the delivery of high quality, cost-effective healthcare. To date, their services have not been effectively utilized and at best have only partially been recognized and compensated. Value-based strategies cannot appropriately account for the costs of care if nursing services are not explicitly considered in payment methodologies. ANA has long held that all value-based payments in Medicare recognize and account for all clinical inputs, especially nursing services.

It is vital that APRNs be permitted to practice to the full extent of their state licensure to more wholly participate in Medicare value-based payment models. As discussed above, outdated laws frequently restrict how APRNs practice medicine. Some of these restrictions were waived during the COVID-19 PHE which translated to necessary system capacity and expanded access to high-quality care for patients.

Conclusion

ANA is the premier organization representing the interests of the nation's over 5 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. 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

² "Care Coordination and Registered Nurses' Essential Role." Nursing World, <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/care-coordination-and-registered-nurses-essential-role/>. Accessed July 9, 2024.

public. 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). 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.

Nurses are critical to a robust health care system. Nurses meet the needs of patients and provide quality care that leads to better health outcomes for all patients. Moreover, nurses are critical to coordinated care approaches for Medicare beneficiaries in all settings, including hospital outpatient settings. Patient-centered care coordination is a core professional standard for all RNs and is central to nurses' longtime practice of providing holistic care to patients.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with HHS. Please contact me at (301) 628-5166 or tim.nanof@ana.org with any questions.

Sincerely,



Tim Nanof
Vice President, Policy and Government Affairs

cc: Jennifer Mensik Kennedy PhD, MBA, RN, NEA-BC, FAAN, ANA President
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