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January 27, 2016

The Honorable Orrin Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Johnny Isakson
United States Senate
131 Russell Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
United States Senate
475 Russell Senate Office Building
Washington, DC 20510

Re: Senate Finance Committee Working Group on Chronic Care Policy Options
(Submitted via chronic_care@finance.senate.gov)

Dear Chairman Hatch, Ranking Member Wyden and Senators Isakson and Warner:

On behalf of more than 8,000 pediatric-focused advanced practice nurses committed to providing optimal health care to children, the National Association of Pediatric Nurse Practitioners (NAPNAP) appreciates the opportunity to respond to the Senate Finance Committee's request for comments on the Bipartisan Chronic Care Working Group Policy Options Document released in December 2015. NAPNAP applauds the Committee for its ongoing efforts to address the needs of people living with chronic conditions and to improve their access to appropriate affordable, high quality care. We have attempted to organize our response to follow the structure of the December 2015 Policy Options Document.

Although these policy options are focused broadly on Medicare policies and beneficiaries, they are nonetheless of interest and importance to Pediatric Nurse Practitioners (PNPs) and other pediatric-focused advanced practice registered nurses (APRNs) who have been providing quality health care for more than 40 years. These advanced practitioners reach millions of children and families in an extensive range of practice settings such as pediatric offices, schools, and hospitals. They are routinely involved in the diagnosis, treatment and management of patients with chronic health conditions.

Pediatric-focused APRNs often deliver and bill for Medicare services, especially in caring for children with renal failure awaiting transplantation and for the children of adults with renal failure awaiting transplantation who qualify for Medicare coverage. In addition, we recognize that Medicaid, CHIP, and private insurers often use Medicare laws and regulations as reference points in developing rules and policies that directly affect the care of children and adolescents and that determining coverage and payment standards for the services APRNs provide. Improving Medicare coverage options for patients with chronic conditions is an important step in enhancing care for children and other patients with chronic illnesses covered by health insurance other than Medicare.

Receiving High Quality Care in the Home

Expanding the Independence at Home Model of Care

NAPNAP is pleased that the Working Group recognizes the success of the Independence at Home (IAH) demonstration and is considering expanding the project into a permanent, nationwide program and improving methods for identifying complex chronic care patients for inclusion in IAH instead of requiring non-elective hospitalization. As you know, the current IAH service delivery model recognizes and relies on nurse practitioner-directed home-based primary care teams, an approach that has validated the ability of APRNs to reduce costs and improve outcomes in treating patients with multiple chronic illnesses. NAPNAP urges you to continue to expand the use of APRNs to the full extent of their education and clinical preparation, eliminating unnecessary statutory and regulatory requirements for physician supervision, certification, and narrowly defined collaboration. Doing so will enhance the ability of interdisciplinary IAH provider teams to meet the specific needs of individual patients in the most clinically appropriate, cost-effective way.

NAPNAP also encourages the Committee to consider options for expanding the IAH model to reach children and adolescents with multiple chronic illnesses, including those not covered by Medicare. We believe the same type of success in improving patient care could be achieved by adapting the IAH model to younger patients with chronic conditions.

Advancing Team Based Care

In general, NAPNAP appreciates the Working Group's recognition of the importance of enhancing team based care in improving services for patients with chronic conditions. We know you are aware that APRNs are well qualified to diagnose and manage multiple chronic conditions working with other health care providers to meet patients' needs. Such care coordination is a core component of their caregiving philosophy and clinical preparation. However, APRNs have not always been part of the identification of obstacles to care and development of policy options that will facilitate improved coordination of care among providers across care settings. In addition, outdated policies have led to statutory and regulatory barriers that have limited patients' access to APRN care. NAPNAP urges you to be mindful of the importance of including APRNs in the development and refinement of policy options and of eliminating obstacles that limit their abilities to coordinate and manage chronic conditions.

Providing Medicare Advantage Enrollees with Hospice Benefits

NAPNAP generally supports the Working Group's consideration of requiring Medicare Advantage (MA) plans to offer the hospice benefit provided under traditional Medicare. However, we must call the Committee's attention to a deficiency in the current Medicare benefit: despite their ability to serve as attending providers and recertify Medicare patients' eligibility for hospice care, nurse practitioners are unable to provide the initial certification of patients for hospice care. Instead, current Medicare policy requires that a physician must certify eligibility. We encourage the Committee to include provisions to remedy this barrier by enabling hospice programs to accept initial certifications from nurse practitioners.

Improving Care Management Services for Individuals with Multiple Chronic Conditions

NAPNAP generally supports the Working Group's consideration of establishing a new high-severity chronic care management code that clinicians could bill under fee-for-service Medicare. The Working Group specifically seeks input on the types of providers who should be eligible to bill the new high severity chronic care code, referring to "those who offer comprehensive, ongoing care to a Medicare beneficiary over a sustained period of time." As you know, APRNs are recognized as qualified health care professionals for the purpose of billing Medicare under the current code for chronic care management. Given that APRNs provide the type of comprehensive, ongoing patient care described in the Policy Options Document, we strongly urge the Committee to ensure that APRNs are recognized as qualified providers eligible to bill directly for a new high-severity chronic care management code.

The Policy Options Document does not specify if the Working Group is considering adding the new code to the current care coordination coding system or to the current evaluation and management coding system utilized by physicians, nurse practitioners and physician assistants. We urge the Committee to ensure that a high-severity chronic care management code is designed to focus Medicare resources on those beneficiaries with the greatest need for chronic care management.

Expanding Innovation and Technology

Increasing Convenience for Medicare Advantage Enrollees through Telehealth

NAPNAP generally supports the Working Group's consideration of permitting MA plans to include certain telehealth services in their annual bid amounts, recognizing that they do not substitute for provider network adequacy requirements. As you know, nurse practitioners and APRNs are recognized as qualified health care professionals able to provide and bill for telehealth services under the traditional Medicare program. We strongly urge the Committee to ensure that MA plans also recognize APRNs as qualified providers of telehealth services within the scope of their licensure, education and clinical preparation.

Maintaining ACO Flexibility to Provide Supplemental Services

NAPNAP supports the Working Group's consideration of clarifying that ACOs participating in the MSSP may furnish a social service or transportation service for which payment is not made under fee-for-service Medicare. Pediatric-focused APRNs are particularly aware of how important social services and transportation assistance can be to provide the care needed by patients dealing with multiple chronic conditions. We encourage the Committee to adopt this policy and to ensure that APRNs are recognized to receive payment for coordinating and managing social services and transportation as part of managing the care of patients with chronic illnesses.

Identifying the Chronically Ill Population and Ways to Improve Quality

Ensuring Accurate Payment for Chronically Ill Individuals

In considering refinements to Medicare payment for chronically ill individuals, NAPNAP believes it is important that payments be based on the complexity and quality of a service rather than the category of provider who furnishes it. Removal of barriers such as those related to ACOs and certification of home health care and hospice services would reduce costs and streamline the provision of care so that patients receive appropriate more promptly and comprehensively.

Providing Flexibility for Beneficiaries to be Part of an Accountable Care Organization

NAPNAP generally supports the Working Group's consideration of a recommendation that ACOs in MSSP Track One be given a choice as to whether beneficiaries be assigned prospectively or retroactively, and that fee-for-service beneficiaries be able to voluntarily elect to be assigned to the ACO in which their principal health care provider is participating, retaining their freedom of choice to see any provider.

These policy options raise an additional deficiency in the current MSSP program that impacts the ability of nurse practitioners and APRNs to fully participate in ACOs – a deficiency we believe should be addressed as part of the Committee's consideration of providing greater flexibility to beneficiaries in participating in ACOs. As you know, current law prevents patients of nurse practitioners, APRNs and other ACO professionals who are not physicians from being assigned to an ACO by basing assignment on primary care services provided by a physician. While the Centers for Medicare and Medicaid Services (CMS) has proposed policies to minimize the impact of this obstacle, it continues to prevent some patients of APRNs from participating in a Medicare Shared Saving ACO, particularly those residing in geographic areas where there are shortages of physicians, and effectively prevents NPs and other qualified ACO professionals from forming their own ACOs.

We have urged Congress to revise Section 1899(c) of the Social Security Act by replacing references to “primary care physicians” with “ACO professionals.” We are grateful to Senators Maria Cantwell, John Thune and Patty Murray for introducing the ACO Assignment Improvement Act of 2015 (S. 2259) to address this deficiency. We strongly urge the Committee to incorporate the provisions of S. 2259 in any refinements to the MSSP.

Developing Quality Measures for Chronic Conditions

NAPNAP strongly supports the Working Group’s consideration of requiring CMS to include in its quality measure plans the development of measures that focus on the health care outcomes of individuals with chronic disease, including issues such as patient and family engagement, shared decision-making, care coordination, care transitions, shared accountability within a care team, and community-level measures in areas such as obesity, diabetes and tobacco usage. The Working Group is also considering recommending that the Government Accountability Office (GAO) conduct a report on community-level measures as they relate to chronic care management.

We agree that it is essential to develop implement and evaluate robust performance measures to identify and address effective and efficient chronic care coordination. As you are aware, the high quality of care provided by nurse practitioners and APRNs has been well documented. In considering policies related to transitions, outcomes, patient satisfaction and quality of care, we encourage you to examine the nursing as well as the medical literature. APRNs serve a central role in diverse models of care coordination for people with complex illnesses across health care settings, providing care of high quality at lower costs. For example, nurse managed health clinics manage patients with complex chronic conditions effectively and efficiently and should be involved in the design of these policies. If the GAO is tasked to examine community-level measure, it is important that the APRN community be fully engaged and specifically involved in its work.

We also urge the Committee to broaden its consideration of quality measure development to specifically include children and adolescents with chronic disease. As the Committee knows, there is a shortage of quality measures designed for the specific health care needs of children. That shortage of age-appropriate quality measurement is even more acute for children and adolescents with multiple chronic conditions. NAPNAP strongly urges you not to leave children out of your policy development and recommendations for improving chronic care quality measures, and further to ensure that stakeholders including pediatric-focused APRNs have opportunities to fully participate in the identification, development and implementation of quality measures for children with chronic illnesses.

Empowering Individuals and Caregivers in Care Delivery

Encouraging Beneficiary Use of Chronic Care Management Services

NAPNAP strongly supports the Working Group’s consideration of waiving beneficiary cost sharing and copayments associated with chronic care management services and the proposed high-severity chronic care management code. We agree that copayments and cost sharing are not appropriate for these services. Increasing patient and provider engagement is critical to improving and managing the health of patients with multiple chronic conditions, and improving access to these services by limiting or eliminating beneficiary cost sharing burdens can contribute to greater patient engagement in the plan of care and better, more cost-effective health outcomes.

Other Policies to Improve Care for the Chronically Ill

Study on Obesity Drugs

NAPNAP supports the Working Group’s consideration of requiring a study to determine the use and impact of obesity drugs in the Medicare and non-Medicare populations, specifically detailing any subsequent impact on medical services related to obesity.

We appreciate the Working Group's recognition of the importance of including non-Medicare populations in this research and strongly urge that children and adolescents be a specific focus of the study. The problem of childhood and adolescent obesity is well recognized, and the impact of obesity drugs and treatment on this population will be significantly different than that for the adult or Medicare populations.

Pain and Pain Care Inclusion

The Working Group's extensive examination of policy issues surrounding chronic care appears to have overlooked the role of chronic pain in treatment of patients and design of care delivery models, health benefit programs and benefits. As APRNs who are often involved in pain prevention, diagnosis and treatment, both for individual patients and for communities of people, we urge the Working Group to consider including recommendations related to chronic pain treatment and management in its policy options, consistent with the congressionally mandated guidance of the Institute of Medicine and the draft National Pain Strategy issued by the National Institute of Health. APRNs support the National Pain Strategy with modifications to specifically include APRNs as stakeholders on the issues and committees named in the strategy, address barriers to practice and ensure that APRNs can practice to the full extent of their education and training, and involve all accrediting bodies, including nursing and medicine, to prepare pain management experts and leaders.

In summary, NAPNAP deeply appreciates the efforts of the members and staff of the Working Group on Chronic Care to develop a comprehensive set of policy options and questions for the eventual drafting of legislation to improve care for individuals living with multiple, complex chronic conditions. We are grateful for the opportunity to provide the views of pediatric-focused APRNs. As you continue your work, we strongly urge you to bear in mind both the special needs of infants, children and adolescents, and the critically important role of nurse practitioners and advance practice nurses focused on pediatric care. NAPNAP looks forward to working with you to remove barriers and improve access to care for patient with chronic illnesses.

Sincerely,



Cathy Haut, DNP, CPNP-AC, CPNP-PC, CCRN
President