September 8, 2017

Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS-1678-P, P.O. Box 8013
Baltimore, MD 21244-1850

Submitted electronically to http://www.regulations.gov

Re: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs [CMS-1678-P; RIN 0938-AT03]

Dear Administrator Verma:

The American Nurses Association (ANA) welcomes the opportunity to provide comments to the proposed Medicare rule referenced above. Our comments focus on the following two issues related to the Hospital Outpatient Quality Reporting (OQR) Program: ANA's support of the removal of OP-21: Median Time to Pain Management for Long Bone Fracture Beginning with the CY 2020 Payment Determination; and ANA's support for the public reporting of OP-18c: Median Time from Emergency Department Arrival to Emergency Department Departure for Discharged Emergency Department Patients – Psychiatric/Mental Health Patients.

ANA is the premier organization representing the interests of the nation's 3.6 million registered nurses (RNs) through its constituent and state nurses associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of healthcare 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 methods, outcomes, and access across the health care continuum.

I. ANA supports the proposed removal of OP-21: Median Time to Pain Management for Long Bone Fracture Beginning with the CY 2020 Payment Determination

[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.

In Section XIII.B.4.c.1 of the proposed rule, CMS proposes to remove the OP-21: Median Time to Pain Management for Long Bone Fracture measure from the Hospital OQR Program. CMS acknowledges that while this measure does not necessarily meet one of the specific measure removal criteria finalized for the Hospital OQR Program, it has the potential to lead to negative unintended consequences. These potential unintended consequences stem from the growing body of evidence on the risks of opioid misuse; CMS notes that it has developed a strategy to impact the national opioid misuse epidemic by combating non-medical use of prescription opioids, opioid use disorder, and overdose through the promotion of safe and appropriate opioid utilization, improved access to treatment for opioid use disorders, and evidence-based practices for acute and chronic pain management.

CMS notes that while it is not aware of any scientific studies that support an association between this measure and opioid prescribing practices, the potential for a misinterpretation of the measure in the context of the national opioid misuse epidemic calls for an abundance of caution and thus the proposed removal of the measure. CMS cites its removal in the CY 2017 OPPS/ASC final rule of the Pain Management dimension of the HCAHPS Survey in the Patient- and Caregiver-Centered Experience of Care/Care Coordination domain beginning with the FY 2018 program year for the Hospital VBP Program for similar reasons as precedent for removal of this measure from the OQR Program. ANA supported the removal of the aforementioned survey questions in its August 31, 2016 letter to CMS regarding the Hospital Outpatient Prospective Payment System (OPPS) Program.

ANA supports the removal of this measure from the OQR Program and appreciates both CMS' further acknowledgment of the national opioid misuse epidemic and the steps it is taking to combat it. Along with the removal of this measure, ANA supports further research into the unintended consequences of measures and survey questions related to pain management and opioid prescribing practices and encourages CMS to continue to evaluate the impact of such measures and to take action to mitigate any unintended consequences while ensuring that patients receive safe and appropriate pain management prior to, during, and following outpatient encounters.

II. ANA supports the proposed public reporting of OP-18c: Median Time from Emergency Department Arrival to Emergency Department Departure for Discharged Emergency Department Patients – Psychiatric/Mental Health Patients

In Section XIII.B.10.b of the proposed rule, CMS proposed to update public reporting of measure OP-18c: Median Time from Emergency Department Arrival to Emergency Department Departure for Discharged Emergency Department Patients – Psychiatric/Mental Health Patients.[2] CMS specifically proposes to publicly report the data for this measure to address a behavioral health gap in the publicly reported Hospital OQR Program measure set. CMS notes that currently the OP-18 measure publicly reports data only for the calculations designated as OP-18b: Median Time from Emergency Department Arrival to Emergency Department Departure for Discharged Emergency Department Patients – Reporting Measure, which excludes psychiatric/mental health patients and transfer patients. CMS also notes that the public reporting of this measure would not create additional burden, as the data required for public reporting are already collected and submitted by participating outpatient hospital departments.

[2] According to CMS, the ICD-10 diagnostic codes for OP-18c include numerous substance abuse codes for inclusion in this subset, along with numerous non-substance abuse codes.

ANA supports the public reporting of this measure given the role of the RN in emergency department (ED) settings and the experience of individuals with psychiatric/mental health conditions in ED settings. The American Academy of Ambulatory Care Nursing states that:[3,4]

- RNs enhance patient safety and the quality and effectiveness of care delivery and are thus essential and irreplaceable in the provision of patient care services in the ambulatory setting.
- RNs are responsible for the design, administration, and evaluation of professional nursing services within an organization in accordance with the framework established by state nurse practice acts, nursing scope of practice, and organizational standards of care.
- RNs provide the leadership necessary for collaboration and coordination of services, which includes defining the appropriate skill mix and delegation of tasks among licensed and unlicensed healthcare workers.
- RNs are fully accountable in all ambulatory care settings for all nursing services and associated patient outcomes provided under their direction.

Given the elevated role of the RN in ambulatory and ED settings, it is critical that ANA supports all efforts to improve the delivery of care in these settings. This is particularly true of psychiatric/mental health patients. The bifurcation of the physical and mental health systems in the United States has created gaps between the treatments of physical health and psychiatric/mental health. These gaps oftentimes present themselves in ED settings. Individuals with psychiatric/mental health conditions often rely more heavily on ED settings for care and tend to be stuck in ED settings for longer periods of time (often referred to as "boarding") than individuals with physical health conditions.[5]

ANA's Emergency Care Psychiatric Clinical Framework[6] outlines six principles for RNs to follow in order to provide competent and accountable emergency psychiatric care which meets the Institute of Medicine's Six Quality Aims of safe, effective, timely, efficient, equitable, and patient-centered care. These principles include ensuring that patients requiring inpatient treatment for psychiatric/mental health conditions **are not** boarded in the ED.

ANA believes that the public reporting of this measure will be a step toward holding EDs, health systems (both public and private), and other providers accountable for the timely, safe, effective, and efficient treatment of psychiatric/mental health conditions. ANA requests that CMS investigate whether the public reporting of this measure has any potential unintended consequences that could result from

---

[3] American Academy of Ambulatory Care Nursing. *The Role of the Registered Nurse in Ambulatory Care.* 2012. Web: http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/The-Role-of-Registered-Nurse-in-Ambulatory-Care.html

[4] ANA endorsed this statement in 2012.

[5] Luthra, Shefali. *How Gaps in Mental Health Care Play Out in Emergency Rooms.* NPR. October 17, 2016. Web: http://www.npr.org/sections/health-shots/2016/10/17/498270772/how-gaps-in-mental-health-care-play-out-in-emergency-rooms

[6] American Nurses Association. *Emergency Care Psychiatric Clinical Framework.* March 1, 2010. Web: http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Emergency-Care-Psychiatric-Clinical-Framework.html

publicly reporting it while ensuring that individuals with psychiatric/mental health conditions maintain equitable and comprehensive access to both physical and psychiatric/mental health care services.

We appreciate the opportunity to share our views related to the OPPS CY 2018 proposed rule-making and welcome the opportunity to discuss these issues in greater detail. If you have questions, please contact Mary Beth Bresch White, Director, ANA Health Policy, at 301.628.5022 or marybreschwhite@ana.org.

Sincerely,

Debbie Hatmaker

Debbie Hatmaker, PhD, RN, FAAN
Executive Director

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