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CMS MACRA Team
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Phoenix, AZ 85016-4545

Submitted electronically to: MACRA-MDP@hsag.com

Re: Request for comments on the Draft CMS Quality Measure Development Plan

Dear Mr. Gilbertson:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the draft CMS Quality Measure Development Plan (MDP), released by the Centers for Medicare and Medicaid Services (CMS) on December 18, 2015. The MDP, mandated by section 102 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), seeks to build on CMS' efforts to shift Medicare payments from volume to value. As the only full-service professional organization representing the interests of the nation's 3.4 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, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.[1]

ANA appreciates the intent of this draft MDP, which supports the transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) and aims to improve the coordination and sharing of knowledge and best practices among measure developers and with other federal partners. ANA fully supports the use of quality measures that are transparent, actionable, evidence-based, patient-centered and consensus-driven. We support the promotion of broader consistency in the measure development process as well as the goals to have measure developers coordinate across CMS programs and to achieve greater alignment of related measures in the private sector and other public programs.

While the MDP takes some concrete steps to achieve these goals, ANA is concerned that the language in the plan does not fully recognize or acknowledge the essential role and expertise of

[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.

clinicians other than physicians in the design and implementation of MACRA. The following are some specific examples where the MDP can be strengthened regarding this issue:

- The solicitation does not reflect the substantial roles APRNs play in Medicare Part B. Forty-two percent of Medicare Part B providers are not physicians. Nurse practitioners are the third largest group of "clinical specialists" participating in Part B, and one in nine Part B providers is an APRN. From 2009 to 2013, APRNs earned 147,759 quality awards under the current Physician Quality Reporting System (PQRS), totaling more than $26 million in incentive payments. APRN participation increased every year of the program. In 2013, award recipients numbered five times more than the first year in 2009. When implementing MACRA, we urge CMS to actively seek input from APRN organizations to maintain and enhance the levels of provider engagement achieved under PQRS.

- Quality measures should include and account for the professional roles of APRNs and all appropriate stakeholders who provide clinical services to Medicare beneficiaries. The share of federal government (and CMS specific) support for the development of quality measures for APRNs remains unrepresentative, and simply expanding from the current base is unlikely to promote alignment and harmonization across clinical disciplines. ANA believes that a quality measure initiative must address these disparities in developing new measures to enhance current measurement and performance gap areas. We urge CMS to direct a significant share of the MDP funding to increase the development of provider neutral measures to ensure accountability of performance measures across all clinical participants providing services to Medicare beneficiaries.

- Finally, we note that the Medicare Electronic Health Record (EHR) Incentive Program did not recognize the important role of APRNs in providing care to Medicare beneficiaries. We urge CMS to address this issue by advancing a MACRA incentive program for APRNs to ensure that their records are incorporated (inter-operatively) into the complex of EHRs for all Medicare patients from all of their clinicians. Such a change is essential to the development and incorporation of care coordination measures for Medicare.

We appreciate the opportunity to share our views on the MDP. If you have questions or wish to meet to discuss this further, please contact Peter McMenamin, Senior Policy Advisor ANA Department of Health Policy (peter.mcmenamin@ana.org, or 301.628.5073).

Sincerely,

Debbie Hatmaker

Debbie D. 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