AORN
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Center for Medicare & Medicaid Services
Department of Health and Human Services
Docket No. CMS-5517-P

CMS-5517-P – Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models

The Association of periOperative Registered Nurses (AORN) represents the interests of over 160,000 perioperative registered nurses who manage, teach, and practice perioperative nursing, are enrolled in nursing education, or are engaged in perioperative research. AORN's mission is to promote safety and optimal outcomes for all patients undergoing operative and other invasive procedures.

As an essential member of the surgical team, the perioperative registered nurse can function in the role of circulator, scrub person, or first assistant during surgery. Many perioperative nurses also work in leadership roles such as operating room managers, nurse educators, and surgical services directors. AORN members include many advanced practice registered nurses (APRNs) who serve in leadership roles and as first assistants at surgery.

Payment and Quality Initiatives Should Encourage APRN Participation

APRNs play a significant role in delivering high quality and cost-effective care to patients in nearly all care specialties and settings, including the operating room. AORN echoes the comments of our nursing colleagues in urging CMS to ensure that all payment and quality initiatives be developed, implemented, and evaluated consistent with robust patient access to APRN services under Medicare. We share our nursing colleagues' concerns with the extent to which APRNs will be able to participate in the new Alternative Payment Models (APMs) under development. Although NPs, CRNAs, and CNSs were included in the description of APMs under Medicare Access and CHIP Reauthorization Act (MACRA), there is no requirement that APMs include APRNs in their networks as independent providers eligible for direct billing and participating in potential incentives such as shared savings or quality bonuses. Without a requirement for inclusion, APRNs will likely be unable to participate in these programs. For example, APRNS continue to experience exclusions under the federally-facilitated health insurance exchanges.

CMS Should Require Electronic Health Record Systems to Allow Attribution for Non-Physician Entries

AORN joins our nursing colleagues in urging CMS to include in its guidelines and requirements for certified electronic health record (EHR) technology a requirement for the inclusion of providers other than physicians. In current software being used, there often is no ability for clinicians other than physicians to make entries or take credit for the care they have provided. Many hospital EHR systems do not allow a legitimate way for APRNs to document their practice or outcomes. Requiring APRNs to be participants/consultants in the development of the EHR software and to be recognized as providers in

the software would assist health systems to be more inclusive of all clinicians and substantiate transparency in the software that is certified by CMS for utilization in the Quality Payment program.

To Achieve Quality Improvements, Payment Programs Should Identify the Providers Who Actually Provide the Service

We join our nursing colleagues in urging CMS to ensure that each service provided to a patient is associated with the actual provider of the service. "Incident to" billing has long been associated with problems such as obscuring the rendering provider, undermining CMS's ability to accurately calculate cost and quality performance, and hindering providers from being individually responsible and accountable for their care. AORN strongly supports CMS efforts to eliminate "incident to" billing.

CMS Should Recognize APRNs to the Full Extent of their Licenses and Authority

AORN supports our nursing colleagues in urging CMS to waive all policy barriers to the use of APRNs in APMs. Such barriers include physician supervision requirements, narrow definitions of the term "physician" that exclude APRNs otherwise acting within their scope of practice in a state, and impairments to credentialing and privileging APRNs and to applying their full leadership capabilities in Medicare facilities. Waiving such burdensome barriers to the use of APRNs will enhance access to care, ensure quality healthcare delivery, and contribute to cost savings. The need for access to APRN services is crucial for the 40 million beneficiaries now in Medicare and for the 80 million beneficiaries who are expected to be in Medicare in the future.

Research such as the 2010 IOM *Future of Nursing* Report continues to show the importance to the U.S. health care system of removing regulatory scope of practice barriers and allowing APRNs to practice to the full extent of their authority. We urge CMS to recognize and support the IOM recommendations by, for example, affording APRNs the same opportunities as physicians to develop, implement and evaluate clinical practice improvement activities under any new rules, reconsidering its definition of physician-focused payment models to include APRNs, and expanding eligible clinicians in the third and subsequent years of this new payment system to include certified nurse midwives. APRNs are the solution to developing improvements to quality, access, and cost-efficiency in healthcare.

Thank you for the opportunity to comment on these matters. Should you have any questions, please feel free to contact me directly at (303) 755-6304, ext. 220.

Sincerely,

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CEO/Executive Director