



Oncology Nursing Society

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May 13, 2016

Scott R. Smith
Office of Health Policy
Assistant Secretary for Planning and Evaluation
Department of Health and Human Services (DHHS)
200 Independence Av, SW
Washington, DC 20201
Submitted electronically to PTAC@hhs.gov

RE: Request for Public Comment of Draft Version 1.0 of the Proposal Review Process

Dear Mr. Smith:

The Oncology Nursing Society (ONS) appreciates the opportunity to provide feedback to the Physician-Focused Payment Model Technical Advisory Committee (PTAC) on its draft review process for physician-focused payment model (PFPM) proposals.

General Comments

New quality payment programs established under the Medicare Access and CHIP Reauthorization Act (MACRA) will include nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and groups that include such professionals. As a result, we anticipate a high degree of engagement from the nursing community, particularly in oncology, on the development of alternative payment models (APMs) that will assist eligible clinicians in meeting criteria under the clinical practice improvement category of the Merit-Based Incentive Payment System (MIPS) or as qualifying or partial qualifying participants in Advanced APMs.

It is clear from the Centers for Medicare and Medicaid Services (CMS) recently released proposed rule on MACRA implementation that nursing and nursing services will be pivotal in care delivery improvements that promote better care coordination, protect patient safety and encourage patient engagement. And, while we recognize that PTAC is not in a position to *set* the PFPM criteria, PTAC has leverage in the assessment of PFPM proposals and the authority to encourage the inclusion and underscore the value of nursing in meeting the Secretary's goals. As such, and given the important role of nursing in meeting the Secretary's goals of paying for higher-value care through PFPMs, **we urge PTAC to encourage developers to highlight the role of nurses in their PFPM proposals.** In addition, **we urge PTAC to closely assess whether nursing has been incorporated in proposals in an effort to meet the Secretary's criteria for PFPMs,** particularly in the area of care delivery improvements. If finalized, PTAC should utilize the "supplemental information elements" mechanism to solicit information on how nursing is incorporated into PFPM proposals.

Content of proposals

We appreciate that no letter of intent is being required, as this additional step is frequently unnecessary.

We urge the committee to make the process of submitting a proposal as streamlined as possible. We would encourage an electronic submission method (e.g. an electronic form and ability to upload additional information).

We urge PTAC to provide, as early as possible, the standardized scoring methodology that will be used such that submitters can develop and offer proposals with a high likelihood of being receiving favorable PTAC recommendation.

Technical assistance

We appreciate that technical assistance will be offered on an ongoing basis. In addition to webinars and white papers, we ask that the options for obtaining assistance be expanded to include one-on-one support (e.g., phone calls and emails) and positing of frequently asked questions (FAQ) documents on a dedicated PTAC web site.

Timeline for review

We appreciate that proposals will be accepted on an ongoing basis. We agree that providing a timeline of the proposal review process is important, so that submitters are aware of the relationship between when their proposals are submitted and the review timeline.

Once a proposal is submitted, we urge PTAC to provide a confirmation of receipt. The confirmation of receipt could be automatically provided if PTAC uses an electronic or online submission process, which would limit the need for additional staff resources.

We urge PTAC to return incomplete or non-adherent proposals within 10 days, rather than 30 days. We also urge PTAC to include details about the reason the proposal was deemed incomplete or non-adherent, as well as an opportunity for the developer to request individualized technical assistance, as appropriate. To mitigate instances of incomplete submissions, an online or electronic submission form could be structured so that certain fields must be completed in order for the form to be submitted.

We urge PTAC to provide more details about what constitutes a “conflict of interest”. Conflicts are often the result of misperceptions, rather than true conflicts.

We urge PTAC to provide the names of external technical experts that assisted in the preliminary review of proposals when the lead reviewer from the preliminary review team makes his/her presentation before the full committee and during the public meeting.

We urge PTAC to include a brief public comment period following each deliberation period (that is, after the presentation and deliberation of each proposal or group of like proposals). This would afford the developer or other interested stakeholders to address any questions or correct any misunderstandings while the proposal details are familiar.

We urge PTAC to provide robust feedback in writing to the developer if a proposal is found not to meet the criteria but is desirable to implement, if it requires additional analysis or information, or if it is not

recommended. We also urge PTAC to provide an appeals process for proposals that are not recommended.

We appreciate the opportunity to comment on this proposed rule. ONS looks forward to continuing dialogue on these important issues. If you have any questions about our comments, please contact Alec Stone, MA, MPA, ONS Director of Health Policy, at astone@ons.org.

Sincerely,

The Oncology Nursing Society

About ONS

The Oncology Nursing Society (ONS) is a professional organization of over 39,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high-quality care for people with cancer.