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August 6, 2018

The Honorable Alex Azar, Secretary
U.S Department of Health and Human Services (HHS)
Hubert H Humphrey Building
200 Independence Avenue SW, Room 600E
Washington DC 20201

Re: **Support for Two Proposed Physician-Focused Payment Model Technical Advisory Committee (P-TAC) Serious Illness Advanced Payment Models**

Dear Secretary Azar,

The Oncology Nursing Society (ONS) writes to thank you for your strong interest in two proposed P-TAC Advanced Payment Models (APMs) that would greatly improve access to and delivery of quality palliative care to Medicare patients with serious illnesses, including cancer. Both the Coalition to Transform Advanced Care's (C-TAC) Advanced Care Model (ACM) and the American Academy of Hospice and Palliative Medicine's (AAHPM) Patient and Caregiver Support for Serious Illness (PACSSI) payment model would create incentives and offer much-needed resources to interdisciplinary palliative care teams, including nurses, to deliver high-quality patient-centered palliative care services to Medicare beneficiaries, which research has shown lead to higher quality outcomes and reduce overall healthcare costs.[1]

As a 39,000 member organization representing nurses caring for patients with cancer, ONS sees tremendous value in offering palliative care beginning at the time of a diagnosis of cancer to relieve suffering and improve health outcomes, and ONS views legislative and regulatory initiatives to advance nurse training and reimbursement in palliative care as a major priority. ONS urges the Centers for Medicare and Medicaid (CMS) and the Innovation Center (CMMI) to move forward with testing and implementation of a model that furthers the goals put forth in these two models. ONS offers our Society as a resource with significant expertise and experience in quality measures and care management of patients with cancer, including those near and at end of life.

**C-TAC Advanced Care Model (ACM)**

ONS is an active member of C-TAC and supports the C-TAC ACM's goal of improving health care delivery services to Medicare patients, including those with cancer, in their **last year of life.**

[1] Brumley, R., Enguidanos, S., Jamison, P., Seitz, R., Morgenstern, N., Saito, S., & ... Gonzalez, J. (2007). Increased satisfaction with care and lower costs: results of a randomized trial of in-home palliative care. Journal of the American Geriatrics Society, 55(7), 993-1000. doi:10.1111/j.1532-5415.2007.01234.x

Liguori, D. (2018). A Process Evaluation of an Outpatient Palliative Care Program: A Quality Improvement Project. Journal of Hospice & Palliative Nursing, 20(3), 245-251. doi:10.1097/NJH.0000000000000434

ONS specifically identifies the following constructs of the AMC quality program as important considerations for testing and implementation:

- Focus on patient's care during the last year of life, with care provided in the person's home and community
- Emphasis on shared decision making and advanced care planning
- Addressing care across specialties and primary care, serving as a bridge and providing more holistic patient-centered care
- Team-based, interprofessional approach to care

ONS agrees with the CTAC ACM proposal acknowledgement of the need to include advanced illness care standards into the quality program. Harmonization of guidelines and metrics is important for clarity and a consistent, sustainable approach to advanced care. ONS encourages inclusion of outcome clinical quality measures and patient-reported outcome measures (PRO-PMs) as priority methods to measure effectiveness of care delivered. Quality measures, especially PRO-PMs serve as better guides for improvement opportunities vs. multiple surveys and attestations. Given the locus of care as being in the home and community, ONS encourages inclusion of plans to support family and caregivers.

ONS believes it is important to recognize oncology nurses and all nurses in this model since nurses are the members of the care team most likely to monitor and manage symptoms, especially pain assessment and management. Nurses provide both curative and palliative care, participate in advance care planning discussions, and are well-trained to recognize and assess when patients are near their last year of life. Oncology nurses are often the ones to initiate those difficult conversations with patients about care desired in the last year of life.[2]

It is important to note that CMS proposed inclusion of occupational and physical therapists and licensed social workers as "eligible clinicians" in the 2019 proposed MACRA rule. ONS encourages inclusion of these clinicians as part of the ACM quality program. ONS strongly supports the C-TAC model's goal to engage nurses as an integral part of an interprofessional palliative care team in shared decision-making with patients, caregivers and the family on desired care settings and treatment options. ONS agrees with C-TAC that better coordination of services in this last year of life is needed and that ensuring 24/7 access to clinical support by a nurse or other palliative care team member would greatly improve patient well-being as well as reduce unnecessary and costly hospitalizations and treatments. It is important to consider nurses as part of the eligible clinician population eligible for reimbursement for care provided.

ONS supports the proposed shared-risk value model based on total cost of care in the last year of life with a capitated payment adjustment to the palliative care program or team for successfully meeting a minimum quality performance threshold.

**AAHPM "PACSSI" Model**

ONS supports the AAHPM's Patient and Caregiver Support for Serious Illness (PACSSI) payment model, which would provide two-tiered monthly reimbursement for a palliative care team (PCT) to meet the needs of Medicare patients with serious illness **who are not eligible or ready for hospice**. AAHPM's approach to addressing high-quality palliative care services offer a stronger, more intentional patient-centered approach to palliative care, especially with respect to reduction in unnecessary testing and health care services that are counterintuitive to affording palliation of symptoms.

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[2]While, A. (2018). Getting palliative care right. British Journal of Community Nursing, 23(3), 154. doi:10.12968/bjcn.2018.23.3.154

ONS agrees that the PCT team should be inclusive of nurses and Advanced Practice Nurses (APNs), as specified in the proposal and consistent with the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care (NCP)[3]. ONS agrees that replacing the current fee-for-service structure for Evaluation and Management services (E&M) with a value-based payment model to deliver high quality, community-based palliative care will help close the current gap that limits reimbursement for palliative care services to hospice settings.

ONS supports the model's patient eligibility criteria of having a serious illness such as cancer, functional limitations (decline), and health care utilization that could be improved/reduced with coordinated palliative care. ONS supports the model's goal to improve access to more home and community-based sites of care that many patients with cancer prefer to hospitals and nursing homes. The availability of community-based PCT resources is likely to continue to be limited. As such, the AAHPM's inclusion of palliative care experienced clinicians, e.g., oncology nurses and oncology APNs, should be considered for optimal palliative care delivery and improved patient and caregiver services. ONS members practice in multiple settings and would likely be interested and willing to participate in testing of a serious illness payment model in these diverse settings, if such a model were available.

ONS supports the two-track provider incentive model, because it offers increased rewards for the PCT team that is willing and able to assume more risk to provide quality palliative care at lower cost. To participate, ONS agrees that PCT participants should be required to meet certain quality metrics, including that they provide Medicare patients a 24/7 response to concerns and requests for care, including a face to face meeting and/or via telehealth, and that they provide written care and treatment plans with clear goals. As noted with the ACM quality program, ONS emphasizes the need to use eCQMs and PRO-PMs as quality metrics for the PASCSSI model. ONS offers the Oncology Qualified Clinical Data Registry (QCDR) with CMS-approved measures and additional patient-centered, quality of life focused eCQMs that may serve as a resource for the palliative care model testing.

Thank you for consideration of our enthusiastic support for the goals of these two palliative care payment models as well as our offer to serve as a resource in the development, testing and implementation of a model that incorporates features of both. We strongly believe the concepts and patient-centered principles in these models will encourage more nurses to practice palliative care and result in a better care experience for Medicare beneficiaries. If you have any questions, please contact Donna (Dede) Sweeney, ONS Director of Government Affairs, at dsweeney@ons.org.

Sincerely,

Laura Fennimore

Laura Fennimore, RN, DNP. NEA-BC
President, 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.

[3] *http://www.nationalcoalitionhpc.org/aboutand-history/*