Oncology Nursing Society
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September 10, 2018

Ms. Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1694-P
P.O. Box 8011
Baltimore, MD 21244-1850
Submitted online via regulations.gov

Re: CMS-1693-P – Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program

Dear Administrator Verma:

The Oncology Nursing Society (ONS) appreciates the opportunity to provide its perspective on CMS' proposed policies under the CY 2019 Medicare Physician Fee Schedule (MPFS) and Year 3 of the Quality Payment Program (QPP).

Medicare Physician Fee Schedule

Evaluation and Management (E/M) Proposals

Consistent with its Patients Over Paperwork Initiative, CMS' proposal to reduce E/M documentation requirements on clinicians is commendable; however, we have concerns about the impact of a single payment rate for most E/M services (Level 2-5). The new blended rate results in a significant loss to oncology practices, as cancer patients are complex and require higher level E/M services (Level 4-5), which are currently reimbursed at higher levels than proposed. The lower payment rates will result in fewer resources to support the most competent, appropriately licensed staff that play a critical role in ensuring patient safety and coordination of care, among other patient needs. While CMS proposes "add-on codes" to boost the new blended rate for certain specialties, these additional funds would not bring the new blended rate to a sustainable level for oncology practices to continue delivering high quality cancer care and treatment. Even worse, the E/M proposals have arbitrarily adjusted the indirect practice cost index (IPCIs) for every specialty, including oncology. As a result, several important services delivered to cancer patients will be negatively impacted, including drug

administration services – which may decline by at least 10 percent according to some projections. The combined impact of CMS' E/M proposals will do significant harm to oncology practices and the Medicare beneficiaries that rely on them for diagnosis, treatment and long-term management. Thus, ***we fully oppose CMS' entire package of E/M proposals. We urge CMS to withdraw its proposals and work with the clinician community on a solution that lessens clinician burden while reducing audit expenses on the agency.*** A 4 percent reduction, or $76 million dollar cut in cancer care funding, is unsustainable at a time when cancer is a public health crisis.

In addition, ONS remains frustrated that CMS continues to lump all nurse practitioners (NPs) into a single "specialty" for purposes of its impact analysis, particularly as more nurses obtain specialty certification. Oncology NPs play a pivotal and distinct role in comprehensive care for cancer patients, which must be distinguished from other types of NPs. Lack of specialty designation for oncology NPs does the profession a disservice and does not provide a true analysis of efforts to advance CMS goals for optimal care delivery and patient outcomes in cancer. ***We urge CMS to establish specialty codes for NPs, which will be useful to CMS and public stakeholders in the analysis of proposed and final payment, quality and cost containment policies, in addition to attribution policies for alternative payment and delivery models.***

"Communication-Based Technology Services"

Virtual care is very important for patients with cancer who are seriously ill and may live in rural or remote areas or have trouble getting to a physician or nurse practitioner's office or hospital for care. Patients with cancer need 24/7 access to oncology nurses to monitor their symptoms and concerns and help them avoid unnecessary and costly emergency department visits or hospitalizations. ONS supports CMS' proposals to reimburse clinicians for "virtual care" using communication-based technology services. We urge CMS to finalize these proposals to pay for "virtual check-ins," remote evaluation of pre-recorded patient information, and interprofessional internet consultations. ***To encourage utilization of virtual care by both providers and patients, ONS encourages CMS to consider higher reimbursement than what has been proposed.***

Additionally, ONS urges CMS to clarify that advanced practice nurses are included in the definition of "consultative physician" for purposes of Medicare payment for CPT code 994X6 (Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time).

Part B Drugs

ONS opposes CMS' proposed cut to WAC-based drug payment. Oncology practices have no control over the setting of drug prices; therefore, this proposal will do nothing to bring down

the underlying prices of these products. We urge CMS not to finalize this policy and urge the Administration to consider other reforms to address drug pricing.

Quality Payment Program

General Comments

CMS is considering, for future years, to further reduce reporting burden by linking or otherwise bundling performance categories (e.g., creating sets of multi-category measures that would cut across difference performance categories; allowing clinicians to report once for credit in all three categories) and/or creating public health priority measure sets. ***Cancer care is multifaceted, multidisciplinary, and represents a significant public health burden; therefore, ONS would support working with the agency to establish such measure sets. We encourage CMS to establish a technical expert panel to begin this work and ensure oncology nurses are represented as part of this effort. Further, we encourage greater emphasis on the use of clinical data registries as a means for clinicians to fully satisfy Merit-based Incentive Payment System (MIPS) requirements.***

Cost Performance Category

We continue to oppose the inclusion of Part B and Part D drug costs from resource use measures used in the cost performance category of MIPS. We urge CMS to remove all drug costs from these measures when making determinations about clinician efficiency, particular given clinicians have no control over the cost of these items.

MIPS Eligible Clinicians and "Opt-In" Policy

ONS supports the proposed additional MIPS eligible clinicians and encourages CMS to consider allowing nurse practitioners who perform 200 services to opt-in to the MIPS program. ONS also encourages CMS to consider adding nurse navigators and oncology staff nurses as future participants. Although these two do not currently bill Medicare, this is an area we would like to explore with CMS in the future and offer ourselves as a resource to CMS.

Quality Performance Category

While ONS supports the change to the following measure: Oncology: Medical and Radiation – Plan of Care for Pain, we oppose the removal of the following measure Oncology: Radiation Dose Limits to Normal Tissues. Not only do oncology professionals continue to find value in this measure from a patient safety standpoint, we disagree with CMS' contention that it is truly "topped out." The concept of "topped out" measures in CMS' quality programs is challenging to accept given the rate of reporting by clinicians in the program.

Whether a measure has truly captured actual performance is difficult to discern as not enough providers are participating in the MIPS program, nor in the predecessor program. Until the professional societies and/or measure steward believe clinical practice is at a place where the measure is no longer warranted, or until the vast majority of peer reviewed literature demonstrate a significant change in practice patterns, we do not believe CMS should remove so-called "topped out" measures from MIPS.

Proposed Opioids Measures:
ONS has serious concerns about two CMS proposed quality measures to address opioid misuse – (1) the requirement that clinicians check a Prescription Drug Monitoring Program (PDMP) every time a patient receives opioids, and (2) the requirement that clinicians verify that there is a signed Opioid Treatment Agreement in place.

ONS is concerned that it will be unduly burdensome for oncology nurse practitioners caring for patients with cancer to have to log in and out of PDMP systems to check for patient opioid usage. This is because PDMPs are not often easily accessed through the patient electronic health record (EHR). Having to work in two different systems for each opioid prescription will add time rather than remove administrative burden and could delay patients receiving their pain medications as needed for quality health outcomes.

Patients with cancer depend on access to safe and timely opioid therapy to treat their pain and suffering and are justifiably prescribed opioids for lengthy periods of time as their illness progresses and at end of life. ONS is opposed to requiring that clinicians validate Opioid Treatment Plans before prescribing opioids, because this could create delays in patients receiving appropriate pain care, and it increases administrative burden for oncology nurses.

For both measures, ONS urges CMS to consider excluding patients with serious illness, such as cancer.

Promoting Interoperability Performance Category
ONS supports CMS' efforts to align the Promoting Interoperability program across provider types and the modifications to reduce clinician burden. Interoperability is key to improving the prevention, diagnosis, treatment and long-term management of cancer, thus we are encouraged by the agency's efforts to making promoting interoperability a high priority. ***The policies proposed related to this performance category should be finalized. We urge CMS to consider the role of nurses in the use of electronic health records (EHRs) and promoting interoperability as it advances new "meaningful use" objectives and measures in future years.***

Improvement Activities Category
ONS urges CMS to incorporate more improvement activities that are patient-centered and focused on cancer care, palliative care and survivorship.

Qualified Clinical Data Registries (QCDR)
ONS opposes the CMS proposal to require QCDRs to enter into a license agreement that would permit all other QCDRs to use ONS-developed measures. ONS expends tremendous resources, which involves the expertise of oncology nurses and other stakeholders to create, license and update its patient-centric oncology-focused measures. We believe it is outside CMS' authority to require that ONS share its measures with outside entities without processes in place to protect the integrity of these measures or to collect fees that would support the

development process. ***In lieu of licensing, ONS urges CMS to establish a pilot program that would encourage collaboration across QCDRs to the extent measure stewards believe it is appropriate and feasible.*** As part of such an pilot, users of QCDR measures must be required to agree to adhere to certain requirements of the measure steward, as well as share measure performance information to implement and test measure changes, progressing all concepts to patient-centered outcome measures through measure retirement.

ONS also seeks clarification on why CMS is proposing at least 25 provider participants and would request a transition period to allow for data into the QCDR before assessing measure performance and making recommendations on whether to edit or retire a measure.

Advanced Alternative Payment Models (AAPMs)

It is imperative that clinicians have more options for participation in the QPP than just MIPS. Thus, ***we urge CMS to work toward establishing pathways for oncology practices to engage in AAPMs.*** CMS should also look to expand other AAPMs in ways that would enable oncology practices to more seamlessly integrate and participate.

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We appreciate the opportunity to comment on this proposed rule. If you have any questions about our comments, please contact Dede Sweeney, ONS Director of Health Policy, at dsweeney@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.