



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate

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August 21, 2017

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS – 5522 - P,
P.O. Box 8013,
Baltimore, MD 21244 - 8013

Submitted via: <http://www.regulations.gov>

Re: Medicare Program; CY 2018 Updates to the Quality Payment Program CMS proposed rule CMS-5522-P.

The National Nurse-Led Care Consortium (NNCC) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) proposed updates to the to the Quality Payment Program.

The National Nurse-Led Care Consortium (NNCC) is a 501(c)(3) nonprofit public health organization that seeks to advance all forms of nurse-led care through policy development, technical assistance, and innovative programing. One of the types of centers NNCC represents is nurse-managed health clinics (sometimes called nurse-managed health centers or NMHCs). Section 254c-1a of the Public Health Service Act defines the term 'nurse-managed health clinic' as a "nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, federally qualified health center (FQHC), or independent nonprofit health or social services agency."¹ Recent estimates indicate that there are approximately 500 nurse-managed clinics nationwide, including birthing centers and nurse-led school-based clinics. NMHC care is directed by nurse practitioners and other advanced practice nurses offering a wide range of primary care, health promotion, and disease prevention services to low-income, vulnerable patients living in medically underserved areas. Nationally, NMHCs record about 250,000 patient

¹ 42 U.S.C.A. § 254c-1a(a)(2) (West 2012).

encounters each year. The majority of NMHC patients are either Medicaid recipients, uninsured or self-pay.

Because many NMHCs are affiliated with schools of nursing, NMHCs also help to build the capacity of the community-based health care workforce by acting as teaching and practice sites for nursing students and other health professionals. Each academically-affiliated NMHC provides clinical placements for an average of 50 to 60 students a year.² These students include graduate and undergraduate nursing students, as well as medical, physician assistant, and social work students, among others. Students participating in post-clinical focus groups express a high level of satisfaction with NMHC-based clinical placements, commenting that their experience in NMHCs highlighted the need to reduce health care disparities and respect patient diversity.³

NNCC's comments focus on ensuring that the Quality Payment Program remains as flexible as possible so that clinicians practicing in NMHCs with small patient volumes and limited resources can participate.

In addition to representing NMHCs, NNCC and its partner, the American Association of Nurse Practitioners (AANP), are administering a Center for Medicare and Medicaid Services (CMS)-funded Nurse Practitioner Support and Alignment Network (NP SAN) for the Transforming Clinical Practice Initiative (TCPI). NNCC and AANP provide resources and services to over 40,000 nurse practitioners through this project. NNCC's staff primarily offers program participants training and technical assistance designed to improve quality of care and access. The Quality Payment Program and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) rule are a major focus of these training and technical assistance sessions. In 2016, NNCC's staff offered three training events related to the Quality Payment Program, including "Impact of Final MACRA Rule on NPs"; "MACRA 101 for Psych NPs"; and "#TCPIChat on MACRA (Live Twitter Chat)." These trainings reached 280 nurse practitioners. This year, the staff has delivered approximately 10 "lunch and learns" to over 650 attendees to date. Each lunch and learn includes some MACRA-related content.

Nurse practitioners receiving technical assistance related to the Quality Payment Program most often raise questions or concerns related to three main areas: 1) how the program will effect smaller practices serving the underserved and patients living in health professions shortage areas; 2) the length of the reporting period; and 3) the standards of eligible clinicians. NNCC is pleased to see that many of the 2018 updates CMS is proposing address the concerns raised around these issues. Below are some brief comments based on feedback NNCC received during its MACRA trainings.

² NNCC, 2012 NNCC Membership Survey (2012)

³ Institute for Nursing Centers, Feedback From Student Focus Group Surveys Administered by the Institute for Nursing Centers in 2009 (2009).

General Comments

I. *Clinicians in Small Practices* – Nurse practitioners are more likely than other primary care providers to practice in rural and community-based settings.⁴ Although clinicians in these settings tend to have smaller patient volumes, the patients they serve often have multiple chronic conditions requiring resource-intensive care. A leading example of the reach of NMHCs is a health center network operated by East Tennessee State University (ETSU). ETSU operates one of the largest nurse practitioner-run networks in the country. ETSU's nurse practitioners reach over 10,000 patients a year through several satellite sites based in rural communities. Practices like ETSU have limited resources to meet the needs of their patients. The resources offered by the Quality Payment Program would greatly help these practices, but clinicians report difficulty qualifying for the program due to a number of factors, including the patient volume threshold. For this reason, NNCC fully supports updates designed to make the Quality Payment Program more accessible to small practices, such as awarding bonus points for clinicians in small practices and practices serving patients with complex conditions, increasing the patient volume threshold, and incorporating a hardship exception for clinicians applying under the Advancing Care Information performance category. Increasing the low volume threshold is of particular importance to NNCC's members, because while most nurse-led practices see Medicare patients, the bulk of their patients are Medicaid enrollees or uninsured. Increasing the low volume threshold will help more NMHCs serving low income patients to qualify for the program.

However, with regard to the issuing of bonus points, **NNCC recommends that the definition of small or rural practice be lowered from 15 clinicians to five.** This change would better accommodate nurse-led practices in rural communities.

II. *Quality Payment Program Reporting Period* – Another major concern raised by the nurse practitioners attending NNCC's training and technical assistance events is the increased burden that complying with the program's reporting requirements will place on clinicians. Because NMHCs and other nurse-led settings have limited resources, clinicians need to maximize available time to see patients. Some nurse practitioners attending NNCC's training events are concerned that the proposed year-long reporting period for the Quality Payment Period will create additional administrative duties that will take away from the time clinicians have for patient visits. Therefore, NNCC is pleased to see that CMS has proposed permitting clinicians to choose a 90-day reporting period instead of the full year. NNCC fully supports maintaining the 90-day reporting option.

III. *Program Eligibility Requirements* – Finally, nurse practitioners attending NNCC's training and technical assistance events cited the need for flexibility in meeting the Quality Payment Program's eligibility requirements. Accordingly, NNCC fully supports CMS' proposed updates that are intended to give clinicians more options for participation, such as continuing to allow the use of 2014 Edition CEHRT (Certified

⁴ Buerhaus, P. I., DesRoches, C. M., Dittus, R., & Donelan, K. (2015). Practice characteristics of primary care nurse practitioners and physicians. *Nursing Outlook*, 63(2), 144-153. doi:10.1016/j.outlook.2014.08.008

Electronic Health Record Technology), proposing to use a 15 point threshold for avoiding performance penalties in 2018, giving clinicians the option to use facility-based scoring, and proposing to change the threshold for clinician activity to 50% of the clinicians in each group. These changes will encourage more small nurse-led practices, as well as practices with limited resources, to participate in the program.

On behalf of NNCC, I would like to thank CMS for the opportunity to submit these comments. If you have any questions, please contact me at (267) 765-2363 or ndlink@ncc.us.

Sincerely,

A handwritten signature in black ink that reads "Nancy De Leon Link". The signature is written in a cursive, flowing style.

Nancy De Leon Link
NNCC CEO