



Oncology Nursing Society

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September 6, 2016

Andrew M. Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building,
200 Independence Avenue, S.W.,
Washington, DC 20201
Submitted electronically via www.regulations.gov

RE: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value-Based Purchasing (VBP) Program (CMS-1656-P)

Dear Acting Administrator Slavitt,

The Oncology Nursing Society (ONS) appreciates the opportunity to provide input into this Request for Information (RFI) for developing the National Cancer Moonshot Initiative. Oncology nurses are on the front lines, implementing prevention, early detection, treatment and symptom management strategies throughout the cancer continuum. As such, we will be the ones working with the patients and their families on all areas under consideration by the Blue Ribbon Panel to ensure the delivery of quality cancer care. We elaborate on our role in certain focus areas below, however we urge the Panel to recognize and consider the important impact oncology nurses will have across the spectrum and to position oncology nurses accordingly in any recommendations made.

We appreciate the opportunity to provide comments and recommendations as you finalize payment and other policies for CY 2017 under the Hospital Outpatient Prospective Payment System (OPPS).

Hospital Outpatient Quality Reporting (OQR) Program

Proposed New Hospital OQR Program Quality Measures for the CY 2020 Payment Determination and Subsequent Years

For the CY 2020 payment determination and subsequent years, CMS proposes to adopt a total of seven measures: two claims-based measures and five Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey-based measures. One of the two proposed claims-based measures is *OP-35: Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy*. CMS explains in the rule that this measure “aims to assess the care provided to cancer patients and encourage quality improvement efforts to reduce the number of potentially avoidable inpatient admissions and ED visits among cancer patients receiving chemotherapy in a hospital outpatient setting.”

We do not disagree that *most* visits to the emergency department in this patient population are potentially avoidable; however, they are not *all* avoidable. These visits often result from a lack of adherence to the plan of care on the part of patient/caregiver, which may be attributable to limited/low-health literacy/understanding; knowing but waiting too long to act on potential complication, which may be linked to the “psychology” associated with living with cancer; and, failure on the part of the provider to risk identify patients and predict problems outside of the typical symptom profile.

As CMS points out, treatment guidelines are available for oncology providers, but this does not mean that cancer patients and their caregivers will follow the advice and direction of their oncologist or oncology nurse in managing symptoms and seeking emergency medical care when they believe they are faced with an emergency medical situation as a result of their cancer diagnosis or side-effect from chemotherapy.

While this measure is currently being proposed as a hospital-level measure, we are concerned about its potential conversion to a practice- or practitioner-level measure, in the future, and how it could be used in the cost and resource use performance categories of the proposed Merit-Based Incentive Payment System (MIPS).

We further note that the National Quality Forum (NQF) has yet to endorse this measure. CMS should be cautious about holding hospitals or any care provider accountable for performance on this measure, particularly without appropriate socioeconomic (SES) adjustment.

CMS should be reimbursing practices for the time it takes to risk identify and educating cancer patients at greatest risk of high utilization related to disease treatment or health literacy. ONS encourages CMS to develop outcomes measures that would address these important patient-centered issues, which we maintain would have more of an impact on resource utilization than currently available cost measures.

We appreciate the opportunity to submit comments on the CY 2017 OPSS proposed rule. Should you have any questions regarding our comments, please contact Alec Stone, MA, MPA, ONS Director of Health Policy, at astone@ons.org. We look forward to engaging in an ongoing dialogue to address issues of importance to our cancer patients.

Sincerely,

The Oncology Nursing Society

About the Oncology Nursing Society

ONS is a professional organization of over 39,000 registered nurses and other health care 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 roles, practice settings, and subspecialties. Our nurses are leaders in the health care arena, committed to continuous learning and leading the transformation of cancer treatment by advocating for high-quality care for people with cancer.