November 17, 2015

Sam R. Nussbaum, MD
Chair, Alternative Payment Model Framework and Progress Tracking Work Group
Health Care Payment Learning and Action Network

Re: Alternative Payment Model Framework Draft White Paper

Dear Dr. Nussbaum,

On behalf of the Association of Rehabilitation Nurses (ARN) – representing over 5,600 rehabilitation nurses and over 13,000 Certified Rehabilitation Registered Nurses (CRRN) that work to enhance the quality of life for those affected by physical disability and/or chronic illness – we appreciate the opportunity to provide comment on the Alternative Payment Model (APM) Framework Draft White Paper.

Rehabilitation nurses take a holistic approach to meeting patients’ nursing and medical, vocational, educational, environmental, and spiritual needs. Rehabilitation nurses begin to work with individuals and their families soon after the onset of a disabling injury or chronic illness. We continue to provide support and care, including patient and family education, which empowers these individuals when they return home, or to work, or school. Rehabilitation nurses often teach patients and their caregivers how to access systems and resources.

Rehabilitation nursing is a philosophy of care, not a work setting or a phase of treatment. We base our practice on rehabilitative and restorative principles by: (1) managing complex medical issues; (2) collaborating with other specialists; (3) providing ongoing patient/caregiver education; (4) setting goals for maximum independence; and (5) establishing plans of care to maintain optimal wellness. Rehabilitation nurses practice in all settings, including freestanding inpatient rehabilitation facilities (IRFs), hospitals, long-term subacute care facilities/skilled nursing facilities (SNFs), long-term acute care facilities, comprehensive outpatient rehabilitation facilities (CORFs), home health, and private practices, just to name a few.

ARN supports efforts to ensure people with physical disability and chronic illness have access to comprehensive, quality care in whichever care setting is most appropriate for them. ARN stands ready to work with policymakers at the local, state, and federal levels to advance policies and programs that promote maximum independence for people living with physical disability and/or chronic illness, particularly among the Medicare population.
The Case for Reforming the Health Care Payment System
ARN commends the work group on their vision of a health care system that provides patient-centered care. Patient and family engagement in decisions regarding care has been defined as “essential to improving quality.” To this end, we support the three pillars of quality, cost-effectiveness, and patient engagement as such elements are vital to the efforts in shifting to a population-based payment model.

Key Principles for the APM Framework
ARN supports the seven key principles outlined in the APM framework. There is much impetus on the delivery of quality care and the need to be rewarded for furnishing high-quality services, as opposed to receiving reimbursement solely for the service(s) provided. To this end, quality measures must be both important and meaningful to patient, while also maintaining consistency across measures.

APMs Built on Fee-for-Service Architecture (Category 3)
ARN appreciates how episode-based payments and other types of bundled payments encourage care coordination because they cover a complete set of related services; however, to further stakeholders’ understanding of how a procedure may be delivered by any one of a multitude of providers, we encourage the Centers for Medicare and Medicaid Services (CMS) to publish the final results from its bundled payment initiatives. Such results will inform stakeholders how bundled payment initiatives may fit into the proposed payment model structure. The data collected and analyzed under the authorities outlined in the Improving Medicare Post-Acute Care Transformation (IMPACT) Act also will be useful.

ARN has concerns that reforms to bundled episodes of care will impose financial incentives that encourage providers to treat patients in the least intensive setting, regardless of the patient’s preferences, needs, and treatment goals. Post-acute care (PAC) providers must be incentivized to not only consider the most appropriate treatment setting, but also to value a patient’s freedom of choice and preference. For example, a patient requires intensive rehabilitation post-stroke and if the patient prefers to have this care provided by an IRF, then that request should be granted - regardless if the acute care does not have an IRF but rather a SNF. Patients should not be forced to use whatever venues exist within the acute care system (especially for PAC settings).

Work Group Composition
ARN appreciates and supports the work of the APM Framework and Progress Tracking Work Groups. However, we have concerns regarding the lack of nurses, specifically rehabilitation nurses, serving on both work groups and within the Health Care Payment Learning and Action Network. PAC is a major component of the health care system and according to the Medicare Payment Advisory Commission (MedPAC), in 2013, Medicare’s payments to the more than 29,000 PAC providers totaled $59 billion, more than doubling since 2001. It is the role of the nurse to advocate on behalf of the patient, understand the scientific basis for healthcare decisions, and balance the various ethical needs of the patient. Thus, it is imperative that rehabilitation nurses be included in the process of determining a framework for APMs.

Conclusion
ARN very much appreciates the opportunity to provide comments to the APM Framework and Progress Tracking Work Group on the APM Framework Draft White Paper. We are available to work with you, your colleagues, the rehabilitation community, and other stakeholders to deliver the best quality of care to patients. If you have any questions, please contact me or have your staff contact our Health Policy Associate, Jeremy Scott (Jeremy.Scott@dbr.com or 202-230-5197). We thank you for your consideration of our recommendations and requests.

Sincerely,

Cheryl Lehman, PhD CNS-BS RN-BC CRRN
President

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