



June 6, 2011

Donald Berwick, MD, Administrator  
Centers for Medicare and Medicaid Services (CMS)  
Department of Health and Human Services, Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: CMS-1345-P; Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations**

Dear Administrator Berwick:

On behalf of the 40 undersigned organizations who participate in the Nursing Community, a forum for national professional nursing associations that builds consensus and advocates on a wide spectrum of healthcare and nursing issues, we submit these comments regarding Section 3022 of the Affordable Care Act's notice of the proposed rule-making (NPRM) for the Medicare Shared Savings Program/Accountable Care Organization (ACO), published on April 7, 2011 [Fed. Reg. Vol. 76, No. 67, pp.19528 – 19654]. The Nursing Community's comments have been developed to reiterate the major themes nursing wishes to raise and are in concert with the more detailed remarks submitted individually by many of our participating organizations.

The Nursing Community believes that achieving America's healthcare goals and improvements demands the systematic involvement of nurses at all levels and environments of care. While the ACO model outlined in the proposed rule speaks to the importance of patient-centered care delivery, it will fall short of this goal as it proposes structural inflexibilities and fails to address the value of the interdisciplinary team. Most concerning, the model fails to recognize the specific contributions of nursing in achieving the desired quality outcomes and cost savings. **Our request is this: To be successful at achieving its objectives of improving the quality and accessibility of healthcare while reducing its cost, any final rule promoting the ACO model must recognize and advance the crucial contributions of nursing.**

Our organizations believe the NPRM for the ACO creates a structurally rigid model focused on an outdated view of healthcare delivery. The proposed rule lacks provider neutral language and does not recognize the contributions of other health professionals, particularly Registered Nurses (RNs) and all types of Advanced Practice Registered Nurses (APRNs-including nurse practitioners, clinical nurse specialists, certified nurse-midwives, and certified registered nurse anesthetists) as leaders and team members within this new ACO model. Each healthcare professional is educated and trained to deliver a unique set of skills that complement those of other providers in the team. For example, the cornerstone of nursing is care coordination. This skill is a core competency for nurses and is a

building block on which much of the ACO quality improvement and cost control provisions are built. Yet, the NPRM does not recognize the expertise of RNs and APRNs in the areas of patient management and overall clinical services.

This failure to recognize nursing's contributions has the potential to alienate and exclude many Medicare patients who consider an APRN as their "primary care provider." This can create confusion and threatens patient choice as well as changes the patient-provider relationship. If a patient who considers an APRN to be his or her primary care provider wants to be included in an ACO, that patient-provider relationship should be sustained and both the beneficiary and the APRN should be able to fully participate in the ACO. We also urge CMS to recognize that anesthesia and pain management services will be critical to the success of an ACO, and therefore, certified registered nurse anesthetists' role in providing high-quality, cost-effective care as ACO participants should be advanced and encouraged in any ACO final rule.

Moreover, nurses are experts in investigating and improving quality care. For decades, RNs and APRNs have developed and tested evidence-based interventions and patient-centered care models, which have improved safety, reduced healthcare costs, and increased access to care. The Nursing Community believes that these contributions speak to the core of the ACO model and should be captured and measured within an ACO. Specifically, we request that any ACO final rule require ACO models to include nurses as key participants and leaders in the interest of quality.

Keeping in mind the valuable contributions of each member of the healthcare team, the Nursing Community requests that in establishing the Governance Boards for the ACO, CMS continues to ensure that all Medicare recognized providers and suppliers, including APRNs, should be expressly permitted and encouraged to serve on the ACO governing body. The inclusion of RNs and all types of APRNs on these boards will help provide multiple perspectives and serve to improve the goals of a patient-centered care delivery model that promotes greater efficiencies and savings.

In conclusion, the Institute of Medicine (IOM) recently released a landmark study, *The Future of Nursing: Leading Change, Advancing Health*, which recommends that "nurses should be full partners, with physicians and other healthcare professionals, in redesigning healthcare in the United States." The Nursing Community believes that the structure proposed in this NPRM neglects to identify the integral role of nursing, as well as other providers, in the ACO model. The financial structure and care coordination of the ACO must recognize the contributions of nurses. To ensure that the ACO model yields the transformational objectives it seeks for our healthcare system, we request that any final rule promoting ACOs includes language fully integrating RNs and APRNs as leaders and team members in each ACO.

Sincerely,

Academy of Medical-Surgical Nurses  
American Academy of Ambulatory Care Nursing  
American Academy of Nurse Practitioners  
American Academy of Nursing  
American Assembly for Men in Nursing  
American Association of Colleges of Nursing  
American Association of Critical-Care Nurses  
American Association of Nurse Anesthetists  
American Association of Nurse Assessment Coordination

American College of Nurse Practitioners  
American College of Nurse-Midwives  
American Nurses Association  
American Organization of Nurse Executives  
American Psychiatric Nurses Association  
American Society for Pain Management Nursing  
American Society of PeriAnesthesia Nurses  
Association of Community Health Nursing Educators  
Association of periOperative Registered Nurses  
Association of Rehabilitation Nurses  
Association of State and Territorial Directors of Nursing  
Association of Women's Health, Obstetric and Neonatal Nurses  
Dermatology Nurses' Association  
Gerontological Advanced Practice Nurses Association  
Hospice and Palliative Nurses Association  
Infusion Nurses Society  
International Nurses Society on Addictions  
International Society of Psychiatric Nursing  
National Association of Clinical Nurse Specialists  
National Association of Hispanic Nurses  
National Association of Nurse Practitioners in Women's Health  
National Association of Pediatric Nurse Practitioners  
National Black Nurses Association  
National Coalition of Ethnic Minority Nurse Associations  
National Gerontological Nursing Association  
National Nursing Centers Consortium  
National Organization of Nurse Practitioner Faculties  
Nurses Organization of Veterans Affairs  
Oncology Nursing Society  
Public Health Nursing Section, American Public Health Association  
Wound, Ostomy and Continence Nurses Society