



## Oncology Nursing Society

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The Federal Trade Commission (FTC)

Submitted electronically via <https://ftcpublishcommentworks.com/ftc/healthcareworkshop>

### **RE: Health Care Workshop, Project No. P131207**

The Oncology Nursing Society (ONS) is a professional organization of over 35,000 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. We appreciate the opportunity to comment on these important issues. Our comments below reflect ONS' thinking on the broad topics being considered by the FTC.

#### **Professional Regulation of Health Care Providers**

ONS remains concerned with the inability of oncology nurses to practice to the full extent of their training and licensure as a result of various Medicare rules and regulations associated with its multiple payment programs. ONS supports measures that would facilitate the improved ability of oncology nurses to practice to the full extent of their training and licensure. As explained in ONS' position statement, *The Role of the Advanced Practice Nurse in Oncology Care*, advanced practice oncology nurses provide leadership to improve outcomes for patients with cancer and their families by increasing healthcare access, promoting clinical excellence, improving patients' quality of life, documenting patient outcomes, and increasing the cost-effectiveness of care. Research has substantiated the positive impact of advanced-practice registered nurses (APRNs). Significant outcomes include increased access to care and patient education; improved patient satisfaction, cost-effectiveness, and patient compliance; fewer hospital admissions; and decreased lengths of stay, readmission rates, emergency care visits, and healthcare costs (Brooten & Naylor, 1995; Cunningham, 2004; Fulton & Baldwin, 2004).

It is the position of ONS that

- APRN practice in oncology nursing includes clinical nurse specialists (CNSs), nurse practitioners (NPs), and dually prepared (CNS and NP) nurses who are prepared at the graduate level (i.e., master's or doctorate) with a specialty focus in oncology practice.
- APRNs are authorized by their state-defined nursing practice acts to work independently or in collaboration with a designated physician partnership.
- AOCNS® (advanced oncology certified clinical nurse specialist), AOCNP® (advanced oncology certified nurse practitioner), and AOCN® (advanced oncology certified nurse) credentials are validation by the professional nursing community that the bearers of the credentials have advanced and specialized knowledge in providing and coordinating quality cancer care for adults from diverse populations and settings.
- Where states include professional certification in regulatory requirements, the AOCNS®, AOCNP®, and AOCN® credentials are accepted as recognition of advanced oncology nursing practice.
- All APRNs are offered the opportunity for prescriptive authority, following specific education and experience, to best meet the needs of patients throughout their cancer experience.
- State statutes and regulations recognize the unique and distinguishable differences between the APRN roles and should create regulations that facilitate the practice of oncology CNSs and NPs while removing regulatory barriers that deny the public access to APRN services.
- Consumers have a full choice of healthcare providers, including APRNs. Reimbursement for care provided by CNSs and NPs is integrated into federal, state, third-party, and private-payer reimbursement systems.

- Funding is authorized and appropriated for nursing research to further document and evaluate the outcomes of advanced oncology nursing practice.
- Oncology APRNs are integrated fully into all aspects of cancer care and health policy reform.

### **Innovations in Health Care Delivery**

ONS supports innovative models of care delivery and payment for patients with cancer. Accountable care and coordinated care organizations, as well as patient centered medical homes, are examples of practice transformation that could lead to improve quality and outcomes, as well as short-term cost savings. ONS would support any other payment and delivery models that would make appropriate and effective use of non-physician practitioners, such as oncology nurses, as these models are likely to prove valuable in maximizing quality and outcomes while reducing healthcare costs. We support expanded use of telemedicine, particularly for patients in rural areas. We strongly encourage improved payment mechanisms for reimbursing providers. Payment mechanisms must be based on the true cost of providing care such that these entities could make a business case for modernizing their infrastructures (e.g., information technology and clinical workflows) to improve quality and outcomes, and reduce healthcare costs, without federal mandates or punitive programs. Improved infrastructure is critical to facilitating innovation in healthcare. Technical assistance from federal agencies would be helpful to designing additional shared savings payment structures to ensure that incentives/shared savings payments are being distributed to all providers based on their contribution to improving quality and reducing costs. Development of metrics and guidelines to assist in this activity would also be useful.

### **Advancements in Health Care Technology**

Information technology infrastructure is critical, as data and information are the foundation of any successful and long-term transformation in healthcare aimed at improving quality and reducing costs. Therefore, robust interoperability standards must be developed and adopted quickly by electronic health record (EHR) vendors. Also, assurances that clinical decision support mechanisms are based on evidence-based guidelines, such as ONS' PEP resources would be essential to any cancer care clinical decision support (CDS) programs. ONS would strongly support expanded access to data on chemotherapy agents and adverse reactions. In addition, cancer care providers must have unrestricted access to truthful, non-misleading information about the benefits and risks of all therapies available for treatment, including medically accepted alternative uses of approved prescription drugs and biologics. Manufacturers must be able to provide adequate directions for use of both approved and medically accepted alternative indications of approved medicines, along with adequate disclosures regarding risks and the limitations of scientific understanding. Provided there is prominent disclosure that FDA does not approve such use, limitations on communications should only be related to patient risk based on factors including the approval status of the medicine, general medical acceptance of the treatment, and the level of scientific sophistication of the audience.

Also, we note that ONS has received a three-year grant from the Agency for Healthcare Research and Quality (AHRQ) to develop and examine innovative electronic communication methods to disseminate ONS's research-based resources to healthcare providers to help improve the quality of patient care. The ONS Putting Evidence into Practice (PEP) program provides clinicians with synthesized research resources in 20 topic areas. These resources, which include "Caregiver Strain and Burden," facilitate access to and use of evidence to improve patient- and caregiver-centered outcomes. Although these resources are available in various web-based formats and locations, availability of open-access resources alone does not cause individuals to use those resources. The purpose of the grant, "Cancer Caregiver-Centered Outcomes Research—Dissemination to Clinicians by the Oncology Nursing Society," is to examine and evaluate the reach, effectiveness, and effect of a cancer caregiver-centered outcomes research electronic targeted messaging campaign delivered to ONS members. This project can directly affect the AHRQ's mission to improve the quality, safety, and efficiency of health care for all Americans by increasing the use of research in practice.

### **Measuring and Assessing Quality of Health Care**

ONS maintains that a combination of nationally benchmarked and locally important metrics (including patient reported data) that yield objective performance data are key to promoting objective, inter-professional discussion on priorities for organizational and individual clinician practices. While outcomes measures are important, process and administrative measures can be instrumental in improving outcomes, particularly when new treatment modalities and algorithms are being introduced into practice. We support quality measures that are meaningful to improved clinical performance and patient outcomes, meaningful to patients in making decisions about their healthcare with their provider, and do not inhibit clinical efficiency through increased administrative burden and measure fatigue.

### **Price Transparency of Health Care Services**

ONS supports transparency that provides meaningful and reliable health care information for patients and timely, clinically relevant data to help healthcare professionals provide high-quality, high-value care. This is even more critical as we move toward a value-based health care system. However, the broad release of payment data without appropriate context could hinder patient understanding about the value of appropriate, medically necessary health care services as recommended by their physician. Reimbursement data and procedure reimbursement rates alone are not an indicator of high-value care. These data must be coupled with quality, outcomes, and patient experience data, as well as a specific analysis of a given providers patient population and service mix, to present a more accurate reflection of value. In addition, to improve the value of data and provide full context, all data must be released, not just portions of data. Therefore, data from other entities, including Medicare Advantage, Part D, and Medicaid data, among other private payer data, are needed.

Thank you for your consideration of our comments, and we look forward to engaging in an ongoing dialogue to address issues of importance to patients with cancer and oncology nurses. We would be happy to discuss ways in which ONS may be of assistance in this endeavor, and would encourage you to contact Alec Stone, MA, MPA, Director of Health Policy, at [astone@ons.org](mailto:astone@ons.org) to coordinate a time to discuss.

Sincerely,

The Oncology Nursing Society