May 28, 2024

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue SW
Washington, DC 20201

Submitted electronically to www.regulations.gov

Re: Medicare Program; FY 2025 Inpatient Psychiatric Facilities Prospective Payment System—Rate Update [CMS-1806-P]

Dear Secretary Becerra:

The American Nurses Association (ANA) is pleased to comment on the Centers for Medicare and Medicaid Services (CMS) Fiscal Year 2025 Prospective Payment System Proposed Rule for Inpatient Psychiatric Facilities (IPF). Our comments focus on CMS' continued commitment to advancing healthy equity, the proposal to adopt the 30-day emergency department visit following an IPF discharge quality measure, and the need for CMS to create transparent payment polices that truly value nursing care.

1. Nurses are critical for implementing health equity focused IPF patient assessment data collection.

ANA firmly supports the integration of health equity throughout CMS programs. Providing equitable care to patients has long been an ethical imperative for the nursing profession. Nurses embrace diversity and engage in equity focused care, while working to remove unconscious biases to effectively promote meaningful patient outcomes. Ultimately, nurses are key in designing, directing, and delivering care that appropriately meets the needs of patients, improves access to needed care, promotes positive outcomes, and reduces disparities. Especially in the IPF setting, psychiatric mental health nurses (PMHN) serve as advocates for their patients and are best positioned to identify co-morbidities and other factors that could result in inequitable health outcomes.

ANA supports CMS' continued focus on advancing health equity and the inclusion of this important issue in the agency's strategic plan.[1] ANA appreciates the agency's focus in the IPF payment rule as it continues to examine the inclusion and collection of quality measures targeting social determinants of health (SDOH). As the agency continues to solicit public comments on ways to implement their health equity goals, ANA encourages CMS to seek out nurses regarding their patients' experiences. The PMHN is uniquely positioned to collect this data while they counsel their patients, as they spend more time with patients than other health care professionals and have the

[1] Centers for Medicare and Medicaid Services, CMS Strategic Plan, Last updated March 8, 2024, available at: https://www.cms.gov/about-cms/what-we-do/cms-strategic-plan.

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specialty training for holistic care of this population. In addition, while ANA supports seeking approaches to quantify disparities faced by patients, we urge the agency to balance any reporting requirements so as not to create an undue administrative burden on clinicians—especially nurses. Quantifying health care disparities and barriers faced by patients is extremely nuanced due to the sensitive nature of this issue. PMHNs at the bedside understand these nuances as they interact with and advocate for patients and their families.

An overly burdensome reporting approach may impact the critical relationship between the PMHN and patient by interfering in the ability of the nurse to truly ascertain the needs and challenges faced by their patients. Patients might be hesitant to fully disclose their individual situations if they feel disconnected from the nurse tasked with collecting data. Any reporting requirements must preserve the ability of the nurse to use a patient- and family-centered approach that allows for natural interactions to better reveal a patient's circumstances. As such, we urge CMS to work closely with PMHNs to ensure that collecting socio-demographic data is balanced with the provision of whole person care as the agency determines which measures and processes will be utilized to address health care disparities and advance health equity.

Moreover, we continue to call on CMS to seek out and incorporate nurses' clinical expertise and compassion as they work to advance health equity. Further, CMS must incorporate the recommendations from the National Academy of Medicine's Future of Nursing 2020-2030 report, Charting a Path to Achieve Health Equity.[2] Some of the recommendations in the report call on government agencies and other stakeholders to take action that allow nurses to comprehensively address social determinants of health across care settings, allow nurses to practice to the top of their license, support the mental well-being of nurses and ensure a robust and diverse workforce ready for future challenges, and implement payment strategies that support addressing patients' social needs and health equity challenges. The report also specifically calls on CMS, with other federal agencies, to convene nurses and other key stakeholders to work together to identify research areas and other evidence-based approaches that examine the impact of nursing services on patients' health and nurses' well-being. CMS should advance these recommendations as the agency continues its focus on health equity through policies and programs.

2. CMS must finalize the proposed 30-day emergency department visit following an IPF discharge quality measure and continue implementing the National Quality Strategy.

ANA supports the inclusion of the proposed 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an IPF Discharge measure into the IPF Quality Reporting Program (IPFQRP). CMS' determination to find holes in the care continuum for IPF patients is important as these patients often fall into gaps of care leading to readmissions and poor outcomes. The PMHN is best positioned to identify issues in the care continuum as they coordinate care and counsel on other needs like accessing social services. Additionally, patients experiencing mental health and substance abuse issues overwhelmingly rely on emergency departments for both acute and chronic care of their conditions. Yet emergency departments continue to be overwhelmed and

[2] National Academies of Sciences, Engineering, and Medicine, The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity, 2021, available at: https://nap.nationalacademies.org/catalog/25982/the-future-of-nursing-2020-2030-charting-a-path-to.

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often this patient population ends up waiting hours for inadequate care or ends up being turned away. Strategies like this quality measure and the pinpointed expertise of PMHNs can produce the data to find solutions that both ease the overcrowding of emergency departments and ensure the highest quality of care for these patients.[3]

The IPFQRP, and all of CMS' quality programs, are an important evidence-based checkpoint that shows if patients are receiving the best holistic care possible. ANA strongly supports CMS' National Quality Strategy in order to advance health equity and increase the quality of health care delivery across all settings of care.[4] The shift to truly person-centered, safe, quality care along the entire life cycle is an important and necessary step forward. The nursing profession is imperative to the success of the National Quality Strategy's eight goals. From advancing health equity to driving innovation, nurses are at the core of quality and safety.

ANA specifically applauds the Universal Foundation to streamline quality measures to produce better data and free resources to solve core health inequity issues.[5] The Universal Foundation's building block approach allows flexibility for different populations and care settings to see their specific equity and access gaps while reducing documentation burden. Nurses are key partners in CMS' effort to ensure that quality measures truly capture the needs of all patients and provide the highest quality care for the best value for patients.

3. CMS must create transparent payment polices that truly value nursing care.

As explained throughout these comments, nurses are critical to the success of implementing health equity strategies and quality measures to ensure high quality health care for all. However, current payment policy still does not account for the value of RNs and their impact on patient outcomes. ANA encourages CMS to look for ways to properly account for the value of PMHNs and all nurses. CMS must collect data to show the impact of nursing care on patients, reflect the role of the nurse in identifying and addressing health disparities, and ensure both RNs and APRNs are recognized and captured within quality programs and value-based care more broadly. ANA urges CMS to use its authority to 1) Modernize IPF payment policy, to incentivize adequate nurse staffing to meet all patients' needs, and 2) Require providers to account transparently for the cost of delivering high-quality nursing services.

The need for Medicare to reconsider payment strategies is clear from the near constant reports of nursing shortages, and providers' frequent assertions of challenges in hiring and retaining nurses. It is clear that providers' staffing decisions, along with their lack of attention to challenges in the work environment, have contributed to this situation. The staffing crisis has been decades in the making due to factors such as workplace violence, mandatory overtime, and inadequate staffing levels.

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[3] For more information on the importance of nursing for equitable emergency care see ANA's comments on the Proposed Equity of Emergency Care Quality and Capacity Measure, available at: https://www.nursingworld.org/~4921fd/globalassets/docs/ana/comment-letters/ana-comments---equity-of-emergency-care-final.pdf.

[4] Centers for Medicare and Medicaid Services, National Quality Strategy, available at: https://www.cms.gov/blog/cms-national-quality-strategy-person-centered-approach-improving-quality

[5] Douglas B. Jacobs, MD, MPH, et al., Aligning Quality Measures Across CMS – The Universal Foundation. The New England Journal of Medicine, March 2, 2023. Available at: https://www.nejm.org/doi/full/10.1056/NEJMp2215539

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Further, the outmoded view that nursing capacity represents only provider costs to the bottom line has led to insufficient investment in the well-being and professional development of nurses. These factors have resulted in symptoms among healthcare workers commonly referred to as burnout. Sadly, the nursing community is at the forefront of the burnout phenomenon, which has led to turnover and attrition. Survey data from the National Council of State Boards of Nursing's (NCSBN) 2022 National Nursing Workforce Survey indicates that 28 percent of all nurse respondents plan to retire in the next 5 years, an increase from the 21 percent who responded positively in 2020.[6] A 2023 survey by the American Nurses Foundation (ANF) found that 56% of nurses report feeling symptoms of burnout with 64% of nurses indicating that they feel a great deal of stress because of their jobs.[7] Despite high levels of burnout, about two-thirds of nurses surveyed were not receiving any type of mental healthcare support.

Unless policymakers incentivize improvements in nurse working environments through payment parity, patient access to high-quality, equitable services will be increasingly undermined at the point of care, in communities, and across patient populations. Currently, Medicare conditions of participation lack the strength and specificity needed for CMS to provide effective oversight. For instance, these provisions do not spell out expectations for quantifiable staffing levels, and they are silent on key work environment issues such as risks of violence and excessive work hours. CMS must incentivize the nurse staffing they know is needed to deliver quality patient outcomes.

In addition, ANA strongly urges CMS to examine current financial reporting requirements for IPF providers. Specifically, providers should be required to report direct and indirect costs associated with delivery of high-quality nursing services, and this information should be available to the public. The services of a PMHN are key to high-quality, equitable health outcomes and patient experiences. Yet, the value of nursing services is not accounted for in provider cost reporting. The clinical expertise provided by nurses and their costs are unseen, as they are typically considered as overhead, labor, or part of room and board. Yet nursing expenditures reflect staffing decisions that relate directly to quality metrics, patient satisfaction, and outcomes. ANA believes that CMS must be able to review and analyze nursing costs, at the provider level and in aggregate, in order to address the nursing crisis and incentivize the care delivery that will drive improvements in care.[8] Transparency of nursing costs to providers will enable CMS to exercise appropriate oversight and promulgate payment policies addressing nurse value and quality care.

ANA is the premier organization representing the interests of the nation's over 5 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing

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[6] Richard A. Smiley, MS, MA, et al., The 2022 National Nursing Workforce Survey, Journal of Nursing Regulation, April 2023, available at: https://www.journalofnursingregulation.com/article/S2155-8256(23)00047-9/fulltext.

[7] American Nurses Foundation, Understanding and Prioritizing Nurses' Mental Health and Well-Being, November 2023, available at: https://www.nursingworld.org/~4aaf68/contentassets/ce8e88bd395b4aa38a3ccb583733d6a3/understanding-and-prioritizing-nurses-mental-health-and-well-being.pdf.

[8] Olga Yakusheva, et al., Center For Medicare And Medicaid Innovation Should Test An Alternative Payment Model For Hospital Nursing, Health Affairs, May 20, 2024, available at: https://www.healthaffairs.org/content/forefront/center-medicare-and-medicaid-innovation-should-test-alternative-payment-model-hospital.

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practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA members also include the four APRN roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). RNs serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with CMS. Please contact Tim Nanof, Vice President, Policy and Government Affairs, at (301) 628-5166 or Tim.Nanof@ana.org, with any questions.

Sincerely,

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