

March 1, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2017-0163
P.O. Box 8013
Baltimore, MD 21244-8013

RE: CMS-2017-0163 - Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 draft Call Letter

Dear Ms. Verma:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to submit comments to the proposal CMS-2017-0163 - Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 draft Call Letter. The AANA shares the agency's concern about the increase in opioid drug use, abuse and deaths and is committed to working collaboratively toward comprehensive solutions to curb the opioid epidemic in the US. Our comments involve the area of the proposal on page 156 that speaks on future measurement concepts such as the use of non-pharmacological or non-opioid pain management interventions, which will require use of non-claims data. The AANA makes the following comments and recommendations:

- I. CRNAs Provide Safe, High Quality and Cost Effective Healthcare**
- II. CRNAs Use a Multi-Modal Pain Management Approach which may Reduce Patient Need for and Reliance on Opioids**
- III. Remove Barriers to the Use of Medically Necessary CRNA Pain Management Services and Invite the AANA to Collaborate in the Development of Future Measurement Concepts Regarding Non-Opioid Pain Management Interventions**

I. CRNAs Provide Safe, High Quality and Cost Effective Healthcare

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). AANA membership includes more than 52,000 CRNAs and SRNAs, representing over 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer approximately 43 million anesthetics to patients each year in the United States. Nurse anesthetists have provided anesthesia in the United States for 150 years, and high-quality, cost-effective CRNA services are in high demand. CRNAs are Medicare Part B providers and since 1989 have billed Medicare directly for 100 percent of the physician fee schedule amount for services.

CRNAs are involved in every aspect of anesthesia services including a pre-anesthesia patient assessment, obtaining informed consent for anesthesia administration, developing a plan for anesthesia administration, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout the surgery. CRNAs also provide acute, chronic, and interventional pain management services. CRNAs provide anesthesia for a wide variety of surgical cases and in some states are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities. Nurse anesthesia predominates in Veterans Hospitals and in the U.S. Armed Services. CRNAs work in every setting in which anesthesia is delivered including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers (ASCs), pain management facilities, and the offices of dentists, podiatrists, and all types of specialty surgeons. CRNAs play an essential role in assuring that rural America has access to critical anesthesia services, often serving as the sole anesthesia provider in rural hospitals and affording these facilities the capability to provide many necessary procedures.

Numerous peer reviewed studies have shown that CRNAs are safe, high quality and cost effective anesthesia professionals who should practice to the full extent of their education and abilities.

According to a May/June 2010 study published in the journal *Nursing Economic\$*, CRNAs acting as the sole anesthesia provider are the most cost-effective model for anesthesia delivery, and there is no measurable difference in the quality of care between CRNAs and other anesthesia providers or by anesthesia delivery model.¹ An August 2010 study published in *Health Affairs* showed no differences

¹ Paul F. Hogan et al., "Cost Effectiveness Analysis of Anesthesia Providers." *Nursing Economic\$*. 2010; 28:159-169. http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf

in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.² Researchers studying anesthesia safety found no differences in care between nurse anesthetists and physician anesthesiologists based on an exhaustive analysis of research literature published in the United States and around the world, according to a scientific literature review prepared by the Cochrane Collaboration, the internationally recognized authority on evidence-based practice in healthcare.³ Most recently, a study published in *Medical Care* (June 2016) found no measurable impact in anesthesia complications from nurse anesthetist scope of practice or practice restrictions.⁴

II. CRNAs Use a Multi-Modal Pain Management Approach which may Reduce Patient Need for and Reliance on Opioids

The AANA is aware of the increasing opioid drug crisis and believe that CRNAs can play a key role in the process of working toward solutions to curb this epidemic. The Centers for Disease Control and Prevention reports that the problem with misuse of prescription drugs is related to high levels of prescribing of such medications – for example, in 2016 prescribers wrote 66.5 opioid and 25.2 sedative prescriptions for every 100 Americans.⁵ Suffering from chronic and acute pain is a personal experience that, if left undertreated or mismanaged, can radically change an individual’s quality of life and impact important relationships. The AANA believes that one method to help treat chronic and acute pain, while providing the maximum benefit to the patient that will help prevent reliance on opioids, is to utilize a patient-centered, multidisciplinary, multimodal treatment approach to pain management as a primary pain management modality. Acute and chronic pain is best treated and managed by an interdisciplinary team that actively engages with the patient to diagnose and manage their pain for improved well-being, functionality, and quality of life. As members of the interdisciplinary team, CRNAs are well positioned to provide holistic, patient-centered, multimodal pain treatment and management across the continuum of pain and in all clinical settings (e.g.,

² B. Dulisse and J. Cromwell, “No Harm Found When Nurse Anesthetists Work Without Physician Supervision.” *Health Affairs*. 2010; 29: 1469-1475. <http://content.healthaffairs.org/content/29/8/1469.full.pdf>

³ Lewis SR, Nicholson A, Smith AF, Alderson P. Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients. *Cochrane Database of Systematic Reviews* 2014, Issue 7. Art. No.: CD010357. DOI: 10.1002/14651858.CD010357.pub2. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010357.pub2/abstract>

⁴ Negrusa B et al. Scope of practice laws and anesthesia complications: No measurable impact of certified registered nurse anesthetist expanded scope of practice on anesthesia-related complications. *Medical Care* June 2016, http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Scope_of_Practice_Laws_and_Anesthesia.98905.aspx.

⁵ The Centers for Disease Control and Prevention, “Annual Surveillance Report of Drug Related Risks and Outcomes” (2017), <https://www.cdc.gov/drugoverdose/pdf/pubs/2017-cdc-drug-surveillance-report.pdf>

hospitals, ambulatory surgical centers, offices, and pain management clinics).⁶

As a main provider of pain management services, CRNAs are uniquely skilled to provide both acute and chronic pain management in a patient centered, compassionate and holistic manner. As anesthesia professionals, CRNAs are qualified pain practitioners who work in many practice settings to treat patients suffering from a wide range of acute and chronic pain conditions. Many patients rely on CRNAs as their primary pain specialist. CRNA chronic pain management practitioners can minimize the use of opioids to address chronic pain through the use of a multimodal approach that includes pharmacologic and non-pharmacologic pain mitigation strategies. Furthermore, the holistic approach that CRNA pain management practitioners employ when treating their chronic pain patients may reduce the reliance on opioids as a primary pain management modality, thus aiding in the reduction of potential adverse drug events related to opioids. This is shown in a recent study which calls for an increased number of nursing pain specialists “to not only implement aggressive acute pain care to prevent chronic pain but also to effectively treat chronic pain with evidence-based integrative therapies that include multimodal analgesia, interventional techniques, and complementary and alternative approaches to pain management.”⁷

In developing the plan of care for the patient, CRNAs obtain patient history, evaluate the patient, order and review necessary diagnostic testing, and assess the patient’s psychological and emotional state. Non-pharmacologic pain mitigation techniques are often employed in the treatment of chronic pain and considered as part of the care plan. These techniques may include patient education regarding behavioral changes that can decrease pain, such as weight loss, smoking cessation, daily exercise, stretching, and physical or chiropractic therapy. Such therapies may not be sufficient when used alone, but they have significant benefit when they are used in a complementary manner with other therapies.

As anesthesia professionals, our goal is to decrease or eliminate the need for opioids by collaborating with the patient and the interdisciplinary team on a comprehensive plan for pain relief known as enhanced recovery after surgery, or ERAS⁸. Because CRNAs personally administer more than 43 million anesthetics to patients each year in the United States, their services are crucial to the successful

⁶ AANA Chronic Pain Management Guidelines, September 2014, available at: <http://www.aana.com/resources2/professionalpractice/Pages/Chronic-Pain-Management-Guidelines.aspx>.

⁷ Schoneboom B et al. Answering the call to address chronic pain in military service members and veterans: Progress in improving pain care and restoring health. *Nursing Outlook* June 2016.

⁸ AANA. Enhanced Recovery. www.aana.com/enhancedrecovery.

development and implementation of techniques such as anesthesia ERAS programs. CRNAs and other anesthesia professionals play an integral role in these episodes of care as proper anesthesia services management can make a tremendous difference in terms of improving patient flow, patient safety, and cost savings.⁹ Conversely, research shows that suboptimal care in the preoperative, intraoperative, or postoperative phases of surgery may compromise care, resulting in poor patient outcomes and unnecessarily higher healthcare costs.¹⁰¹¹

For surgical pain, using specific protocol-driven ERAS pathways improves patient outcomes by reducing the patient's stress response to surgery, shortening the overall hospital length of stay, and accelerating the return to normal daily function. The patient's pain management plan of care begins pre-procedure and continues through post-discharge using opioid-sparing techniques such as regional anesthesia including placement of epidural catheters, targeted peripheral nerve blocks, non-pharmacologic approaches, and non-opioid based pharmacologic measures. The evidence is quite clear that careful assessment, evaluation, and treatment of acute pain, with appropriate prescribing of an opioid, may prevent access to unused opioids and development of opioid dependency and abuse. Though individual elements of an ERAS pathway are beneficial, implementation and compliance with patient appropriate elements of a comprehensive pathway across the entire perioperative continuum have been shown to improve outcomes.¹²

By virtue of education and individual clinical experience and competency, a CRNA may also practice chronic pain management utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. From entry into practice education and certification through ongoing education and skills acquisition throughout their

⁹ See for example Rice AN, Muckler VC, Miller WR, Vacchiano CA. Fast-tracking ambulatory surgery patients following anesthesia. *J Perianesth Nurs*. Apr 2015;30(2):124-133. Also see Kimbrough CW et al. Improved Operating Room Efficiency via Constraint Management: Experience of a Tertiary-Care Academic Medical Center. *Journal of the American College of Surgeons* 2015; 221: 154-162.

¹⁰ Miller TE, Roche AM, Mythen M. Fluid Management and Goal-Directed Therapy as an Adjunct to Enhanced Recovery After Surgery (ERAS). *Canadian Journal of Anesthesia* 2015; 62 (2)" 158-168.

¹¹ See for example Boulind CE, Yeo M, Burkill C, et al. Factors predicting deviation from an enhanced recovery programme and delayed discharge after laparoscopic colorectal surgery *Colorectal Dis*. 2011;14:103-110; Miller TE, Thacker JK, White WD, et al. Reduced length of hospital stay in colorectal surgery after implementation of an enhanced recovery protocol. *Anesth Analg*. May 2014;118(5):1052-1061; and Enhanced recovery care pathway. A better journey for patients seven days a week and better deal for the NHS. National Health Service 2012-2013. <http://www.nhs.uk/resource-search/publications/enhanced-recovery-care-pathway-review.aspx>. Accessed February 25, 2015.

¹² American Association of Nurse Anesthetists Enhanced Recovery After Surgery, <https://www.aana.com/practice/clinical-practice-resources/enhanced-recovery-after-surgery>

career, CRNAs provide robust, patient centered acute and chronic pain management services. Prescriber education is also essential to curbing the opioid epidemic, and CRNAs are also well-positioned to educate clinicians and patients alike on the minimization or elimination of prescribed opioids for both acute and chronic pain management. The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) offers a voluntary nonsurgical pain management (NSPM) subspecialty certification for CRNAs.¹³ The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) requires acute and chronic pain management content in the curriculum of the 120-accredited nurse anesthesia educational programs, and for continued learning, the AANA offers CRNAs a continuum of educational resources for pain management practice. These resources include advanced acute and chronic pain management workshops for CRNAs to enhance their skills to improve quality of life and to mitigate complications associated with opioid use and misuse. The AANA, State Nurse Anesthetist Associations, universities and other stakeholders play an active role in CRNA education and professional development, reinforcing how to safely integrate and, when appropriate, eliminate opioids in acute and chronic pain management. Professional development opportunities include educational webinars, online continuing education, conferences, and peer reviewed publications. Additionally, Texas Christian University, the University of South Florida, and Middle Tennessee School of Anesthesia offer fellowships to CRNAs seeking to further specialize in this growing field.

In addition to the education efforts by the AANA, the AANA along with the American Association of Colleges of Nursing and other APRN organizations are developing a joint online educational series that will serve as a resource for practicing nurses, faculty, and students on opioid topics. As part of this initiative, these organizations presented four webinars in the Fall of 2016 to provide an overview of the current need to address opioid use disorder and overdose; integration of timely content into education program curricula; and the Centers for Disease Control and Prevention's (CDC) new prescribing guideline.

III. Remove Barriers to the Use of Medically Necessary CRNA Pain Management Services and Invite the AANA to Collaborate in the Development of Future Measurement Concepts Regarding Non-Opioid Pain Management Interventions

¹³ See: <http://www.nbcna.com/NSPM/Pages/Non-Surgical-Pain-Management.aspx>.

CRNAs have for many decades and continue to provide access to acute and chronic pain management services in their community. However, there are barriers that limit the use of medically necessary CRNA pain management services. For instance, private health plans, Medicare administrative contractors and Medicaid plans, have developed policies that limit CRNAs from providing and being reimbursed for medically necessary chronic pain management services, absent any evidence to support such policies. Furthermore, leading physician subspecialty organizations in pain management research, practice guideline development, and education are known to use economic and advocacy means to exclude other members of the pain management team, such as CRNAs, from educational and practice opportunities, thereby limiting patient access to care, diagnosis, treatment, and ultimately improved patient quality of life. A report issued in April 2015 by the Federal Trade Commission (FTC), “Competition and the Regulation of Advanced Practice Registered Nurses,” underscores the point that for CRNAs and other APRNs, “even well intentioned laws and regulations may impose unnecessary, unintended, or overbroad restrictions on competition, thereby depriving health care consumers of the benefits of vigorous competition.”¹⁴

Therefore, as the agency seeks to explore future measurement concepts for future work, we recommend that the agency be cognizant of these barriers and ensure that the Medicare and Medicaid programs do not impose barriers that limit a CRNA’s ability to provide comprehensive medically necessary pain management care. In the interest of patients and the public, the education, regulation, and reimbursement of each member of the pain management team should allow the team to practice to the full extent of their education and training. These programs should not contain barriers that limit the use of these medically necessary CRNA pain management services.

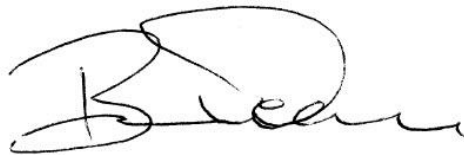
Furthermore, the AANA welcomes the opportunity to serve as member of any multidisciplinary collaborative or task force created by CMS and measure developers to explore additional measurement concepts for future work, such as the use of non-pharmacological or non-opioid pain management interventions. CRNAs can provide a valuable perspective along with experiential knowledge as they are more frequently managing patients’ pain management needs in a compassionate and holistic manner. As further evidence that CRNAs bring pragmatic and empirical knowledge on this subject, we are seeing increased representation by CRNAs on important federal boards, groups, and bodies where they advocate for the important role that CRNAs play in healthcare and in the pain management

¹⁴ Federal Trade Commission. Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses, March 2014, p. 1.

realm. For example, AANA Chief Learning Officer Bruce Schoneboom, PhD, CRNA, FAAN was recently appointed to the Department of Health and Human Services' newly created Pain Management Best Practices Inter-Agency Task Force to help provide advice and recommendations for development of best practices for pain management and prescribing pain medication.

The AANA appreciates this opportunity to comment on this proposal. Opioid abuse and misuse is a significant national problem that has grown substantially over the past few years. CRNAs are an underutilized resource in combating the opioid epidemic and are exceptionally qualified to help eradicate this crisis. Should you have any questions, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202-741-9080 or rkohl@aanadc.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Weiner', with a large, stylized 'B' and a long, sweeping underline.

Bruce A. Weiner, DNP, MSNA, CRNA
AANA President

Cc: Randall Moore II, DNP, MBA, CRNA, AANA CEO
Ralph Kohl, AANA Senior Director of Federal Government Affairs
Randi Gold, MPP, AANA Senior Associate Director Federal Regulatory and Payment Policy