Surviving the Titanic

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Author's disclosures of potential conflicts of interest are found at the end of this article.

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Abstract

Health care as we know it is in trouble. Most people agree that reform is needed (new models of care and more cost-effective care), but who can answer the overwhelming number of questions that come to mind? And how will anyone ever agree? This past April, the Centers for Medicare & Medicaid Services (CMS), part of the Department of Health and Human Services, published a proposed regulation recommending the implementation of accountable care organizations (ACOs). The goal of this proposal is to place primary care providers (physicians) at the helm of coordinating patient care, utilizing evidence-based practice, and containing costs. Many in the oncology community are concerned because this proposal has completely neglected cancer care. In addition, the CMS proposal largely disregards the contributions of nurse pracitioners, clinical nurse specialists, and other advanced practitioners. This commentary addresses these and other issues of health-care reform relevant to the oncology advanced practitioner community.

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To say that we live in tumultuous times is definitely an understatement. Our nation's debt crisis, instability in the stock market, unemployment, white collar scandals—it is all overwhelming. Who do you believe? Who do you trust? How do you sort fact from fiction? In addition to these uncertainties, there is health-care reform, with many complex and confusing proposals on the table and a diverse group of players vying for control or influence.

A couple of years ago I attended a meeting of about 20 individuals in Washington, DC. We were meeting together as a board and individually with legislators and representatives from the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS). The comment was made that the CMS was just "moving deck chairs around on the Titanic." That statement continues to ring true. Health care as we know it is sinking; it is quickly imploding under the current fragmented system and unsustainable costs. Everyone agrees we need reform (i.e., new models of care and more cost-effective care), but the obvious questions come to mind: How can we accomplish this health-care reform while maintaining the highest quality, investing in research, applying the latest technologies, keeping the door open so patients will have access to this care, and all the while maintaining compassion and ethics? What will this look like? Who will be at the helm?

On April 7, 2011, as part of the current administration's health-care reform bill, the Patient Protection and Affordable Care Act (HR 3590; Afford-

able Care Act [Fed. Reg. Vol. 76, No. 67, pp.19528–19654]), CMS published a proposed regulation recommending implementation of accountable care organizations (ACOs) entitled "Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations" (CMS 1345-P; CMS, 2011). Briefly, the goal of this proposed regulation is to place primary care providers (physicians) at the helm of coordinating patient care, utilizing evidence-based practice, and containing costs. It would be impossible in this short article to fully explain this 429-page proposal, but if you are looking for some "light" reading during your vacation I would refer you to the Community Oncology Alliance website (www.community-oncology.org), where you can easily link to their reading room to find the full document/proposal (CMS, 2011). Or go to the American Nurses Association (ANA) website, www.NursingWorld.org, to read its "Accountable care organizations (ACOs)-101" (ANA, 2011a).

Many in the oncology community are concern-ed because this proposal has completely neglected cancer care. Patrick Cobb and Ted Okon (2011) wrote an excellent, concise editorial for OncologySTAT entitled, "Is there a home for oncology in ACOs?" in which they point out that:

> ...not one of the 65 proposed quality measures deals with cancer care/treatment. Two of the preventive measures relate to mammography and colon cancer screening, but treatment is left out of the picture. As a result, an oncology provider participating in an ACO will be under enormous pressure to simply control or reduce costs...new therapies will threaten to break the ACO bank, putting the pressure squarely on the oncologist to either keep the patient's best interest or that of the ACO as highest priority. (p. 1, paragraph 8)

The authors cite an article by John D. Sprandio, MD, from the December 2010 issue of *Community Oncology*, entitled, "Oncology patient-centered medical home and accountable cancer care" (Eagle & Sprandio, 2010). Dr. Sprandio described how his practice collaborated with local and national payers to develop a pilot program that he refers to as an "oncology patient-centered medical home" (p. 565). The concept was innovative and proactive, and clearly portrayed the increased complexity of cancer care and how the oncology patient-centered medical home can be a cost-effective solution to counter the problem of fragmented care.

One drawback of the *Community Oncology* article is that Dr. Sprandio never credited nursing or advanced practitioners as helping to make this possible. His practice's website lists three advanced practice nurses (APNs) and four "executive" registered nurses (RNs). Wouldn't it have been wonderful to see at least one APN as a coauthor or at least some reference to their contributions? It is hard to imagine his group was able to achieve the recognition it has without the intricate and vital involvement of its nurses or advanced practitioners. The success of the oncology community today depends on nurses and advanced practitioners (APs). As nurses, APNs, and APs—health-care providers—we must define our contributions to our physician peers, public/community members, payers, and legislators. Advanced practitioners need to be more vocal, visible, and proactive as we move forward in health-care reform. We must be advocates for our patients and our profession.

The ANA has also expressed concern about CMS's ACO proposal. In the ANA's letter of May 31, 2011 (ANA, 2011b), written in response to CMS, they state:

> ANA believes that CMS has largely neglected to include the contributions of nursing in its provisions and parameters describing integrated practice in general, and the ACO in particular. Care coordination is a building block on which much of the ACO quality improvement and cost control provisions are built. And care coordination is a core competency for the nursing profession; it is what nurses do. Yet the proposed rule largely disregards the contributions of professional nursing in both clinical services and patient management, and as a result, loses the opportunity for real cost savings. Lastly, this oversight has the potential to ignore the needs of the many Medicare ben-

UPDATE: As we went to press, the final rule on the section of the Affordable Care Act dealing with ACOs was implemented (approved October 19, 2011; scheduled for printing November 2, 2011). In the coming weeks, check the JADPRO website (www.advancedpractitioner.com) for further commentary about how this ruling will affect oncology advanced practitioners. Access the complete final rule at http://bit.ly/s1jJmj

> eficiaries who call nurse practitioners (NPs), clinical nurse specialists (CNSs), and certified nurse-midwives (CNMs) their "primary care providers." This can create confusion that threatens patient choice and the patient-provider relationship. (p. 2, paragraph 2).

As of October 28, 2011, the Oncology Nursing Society (ONS) has not made any public statement regarding ACOs. In a phone conversation and follow-up email, Alec Stone, MA, MPA, ONS's director of health policy, informed me that "ONS has not taken a formal position; we are working to get ONS on the record. We are working with ANA and others tracking this issue." The Oncology Nursing Society (ONS, 2007) does have a position paper on the role of APNs in oncology on its website (which is certainly a tool we can use as we meet with payers and legislators). Though the window of opportunity to submit formal comments to CMS has passed, APNs should share their thoughts and concerns with ONS in an effort to ensure their concerns are heard and to provide insight moving forward in health-care reform.

Of concern to the APN community, as well as to other advanced practitioners, is the fact that CMS has only referred to physician leadership in the ACOs. Though the proposal defines APNs as "ACO professionals" (CMS 1345-P, p. 40), this needs to be further dissected. One should read carefully CMS 1345-P, pages 139–140, regarding fee-for-service:

> Therefore, for purposes of the Shared Savings Program, the inclusion of practitioners described in section 1842(b)(18)(C)(i) of the Act, such as PAs and NPs in the statutory definition of the term "ACO professional" is a factor in determining the entities that are eligible for participation in the program (e.g., "ACO professionals in group practice arrangements" in section 1899(b)(1)(A) of the Act). However, assignment of beneficiaries to ACOs is to be determined only on the basis of primary care services provided by ACO professionals who are physicians. (p. 140, paragraph 2).

Accountable care organizations are still very much in debate. The Centers for Medicare & Medicaid Services was accepting comments until June 6, 2011. On June 3, 2011, *The Wall Street Journal* pointed out that 93% of members in the American Medical Group Association had responded that they wouldn't enroll in the CMS-proposed ACO program (Wilde-Mathews, 2011). In addition, Dr. Douglas Wood, chairman of health policy and research at the Mayo Clinic, well known as being a model program in health care, made it known that, "The gap between Mayo's way of staying accountable and the government's regulations may prove too wide to bridge." (Spencer & Herb, 2011).

We know that nurses, APNs, and APs are critical to the success of any reform whether in oncology, primary care, or any other specialty. We must ensure that *everyone* knows. We must seize the moment or sink with the ship! Nurses represent the largest group of health-care professionals in the nation. For the 11th year in a row (Jones, 2010) nurses have been recognized as the most trusted profession, rating highest in honesty and ethics in the Gallup Poll, higher than any other profession! It is time we take advantage of our number and the public's trust. I truly believe that if advanced practitioners were at the helm (or at least invited to copilot this endeavor), health care would survive the Titanic reform that looms ahead, and our patients would as well. It is time that we make known our contributions and our value, while at the same time maintain our integrity, passion for excellence, and compassion for those who trust and are entrusted to our care.

Use your smartphone to access the ANA's primer on accountable care organizations (ACOs) and the OncologySTAT editorial on ACOs and oncology.

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DISCLOSURE

The author has no conflict of interest to disclose.

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