Saturday, July 26, 2014 – 2:30 PM – 3:00 PM

Trust, But Verify: Oncology Nurses’ Impact on Public Policy

Speaker:
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Full Disclosure: Nothing to disclose

Objectives:
1. Define ONS’ Health Policy Agenda.
2. Identify ways to create chapter advocacy programs to motivate members to reach policy makers.

Notes:
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Leadership-Mentorship 2014

ONS Health Policy Agenda
2013-2014

ONS respectfully calls on the U.S. Congress and the Obama Administration to:

• Promote and improve cancer symptom management and palliative care;
• Advance and ensure access to quality cancer prevention and care; and
• Bolster the nation’s nursing workforce to safeguard public health

ACA Highlights

• Require U.S. citizens and legal residents to have health insurance.
  • Immediate access to coverage for uninsured with serious pre-existing conditions in high-risk pools.
  • No lifetime limits for all plans; phase-out of annual limits by 2014.
  • No rescissions except in the case of fraud or intentional misrepresentation.
• Coverage of preventive health services.
• Dependent coverage extended until age 26.
• Reduction in Medicare Part D RX coverage gap.
ESSENTIAL HEALTH BENEFITS

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health/substance use services, behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

ACA and Cancer Care

- Immediate creation of high-risk pools for those with pre-existing conditions, who are uninsured.
- More affordable coverage, due to elimination of annual and life-time caps on benefits and prohibition of gender rating.
- Portability and continuity of coverage for people with cancer or history of cancer, by eliminating pre-existing condition limitations.
- Guaranteed coverage, even if a patient becomes sick. Prohibition of eligibility based on health status.
- Increased access to early detection, prevention, treatment, and follow-up care for those previously without coverage.
- Improved access and coverage of prescription drugs for Medicare beneficiaries.
- Provision of evidence-based preventive and early detection measures without co-payments (private insurance/plans).
- Assured coverage of participation in clinical trials.

Health Services Accessible Under ACA

- No cost to prevention services such as cancer screenings (mammograms, colonoscopies), counseling on smoking cessation, weight loss, nutrition, depression.
- HHS convenes a pain conference, followed by a report on the findings that will establish priorities for basic and clinical research at NIH.
- Provides coverage for Voluntary Advance Care Planning consultation between Medicare enrollees and APNs to discuss care planning, advance directives, wills/powers of attorney.
- Directs the Secretary of HHS to establish a pilot program to reward NPs who make their offices a “medical home” for patients by being fully available to patients for coordinated and comprehensive care.
- Hold Harmless Clauses: stating that “nothing in this section shall be construed as preventing a nurse practitioner from leading a patient centered medical home.”
ACA Nursing Provisions

- Increases loan repayment benefits for each National Health Service Corps member to a maximum $50,000 per year.
- Expands the Nurse Loan Repayment and Scholarship Programs to provide loan repayment for students who serve at least two years as a faculty member.
- Increases the Nurse Faculty Loan Program amounts to $35,000.
- Creates $638 million for Title VIII programs, from $178 million, through HRSA for nursing workforce.
- Recognizes nurse-managed care model as important to efficient, cost-effective primary health care.
- Establishes a Public Health Workforce Corps to address shortages.
- Provides funding for public health funding programs, diversity grants.
- Enhances grants for nursing students to practice in underserved areas.

Education Elements to ACA

- Medicare Graduate Nursing Education Demonstration Program
  - Payments to hospitals for training costs for APNs to provide primary/preventive care
- Title VIII of the Public Health Services Act
  - Pays 85% of a student’s loans for 3 years of service and suspends 85% of Masters/PhD loans for teaching.
- U.S. Public Health Service Track Funding
  - 250 nursing students, 100 NP students.

CMS Models of Innovation for Care

- Accountable Care Accountable Care Organizations
- Bundled Payments for Care Improvement Medicare
- Primary Care Transformation Primary Care
- Initiatives Focused on the Medicaid and CHIP Population Medicaid and the Children’s Health Insurance Program (CHIP)
- Initiatives Focused on the Medicare-Medicaid Enrollees The Medicare and Medicaid programs
- Adoption of Best Practices
- Accelerate the Development and Testing of New Payment and Service Delivery Models
FDA and Access to Opioids

- On July 9, 2012, FDA approved a risk evaluation and mitigation strategy (REMS) for extended-release (ER) and long-acting (LA) opioid medications.
- ER/LA opioids are highly potent drugs that are approved to treat moderate to severe persistent pain for serious and chronic conditions (list of ER/LA opioid products). The misuse and abuse of these drugs have resulted in a serious public health crisis of addiction, overdose, and death.
- The REMS is part of a multi-agency federal effort to address the growing problem of prescription drug abuse and misuse. The REMS introduces new safety measures to reduce risks and improve safe use of ER/LA opioids while continuing to provide access to these medications for patients in pain.

NIH Pain Research

- Pain affects more Americans than diabetes, heart disease and cancer combined.
- Pain is cited as the most common reason Americans access the health care system. It is a leading cause of disability and it is a major contributor to health care costs.
- According to the National Center for Health Statistics (2006), approximately 76.2 million, one in every four Americans, have suffered from pain that lasts longer than 24 hours and millions more suffer from acute pain.
- Chronic pain is the most common cause of long-term disability.
- The diversity of pain conditions requires a diversity of research and treatment approaches.
- Pain can be a chronic disease, a barrier to cancer treatment, and can occur alongside other diseases and conditions (e.g., depression, post-traumatic stress disorder, traumatic brain injury).
- Behavioral interventions for pain also demonstrate promise for providing pain relief either in conjunction with or in lieu of drug interventions. For example, NIH-supported research has demonstrated that individualized pain-management programs may reduce cancer pain for some patients.
- The NIH is poised to make major discoveries that will improve health outcomes for individuals experiencing acute or chronic pain by applying opportunities in genomics and other technologies to improve our understanding of the fundamental causes of pain.
- The NIH Pain Consortium (http://painconsortium.nih.gov), an effort involving 23 NIH Institutes, Centers, and Offices, promotes collaboration among the various NIH programs that support pain research and provides strategic direction for accelerating advances in pain prevention, and treatment.
- The Patient Protection and Affordable Care Act has established an Interagency Pain Research Coordinating Committee, led by NRS, to assess and coordinate pain research efforts across the Federal government.

NINR Strategic Plan for Palliative Care

To advance palliative and end-of-life care, NINR will support research to:
- Improve understanding of the complex issues and choices underlying palliative and end-of-life care
- Develop and test biobehavioral interventions that provide palliative care for chronically ill individuals across the lifespan, including those from diverse populations
- Develop and test strategies to minimize the physical and psychological burdens on, and better maintain the health of, caregivers, particularly when the person for whom they are caring nears the end of life
- Determine the impact of providers trained in palliative and end-of-life care on health care outcomes
- Create new communication strategies among clinicians, patients, families, and communities to promote decision making regarding complex treatment and care options in the face of life-threatening illness
IOM Report: The Future of Nursing

Four key messages:
- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.

ONS Legislation: The “Improving Cancer Treatment Education Act 2012”

Medicare coverage of comprehensive cancer patient treatment education services:
- In the case of an individual who is diagnosed with cancer, the provision of a one-hour patient treatment education session delivered by a registered nurse that:
  - “(i) is furnished to the individual and the caregiver (or caregivers) of the individual in advance of the onset of treatment and to the extent practicable, is not furnished on the day of diagnosis or on the first day of treatment;
  - “(ii) educates the individual and such caregiver (or caregivers) to the greatest extent practicable, about all aspects of the care to be furnished to the individual, informs the individual regarding any potential symptoms, side effects, or adverse events, and explains to the individual how to minimize and health and well-being maximized, and provides guidance regarding those side effects to be reported and to which health care provider the side effects should be reported.”

What’s in your toolbox?
- Grassroots Advocacy
- Grass Tops Influence
- Expertise
- Personal Stories
- Constant Contact
- Using the Tools In Your Arsenal
- Trusted Advisor
- Calling Not A Career
- One Person Can Make A Difference
Coalition Work: Partnerships

- American Nurses Association (ANA)
- Association of Community Cancer Centers (ACCC)
- Campaign for Tobacco Free Kids (CFTFK)
- Health Professions and Nursing Education Coalition (HPNEC)
- National Coalition for Cancer Research (NCCR)
- National Coalition for Cancer Survivors (NCCS)
- National Comprehensive Cancer Network (NCCN)
- National Patient Advocate Foundation (NPAF)
- Nursing Community (NC)
- One Voice Against Cancer (OVAC)
- Pain Care Forum

You are the Message

- Nurses are the most trusted public health professionals;
- Oncology Nurses are the elite within the field;
- ONS is helping oncology nurses educate Congress about patients, practices, research, education, and workforce, because YOU are the trusted experts;
- Your voice makes a difference!

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