



November 9, 2011

Honorable Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Avenue Southwest
Washington, DC 20201

Dear Secretary Sebelius:

The 45 undersigned organizations comprising the Nursing Community, a forum for national professional nursing organizations to collaborate on a wide spectrum of healthcare issues, is concerned about the continued use of physician-centric language by federal officials within the Department of Health and Human Services (HHS). As our health system makes the changes necessary to provide primary and preventive care to millions more Americans, it is critical that policymakers and the public understand and promote the role of registered nurses and other non-physician clinicians. This point is emphasized in the Institute of Medicine's landmark report, *Future of Nursing: Leading Change, Advancing Health*, which calls for nurses to be full partners with other healthcare professionals in redesigning health care in the U.S.

The Nursing Community represents the interests of the registered nurses who practice in all roles and settings. Our members also include Advanced Practice Registered Nurses (APRNs) such as nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). Given our interest in promoting the role of all nurses in American's health, we call on HHS and its many agencies to use provider-neutral language to acknowledge the significant contributions of the wide array of professionals who meet the health needs of our nation.

HHS and the Surgeon General are to be complimented on the recent publication of the National Prevention Strategy Report. It is an exemplary document crystallizing the country's public health strategies while at the same time also epitomizing the use of provider-neutral language. It appropriately refers to "clinicians" and "providers" when "physicians" is not the specific reference needed. All healthcare clinicians can read this report and see their own roles reflected with respect to providing preventive services to their patients and their communities.

The Nursing Community recognizes that sometimes language adopted by Congress dictates the terminology used by HHS agencies. Often, however, use of the terms "physician" or "doctor" is not required by law. Discretionary use of the term "physician," to loosely describe all types of healthcare professionals reflects a certain bias and sends the wrong signal about the value of the important work of other healthcare providers.

Recent examples of language that is exclusionary and physician-centric include:

- In a HealthCare blog entry on October 17, 2011 titled *The Affordable Care Act: Helping You Spend More Time With Your Doctor, Reducing Costs*, the word "physician" is used 21 times. There are a few mentions of "... doctors, nurses, and other ...". We find this to be disheartening

considering in 2009, 92,472 APRNs directly billed Part B carriers for providing \$1.9 billion in approved charges for services to Medicare beneficiaries with whom they have direct and professional interactions. In fact, nearly 40% of the providers who treat Part B patients are not medical doctors or doctors of osteopathy. In addition to the APRNs, there were nearly 300,000 audiologists, dentists, dieticians, optometrists, physician assistants, psychologists, and other clinicians addressing the health needs of the nation.

That HealthCare blog addresses readers with respect to “your doctor” and “to the primary care doctors we need to be the quarterbacks of the 21st century health care system we want.” Yet, as many in the healthcare community truly believe, the healthcare system we want is patient-centered, where team-based care is provided by a multitude of clinicians who coordinate care and interact collaboratively. You mention “. . . taking cues from practices in some of the best health care systems in the country, where we’ve learned that these networks lead to better care and lower costs.” It is also well known, however, that most of those systems rely on the extensive use of APRNs to maintain efficiency, high quality, and improved patient satisfaction.

- The Department’s surveys from AHRQ, NCHS, and CMS continue to focus first on physicians. CMS, for example, can be commended for assessing the patient experience of care in both the hospital outpatient and ambulatory surgical settings. However, use of the AHRQ-developed Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surgical Care Survey as a proposed measure focuses on physicians only. This survey utterly fails to capture patient experience with all types of anesthesia professionals, including CRNAs, or with nurses of any kind whose care is critical to surgical patients.

The Public Health Service Act (42 U.S.C. §242k) directs the Secretary of Health and Human Services, through NCHS, to collect statistics on “. . . utilization of health care, including utilization of ambulatory health services by the specialties and types of practice of the health professionals providing such services . . .” Nonetheless, for decades the NCHS has collected information on office-based physicians only using the PHS Act as justification. Despite many requests from members of the nursing community to collect data on APRNs and other non-physician clinicians in ambulatory settings, these valuable data points have not been obtained.

- Also in August 2011, CMS revised the *Medicare Physician Guide*. Often the text references “physicians and other non-physician practitioners” (NPPs). There are appropriate references specific to physicians, for example, with respect to supervision and “incident to” services, but those references are also intended to inform the NPPs on their appropriate roles under those circumstances. There is useful information for virtually all Medicare Part B providers—not just physicians. Other than for historical reasons, this document could be called the Medicare Clinician Guide or even the Medicare Part B Non-Institutional Provider Guide.

The Nursing Community recognizes that the majority of Medicare providers are currently physicians. CMS Actuaries, however, project that by 2025, the Medicare program will grow by 50%, adding 24 million net new beneficiaries. Under the *Affordable Care Act*, 30 million or more Americans will gain health insurance coverage and will be seeking additional primary care. The U.S. total primary care workforce will increase, but only at a fraction of the amount required. Not utilizing all clinicians to the full extent of their training and capabilities would be disastrous. APRNs are vital providers of high-quality care within Medicare, and their participation in the program will continue to grow with the renewed focus on care coordination and prevention and increased beneficiary demand. Further, Americans of all ages will continue to rely on access to the services of other clinicians in addition to physicians.

We appreciate the opportunity to share our views on this matter. We would be happy to speak with HHS and/or CMS leadership and staff further. Please feel free to contact Michelle Artz at michelle.artz@ana.org or 301-628-5087.

Sincerely,

Academy of Medical-Surgical Nurses
American Academy of Nurse Practitioners
American Academy of Nursing
American Assembly for Men in Nursing
American Association of Colleges of Nursing
American Association of Critical-Care Nurses
American Association of Nurse Anesthetists
American Association of Nurse Assessment Coordination
American College of Nurse Practitioners
American College of Nurse-Midwives
American Holistic Nurses Association
American Nephrology Nurses' Association
American Nurses Association
American Organization of Nurse Executives
American Psychiatric Nurses Association
American Society for Pain Management Nursing
American Society of PeriAnesthesia Nurses
Asian American and Pacific Islander Nurses Association
Association of Community Health Nursing Educators
Association of periOperative Registered Nurses
Association of State and Territorial Directors of Nursing
Association of Women's Health, Obstetric and Neonatal Nurses
Dermatology Nurses' Association
Gerontological Advanced Practice Nurses Association
Hospice and Palliative Nurses Association
Infusion Nurses Society
International Association of Forensic Nurses
International Nurses Society on Addictions
International Society of Nurses in Genetics
International Society of Psychiatric Nursing
National Association of Clinical Nurse Specialists
National Association of Neonatal Nurses
National Association of Neonatal Nurse Practitioners
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Black Nurses Association
National Coalition of Ethnic Minority Nurse Associations
National Gerontological Nursing Association
National Nursing Centers Consortium
Nurses Organization of Veterans Affairs
Oncology Nursing Society
Preventive Cardiovascular Nurses Association
Public Health Nursing Section, American Public Health Association
Society of Urologic Nurses and Associates
Wound, Ostomy and Continence Nurses Society