AAOS
American Academy of Orthopaedic Surgeons
American Association of Orthopaedic Surgeons

February 24, 2016

Attention: Eric Gilbertson
Centers for Medicare & Medicaid Services MACRA Team
Health Services Advisory Group, Inc.
3133 East Camelback Road
Suite 240
Phoenix, AZ 85016-4545

Submitted electronically via MACRA-MDP@hsag.com

Subject: DRAFT CMS Quality Measure Development Plan (MDP): Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)

Dear Mr. Gilbertson:

On behalf of the 18,000 board-certified orthopaedic surgeons who comprise the membership of the American Association of Orthopaedic Surgeons (AAOS) and the membership of a number of orthopaedic specialty societies, we are pleased to provide comments on the Centers for Medicare and Medicaid Services' (CMS) Draft Quality Measure Development Plan (MDP): Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). Solicitation of stakeholder comments on the draft Quality MDP is mandated by §102 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), and AAOS welcomes the opportunity to provide its input on the draft Quality MDP. We are joined in these comments by additional signatories from various orthopaedic specialty societies as detailed in the addendum.

The AAOS and specialty society signatories of this letter thank CMS in advance for its solicitation and consideration of the following comments and concerns. We are generally supportive of CMS' efforts to improve patient care and efficiency through quality measurement and payment evaluation and we structured our comments in the order that CMS is soliciting feedback in the Quality MDP document referenced above.

I. Comment Request: IOM Measures

CMS solicits comments with respect to how to use the measures identified by the Institute of Medicine (IOM) and approaches to develop remaining measures within the broad IOM categories

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that could be used in MIPS and APMs to support the transformation of the healthcare delivery system from fee-for-service to population-based accountability systems.

AAOS Response

The AAOS supports the use of evidence based performance measures and has an established program for developing evidence-based clinical practice guidelines. We follow standardized methodology and transparency of results in developing performance measures and would recommend the same. AAOS Evidence-Based Clinical Practice Guidelines are based on a systematic literature review of published studies. Multidisciplinary guideline development groups construct Evidence-Based Clinical Practice Guidelines to serve as an educational tool based on an assessment of the current published scientific and clinical information and accepted approaches to treatment. AAOS clinical practice guidelines meet all of the IOM standards for developing a trustworthy clinical practice guidelines. The process involves many steps to limit the risk of bias, incorporating a large number of experts on the topic under study via clinician work groups and peer review and public commentary stages. For more information on the development process for AAOS clinical practice guidelines, please view the Clinical Practice Guideline Methodology.[1] We have developed the OrthoGuidelines [2] (www.orthoguidelines.org), which is an online information resource providing up-to-date treatment guidelines to orthopaedic surgeons and professionals. The site lists orthopaedic guidelines sorted by strength, stage of care, and specialty.

The development of performance metrics that are relevant and minimize the burden on patients and providers remain a challenge. The AAOS urges CMS to create adequate infrastructure for measure development and recommends measures be developed with quality and patient safety as guiding principles. Cost containment measures may result in short term gains but not long term improvement in quality. Working toward uniformity of measures can simplify data collection and evaluation and minimize duplication of effort on measure development. We also need more specialty specific measures. As we move towards the implementation of MIPS and APMs there are some areas that need immediate attention from all stakeholders, including CMS:

- Development of specific quality measures for orthopaedic surgery that can be utilized and implemented across the entire specialty; and
- Refinement of the criteria to better reflect the unique characteristics of surgical specialty practices.

[1] The AAOS Clinical Practice Guideline Methodology is available at: http://www.aaos.org/uploadedFiles/PreProduction/Quality/Guidelines_and_Reviews/guidelines/Guideline%20and%20Systematic%20Review%20Processes_v1.0.pdf

[2] All content contained in ***OrthoGuidelines*** is the responsibility of the American Academy of Orthopaedic Surgeons (AAOS). ***OrthoGuidelines*** received funding from the Agency for Healthcare Research and Quality (AHRQ). For more details, refer to : http://www.orthoguidelines.org/

We recommend CMS look specifically at developing measures that encourage team-based care. We know team training can significantly reduce medical errors, especially in the operating room, and we believe measures encouraging this approach to care are an important and manageable improvement in quality measures for orthopaedic surgery.

II. Comment Request: Inclusion of Rural and Low-Volume Providers in MIPS

CMS solicits comments with respect to strategies to ensure meaningful inclusion of rural and other low-volume providers in MIPS.

AAOS Response

In an effort to support the transformation of healthcare delivery from fee-for-service to population-based accountability systems – an approach to using existing and developing remaining measures as identified by the IOM (please see above), there is an inherent need to avoid any unintended consequences of quality outcomes reporting. One important way to avoid such consequences is via a robust risk adjustment for case mix. Including functional outcomes is essential, as is stratifying by risk behaviors, medical comorbidities, and additional identified social and economic risk factors. Sicker and/or high-risk patients as well as those in rural areas may experience access-to-care challenges. To avoid unintended consequences of quality outcomes reporting noted above may necessitate "protecting" safety-net healthcare providers from poor outcomes associated with health system issues, patient population characteristics or health behaviors. To this end, meaningful inclusion of rural and low-volume providers, case mix, population characteristics and health behavior adjustments are essential.

The AAOS reinforces a balance in implementing public reporting systems between the need to improve the quality and efficiency of care and the importance of developing clinically valid and appropriately risk-adjustment performance measures that will ensure ongoing access for patients who are at higher risk of complications and poor outcomes. The AAOS supports ongoing research into performance measure development and proper risk adjustment of all publically reported outcome measures. Risk adjustment for age, sex, comorbidities, disease severity, and socioeconomic status allows measures to be believable and comparable across providers and delivery systems.

III. Comment Request: Priority Areas for Future Measures

The draft MDP takes into consideration priority areas for future measures for MIPS that CMS identified during the 2015 Measures under Consideration cycle as follows: *"MIPS has a priority focus on outcome measures and measures that are relevant for specialty providers. CMS identifies*

the following domains as high-priority for future measure consideration: 1) Person and caregiver-centered Experience and Outcomes – CMS wants to specifically focus on patient reported outcome measures (PROMs); 2) Communication and care coordination – measures addressing coordination of care and treatment with other providers; and 3) Appropriate Use and Resource Use." CMS is soliciting comments on the 2015 Measurers under Consideration as noted above and in accordance with MACRA requirements.

AAOS Response

The AAOS has been involved in the development and dissemination of musculoskeletal outcomes instruments since the mid-1990s. The AAOS instruments were originally designed to collect patient-based data for use in clinical practices to assess the effectiveness of treatment regimens and in musculoskeletal research settings to study the clinical outcomes of treatment. We are pleased to offer a number of Instruments developed by the AAOS in collaboration with orthopaedic specialty societies and related organizations on our web site for use by individuals and organizations without copyright restrictions or registration.[3]

We are committed to assisting CMS in developing PROMs. In addition, AAOS can assist by organizing panels of orthopaedic surgeons to define quality measures for treating arthritis of the shoulder, elbow, hip, knee, and ankle, as well as other high- value musculoskeletal conditions, or other high-cost, high-morbidity orthopaedic conditions including hip fractures in older adults. We believe including such quality measures would meet MACRA requirements and would facilitate adoption among orthopaedic surgeons and encourage their participation in the Medicare program, thereby increasing patient access to orthopaedic care.

IV. Comment Request: Aligning Clinical Practice Guidelines with Measure Development

To focus explicitly on the need for clinical guidance developers to address multiple chronic conditions, CMS and the IOM convened a meeting of expert stakeholders that developed *Multiple Chronic Conditions: A Strategic Framework.* CMS solicits comments on these recommendations as well as new approaches to aligning clinical practice guidelines with measure development.

AAOS Response

As the prevalence of multiple chronic conditions (MCC) increases among our aging population, as do the risk of poor outcomes including poor functional status, avoidable hospitalizations, adverse drug events, and ultimately, mortality. In addition, the resource implications for addressing

[3] AAOS Outcomes Instruments and Information available at : http://www.aaos.org/Quality/Patient_Safety/Outcomes_Instruments/Outcomes_Instruments/

multiple chronic conditions are immense; increased spending on Medicare beneficiaries is a key factor driving the overall growth in spending within the Medicare program. To this end, AAOS supports the Strategic Framework – a set of new and previously identified principles – developed by the U.S. Department of Health and Human Services (HHS) and the IOM to improve the health status of individuals with MCC.

As mentioned above, AAOS supports the use of evidence based performance measures and has an established program for developing evidence-based clinical practice guidelines that meet all of the IOM standards for developing a trustworthy clinical practice guidelines. Our OrthoGuidelines provide up-to-date treatment guidelines to orthopaedic surgeons and professionals. For example, chronic pain is among the most common condition experienced by patients with orthopaedic conditions, and OrthoGuidelines provides evidence-based treatment guidelines through all stages of care from preventative care to both surgical and non-surgical treatment through rehabilitation. This standardized approach to and the application and alignment of evidence-based clinical practice guidelines to measure development allows for successful care coordination and a team-centered approach to address the patient's overall health status, resulting in subsequent improved and measureable health outcomes among orthopaedic patients with MCC. We have developed and launched a mechanism for providing feedback at point of care through the Orthoguideline app [4].

Also, we believe that a standardized approach to the "cross" certification of clinical practice guidelines would be helpful to avoid duplication of efforts.

V. Comment Request: Measure Alignment and Development of Safety Measures

Where appropriate, CMS will align new measures with safety measures in other care settings. Measure topics to consider for development include medication errors, complications from procedures, and all-cause harm in the outpatient or ambulatory setting. CMS is soliciting comments and suggestions for development of measures in this domain.

AAOS Response

The AAOS has a published position statement on Medical Error/Patient Safety Reporting Systems [5] and is committed to ensuring patient safety and to decreasing medical errors. The AAOS urges that the goal should be to prevent patient harm and minimize health systems errors. Policies should encourage a constructive partnership between the federal government, hospitals, physicians, and other medical providers and personnel to initiate policies that can effectively

[4] The Orthoguideline app is free and available for Apple and android devices.
[5] AAOS Position Statement on Medical Error/Patient Safety Reporting Systems is available at: http://www.aaos.org/CustomTemplates/Content.aspx?id=22320

decrease medical error in the United States. Federal government patient safety initiatives should involve a broad range of public and private organizations, including medical specialty societies, to continually advance efforts to improve patient safety. The AAOS stands ready to work with a broad range of public and private agencies, including hospitals, medical professionals and others, to ensure safe patient practices and has designated this initiative as a high priority in its policies and advocacy.

VI. Comment Request: Measures Using Hybrid Data Sources

CMS promotes the development of measures using hybrid data sources to link information between care settings. CMS is soliciting comments and suggestions for development of measures in this domain.

AAOS Response

The hybrid method of measure development is used in situations where administrative data may be incomplete or may not capture all the information needed to calculate a measure. It is important to collect and publicly report meaningful information and support CMS' efforts to develop hybrid data sources; however, there is a need for a balance between administrative and clinical data because both have their advantages and disadvantages Administrative data is accessible, but is a blunt tool without information on comorbidities, severity, conditions that were present on admission, complications, patient satisfaction, patient education, and provide inadequate risk adjustment. Harvesting clinical data gives more accurate information, but places a significant work burden on physicians.

As physicians, we recognize there can be vast differences between groups of patients with the same diagnoses. Diabetes can be mild, controlled, brittle, or uncontrolled. The variations are difficult to measure and have significant implications on surgical decision making. Other conditions, such as a history of previous fracture in a patient undergoing knee replacement can make the surgery markedly more complicated, yet are difficult to accurately convey to public reporting systems. Further, there is growing evidence that patients' socioeconomic status has a profound influence on outcomes. In spite of the increased cost and burden in utilizing hybrid data sources, we support this initiative to facilitate the achievement of the triple aim[6] of optimizing healthcare system performance.

VII. Comment Request: Appropriate Use of Service Measurement

[6] The triple aim of optimizing healthcare system performance was created by the Institute for Healthcare Improvement (IHI) and focuses on assessing the healthcare systems performance improvement. The triple aim addresses improving quality and satisfaction of care, reducing cost of care, and improving the overall health of populations. Available at: http://www.ihi.org/Engage/Initiatives/TripleAim/pages/default.aspx

Measures of appropriate use of services, including measures of overuse, are identified as a priority for measure development under MACRA. Examples of overuse measures in PQRS include *Use of Imaging Studies for Low Back Pain.* CMS seeks comments as to relevant topic areas for the category of overuse but is also aware of the unintended consequence of underuse of services once overuse measures are implemented.

AAOS Response

The AAOS have publicly available Appropriate Use Criteria (AUC)[7] for various orthopaedic procedures and treatments. The AAOS uses the RAND/UCLA Appropriateness Method to develop AUCs. AAOS AUCs are developed using evidence-based information in conjunction with the clinical expertise of physicians from multiple medical specialties in order to improve patient care and obtain the best outcomes while considering the subtleties and distinctions necessary in making clinical decisions. View the AUC methodology for more details regarding the construction of AUCs. We will be happy to collaborate with CMS and other stakeholders in developing measures of appropriate use.

VIII. Comment Request: Modification of Measures Utilized in Alternative Healthcare Settings

CMS seeks comments regarding which measures in use in other healthcare settings may be appropriate for modification at the physician or other healthcare professional level and what types of measures would be most appropriate for use across a health system that spans multiple settings of care.

AAOS Response

The use of Patient Reported Outcome Measures (PROMs) need to be collected and incorporated into the electronic medical record. They need to be cross-referenced between for example, spine surgery, joint replacement surgery, cardiac surgery and other surgical interventions.

IX. Comment Request: Collaboration with Specialty Societies Related to eCQM Development

[7] AAOS Appropriate Use Criteria are available at: http://www.aaos.org/Quality/Appropriate_Use_Criteria_(AUC)/Appropriate_Use_Criteria/

CMS solicits comments on how to collaborate further with specialty societies and measure developers in the broader use of the tools and standards for electronic Clinical Quality Measurement (eCQM) development.

AAOS Response

CMS comments on streamlining data acquisition for measure development and in their strategic approach they promote the formation of a National Testing Collaborative. This would implement overarching agreements with the clinical data registries and other stakeholders. These would be important steps regarding the strength of measure validation.

AAOS has concerns about industry readiness in this regard. As specialty physicians, orthopaedic surgeons face unique technology challenges, ranging from certification issues to collection of specialty-appropriate data, as well as the larger issues impacting all physicians such as interoperability and cost. We appreciate CMS's efforts in providing resources to the health care community, but because surgical specialists have unique Health Information Technology (HIT) needs, we believe CMS needs to develop improved, specialty-specific tools. As noted in previous communications, the AAOS is ready to work with CMS in establishing specialty-specific standards and performance measures for all orthopaedic treatment domains.

The AAOS and orthopaedic specialty society signatories of this letter look forward to providing input as CMS continues development of the Quality Measure Development Plan. In order to ensure CMS' proposals are appropriate for all practitioner types, we believe that CMS must work closely with AAOS and other specialty societies throughout the drafting process. We invite CMS to call on the AAOS for any additional feedback from our surgical and specialty perspective.

Sincerely,

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President, American Academy of Orthopaedic Surgeons (AAOS)

CC: Thomas C. Barber, MD, Chair, AAOS Council on Advocacy
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Addendum

Additional signatories to AAOS' comments on 'DRAFT CMS Quality Measure Development Plan (MDP): Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)' include the following organizations:

American Association for Hand Surgery (AAHS)
American Shoulder and Elbow Surgeons (ASES)
J. Robert Gladden Orthopaedic Society (JRGOS)
Musculoskeletal Tumor Society (MSTS)
Orthopaedic Trauma Association (OTA)
Arthroscopy Association of North America (AANA)
Society of Military Orthopaedic Surgeons (SOMOS)
Musculoskeletal Infection Society (MSIS)
Pediatric Orthopaedic Society of North America (POSNA)
Cervical Spine Research Society (CSRS)
American Orthopaedic Society for Sports Medicine (AOSSM)
Ruth Jackson Orthopaedic Society (RJOS)
Limb Lengthening and Reconstruction Society (LLRS)