AAOS
American Academy of
Orthopaedic Surgeons
American Association of
Orthopaedic Surgeons

January 21, 2016

Senator Johnny Isakson
Co-Chair, Chronic Care Working Group
United States Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Senator Mark Warner
Co-Chair, Chronic Care Working Group
United States Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Subject: Chronic Care Working Group Policy Options Document, December 2015

Dear Senators Isakson and Warner:

The American Association of Orthopaedic Surgeons (AAOS), representing over 18,000 board-certified orthopaedic surgeons, are pleased to comment on the United States Senate Committee on Finance Chronic Care Working Group's "Policy Options Document" released on December 18, 2015. We commend the Chronic Care Working Group's transparent efforts to gather information on this important health care issue and greatly appreciate the opportunity to comment. Thank you, in advance, for your attention to these comments and concerns.

Improving Care Management Services for Individuals with Multiple Chronic Conditions

AAOS supports the establishment of a new high-severity chronic care management code under the Medicare Physician Fee Schedule. This new code will be helpful for orthopaedic surgeons as they care for patients living with multiple chronic conditions. For example, osteoarthritis (OA) affects or is affected by almost all other chronic health conditions, including obesity, diabetes, and heart disease. The Chronic Osteoarthritis Management Initiative (COAMI) of the U.S. Bone and Joint Initiative (USBJI) noted that, although most chronic diseases have objective findings—such as blood pressure for hypertension or blood sugar levels for diabetes—many OA patients find that healthcare providers ignore or minimize their subjective complaints of joint pain. The high-severity code payment will enable providers to offer more time and engagement as compared to the current chronic care management code under the Medicare Physician Fee Schedule.

In response to your seeking comments on the type of providers who should be eligible to bill the proposed high-severity codes, AAOS recommends against a narrow definition of eligible providers so as not to exclude specialists like orthopaedic surgeons. Orthopaedic surgeons can add value to chronic disease prevention and early treatment both as specialists as well as valued members of multidisciplinary chronic care teams.

Developing Quality Measures for Chronic Conditions

Accurate and adequate quality measures are important for assessing chronic care. As we move towards the implementation of Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) per the Medicare Access and CHIP Reauthorization (MACRA) legislation, there are some areas that need immediate attention from all stakeholders:

- Developing specific quality measures for medical specialties such as orthopaedic surgery that can be utilized and implemented across the entire specialty; and
- Refining the criteria to better reflect the unique characteristics of surgical specialty practices.

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.

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 as well as facilitate adoption among orthopaedic surgeons and encourage their participation in the Medicare program, thereby increasing patient access to orthopaedic care.

In order to implement all of the proposed standards for MACRA implementation[1], orthopaedic surgeons would spend an excessive amount of time directly entering patient data into their Electronic Health Record (EHR) systems that is not essential to the diagnosis and treatment of musculoskeletal conditions. For example, when evaluating and treating a 56 year-old female patient with a wrist or hip fracture, the orthopaedic surgeon should document additional patient-specific information on osteoporosis. However, when treating a patient for hip arthritis, conducting tests and documenting information on hypertension at each appointment is not likely to yield meaningful improvement in blood pressure management. An appropriate frequency of measurement criterion and referral to another physician to treat the comorbidity is necessary, or there is an inappropriate burden placed on the specialist community. These examples demonstrate

[1] [CMS-3321-NC2] Medicare Program; Request for Information Regarding Implementation of the Merit-Based Incentive Payment System, Promotion of Alternative Payment Models, and Incentive Payments for Participation in Eligible Alternative Payment Models. Available at: https://www.federalregister.gov/articles/2015/10/20/2015-26568/medicare-program-request-for-information-regarding-implementation-of-the-merit-based-incentive

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appropriate action for value-based documentation of comorbidities in terms of identification, evaluation, and management. We have provided this feedback to CMS in response to their above-referenced RFI.

> We are encouraged by CMS Acting Administrator Andy Slavitt's recent comments[2] that the Meaningful Use (MU) program will change significantly, be more flexible and move its focus away from rewarding providers for the use of technology and towards the outcome they achieve with their patients. AAOS emphasizes that the MU burden is not a partisan issue but one that affects all of our members and their patients. Orthopaedic surgeons, like other provider colleagues, greatly value patient outcomes and we look forward to the changes in this currently burdensome program.

Empowering Individuals and Caregivers in Care Delivery

AAOS supports reduction of cost sharing requirements that individuals face while receiving preventive services or chronic disease management. We also appreciate the current patient and stakeholder education resources from CMS. With improvement in access to the internet and mobile devices, we believe that regularly updated website information, mobile applications and other mailings from CMS is likely to be helpful. In terms of type of information, we think that regularly updated links to preventive care recommendations such as those from the United States Preventive Services Task Force (USPTF) as well as easily accessible information on increased risks and comorbidities are helpful for patients with chronic conditions and their caregivers.

Increasing Transparency at the Center for Medicare and Medicaid Innovation (CMMI)

Per the Patient Protection and Affordable Care Act (PPACA), CMMI's purpose is to test "innovative payment and service delivery models to reduce program expenditures… while preserving or enhancing the quality of care" for those individuals who receive Medicare, Medicaid, or Children's Health Insurance Program (CHIP) benefits. As the Innovation Center carries out its mandated tasks, it is essential that all of its rule making has transparent information and considers stakeholder feedback.

Mandatory public notice and comment would be very helpful for all providers and their patients. Opportunities for stakeholder comments on significant final rules will also be welcome. For example, the Final Rule[3] on the Comprehensive Care for Joint Replacement Payment Model

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[2] Centers for Medicare and Medicaid Services, Comments of CMS Acting Administrator Andy Slavitt at the J.P. Morgan Annual Health Care Conference, Jan. 11, 2016. Available at: http://blog.cms.gov/2016/01/12/comments-of-cms-acting-administrator-andy-slavitt-at-the-j-p-morgan-annual-health-care-conference-jan-11-2016/

[3] Medicare Program; Comprehensive Care for Joint Replacement Payment Model for Acute Care Hospitals Furnishing Lower Extremity Joint Replacement Services. Available at:

(CJR), a mandatory model of great import to orthopaedic surgeons, did not include an avenue for stakeholder comments. In addition, the public reporting of the BPCI demonstration has not been forthcoming making identification of best practices to be implemented in CJR impossible. We urge the Chronic Care Working Group to consider mandating public notice and comment on such initiatives.

Thank you for your time and thoughtful consideration of the concerns and comments of the AAOS on the Chronic Care Working Group's "Policy Options Document." Should you have questions on any of the above comments, please do not hesitate to contact AAOS' Medical Director, William O. Shaffer, MD, at 202-548-4430 or via email at shaffer@aaos.org.

Sincerely,

David Teuscher MD

David D. Teuscher, MD
President, American Academy of Orthopaedic Surgeons (AAOS)

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https://www.federalregister.gov/articles/2015/11/24/2015-29438/medicare-program-comprehensive-care-for-joint-replacement-payment-model-for-acute-care-hospitals