

October 2022

Advocacy Monthly



SCC Amplifies Urgency of Staving Off Medicare Cuts

As early as this week, the Centers for Medicare and Medicaid Services is due to release a final fee schedule rule that will likely bring more cuts for specialists, and the Surgical Care Coalition (SCC)—of which STS is an active member—cites an [Axios article that breaks down the critical details](#). “Physicians are the only health provider group not receiving an inflation adjustment to their Medicare payment rates in 2023, and there’s a statutory freeze through 2026,” wrote Axios author Arielle Dreher. Without a reprieve, smaller practices may be forced to limit patient volumes and services.

Keep Our Specialty Afloat: Send Your Pledge before Election Night

Gold and Platinum STS-PAC donors have exclusive access to networking events and deep-dive investigations of legislative candidates through [Inside Elections](#), a nonpartisan review authored by Nathan Gonzales. Email advocacy@sts.org with your pledge today. [A donation starting at the Gold level](#) ensures you’ll receive future issues of *Inside Elections* after the midterms.

Friends of NQF Lobbies for Continued Funding to Tackle Opioid Crisis, Health Disparities

As part of the Friends of NQF, a multistakeholder coalition of organizations committed to voicing support for the National Quality Forum (NQF) and its role in improving the nation’s health, STS jointly authored a [letter calling for Congress to reauthorize](#) the group’s \$26 million funding for the fiscal year 2023. Continued funding will help NQF use evidence-based measures to target opioid and other substance abuse disorders, maternal mortality and morbidity, quality challenges in rural communities, and other strategies based in science and innovation.

STS Comments on “Irrelevant” Requirements, Recommends Expert Consultation for MACRA Reform

In a [passionate letter to members of Congress](#) about the Medicare Access and CHIP Reauthorization Act (MACRA), STS President Dr. John Calhoon called for reduced burden on Qualified Clinical Data Registries (QCDRs), continued bonus payments for advanced Alternative Payment Model participants, and for legislators to directly seek out the expertise of specialty societies when developing new health care value pathways.

CMS Should Trust Data Registries’ Already Rigorous Quality Standards

The use of real-world clinical registry data is crucial, and the STS National Database has participated in physician quality reporting since its inception, Dr. Calhoon wrote. But the Centers for Medicare and Medicaid Services (CMS)’s increasingly irrelevant audit and other requirements for QCDRs have forced STS to forfeit their designation.

“The result of CMS’ burdensome and irrelevant measures is that CMS-developed measures for reporting have no actionable meaning to cardiothoracic surgeons,” wrote Dr. Calhoon.

CMS should recognize and accept that QCDRs already have rigorous internal data quality standards, and that duplicative audits add substantial expense with no additional benefit, the letter specified. “Thoracic surgeons are readily reporting data to the STS National Database and receiving quality feedback. By not tapping into this resource, CMS is missing out on relevant, useful data for cardiac and thoracic surgery while doubling provider reporting burden.”

If Specialists Must Shift to APM Model, We Need Incentives

CMS clearly intends to prioritize value-based care through Alternative Payment Models (APMs) rather than through traditional Merit-based Incentive Payment Systems (MIPS), Dr. Calhoon asserted.

Participating in an APM requires a substantial investment in IT and human resources, the letter pointed out. It may also be more difficult for practices to recruit physicians into risk-based models—especially without an incentive. Furthermore, since the Advanced APM pathway was introduced, it’s been geared heavily toward primary care, while most specialists are still unable to participate in an APM designed for the patients they treat. By the time specialist-targeted APMs are introduced, the 5% performance bonuses authorized for performance year 2022/payment year 2024 will have expired.

At minimum, Congress needs to approve the continuation of the 5% bonus payment so that specialists can participate, Dr. Calhoon wrote. Additionally, through the Center for Medicare and Medicaid Innovation, CMS should test and approve advanced APMs that have been endorsed by the Physician-Focused Payment Model Technical Advisory Committee.

For Actionable MVPs, CMS Should Listen to the Experts

Dr. Calhoon expressed STS's support of MIPS Value Pathways (MVPs) as a bridge to APM participation that reduces clinician burden. He voiced STS's concerns, however, that in an attempt to fit the MVP model into the current MIPS framework, CMS fails to provide a meaningful and less burdensome participation pathway for specialists or a practical glide path to APMs.

"Transitioning to MVPs should provide more actionable data and information that prepares providers for more advanced models," wrote Dr. Calhoon. "One concept cannot be overstated: CMS should engage specialty societies directly in the development of new MVPs to capitalize on their knowledge and experience with data collection and quality improvement."

For more information on STS's role in advocacy and regulatory outreach, contact Molly Peltzman at mpeltzman@sts.org.



**The Society
of Thoracic
Surgeons**

633 N. Saint Clair St., Suite 2100
Chicago, IL 60611
312-202-5800



Click [here](#) to unsubscribe or change your email preferences.
Click [here](#) if you are having trouble viewing this message.