



The Society of Thoracic Surgeons

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January 20, 2016

The Honorable Orrin Hatch
Chairman
Committee on Finance
U.S. Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
U.S. Senate
219 Dirksen Senate Office Building
Washington, DC 20510

RE: Chronic Care Reform for Medicare Patients

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of The Society of Thoracic Surgeons (STS), thank you for the opportunity to provide additional comments on ways to improve care for Medicare patients with chronic conditions. Founded in 1964, STS is an international not-for-profit organization representing more than 7,000 cardiothoracic surgeons, researchers, and allied health care professionals in 90 countries who are dedicated to ensuring the best surgical care for patients with diseases of the heart, lungs, and other organs in the chest. The mission of the Society is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

STS appreciates the bipartisan, Senate Finance Committee chronic care working group's (working group) continued efforts to solicit stakeholder input on policies that can improve care for Medicare patients managing chronic illness. As the working group further develops these policy options, we would encourage you to ensure that surgical specialties are incorporated into the framework of new policies impacting this specific patient population. Cardiothoracic surgeons, for example, regularly treat individuals with chronic conditions and play a significant role ensuring these patients receive the right treatments at the right time, improving their lives, and helping them manage their care.

Our comments below address a number of the topics on which the working group has requested feedback, including: (1) developing quality measures for chronic conditions; (2) establishing a one-time visit code after the diagnosis of a serious or life-threatening illness; (3) expanding access to digital coaching;

and (4) increasing transparency at the Center for Medicare & Medicaid Innovation (CMMI).

Developing Quality Measures for Chronic Conditions

Requiring the quality Measure Development Plan to include outcomes measures for chronic conditions.

The STS National Database was established by cardiothoracic surgeons in 1989 as an initiative for quality assessment, improvement, and patient safety. The Database has three components—Adult Cardiac, General Thoracic, and Congenital Heart Surgery. About 95% of the adult cardiac surgical procedures performed in the United States are captured in the Adult Cardiac component. The fundamental principle underlying the STS National Database initiative is that surgeon engagement in the process of collecting detailed clinical information on every case, robust risk-adjusted outcomes assessment based on pooled national data, and feedback of these risk-adjusted results to individual practices and institutions, will provide the most powerful mechanism to change and improve the practice of cardiothoracic surgery for the benefit of patients. In fact, published studies indicate that the quality of care has improved substantially as a result of efforts directly related to the STS National Database.

The Society has a history of successfully developing quality measures and encouraging meaningful public reporting. All STS quality measures are submitted to the National Quality Forum (NQF) for endorsement, an extremely rigorous process conducted by technical experts and multi-stakeholder committees. The Society is honored to have the largest number of NQF-endorsed performance measures of any professional society (34 as of this month). We appreciate the working group's emphasis on developing quality measures for treatment of individuals with chronic conditions; however, we also note that such measures would have to be designed to demonstrate patient improvement or maintenance rather than a cure. We would recommend that Congress encourage CMS to facilitate the development of these measures as the agency works with specialties to identify measure gaps through its quality measure development plan.

As you are aware, the Medicare Access and CHIP Reauthorization Act (MACRA) requires the Secretary of Health and Human Services to award grants to facilitate quality measure development and improvement between fiscal years 2015 and 2019. We believe that Congress intended to allocate funds to bolster quality improvement efforts already underway as well as stimulate innovation in areas of medicine that may not have substantive quality measurement infrastructure already in place. Despite several inquiries to CMS with the hope of learning when 2015 funds would be issued, there has been no response.

Establishing a One-Time Visit Code Post Diagnosis of a Serious or Life-Threatening Illness

Identifying the scope of diseases considered serious or life-threatening and implementing a one-time payment for additional conversations with beneficiaries.

A diagnosis of heart or lung disease can be life-threatening, and we encourage the working group include relevant diagnoses under future Chronic Care Management (CCM) codes that are eligible for a Medicare covered planning visit.

STS also supports the creation of a payment code to recognize the additional time needed for conversations with Medicare patients who receive a diagnosis of a serious or life-threatening illness. The significant amount of time physicians and their clinical staff invest to develop a patient relationship, perform assessments, and explain diagnoses is not adequately reflected in current CCM or evaluation and management codes. This new payment would acknowledge the value of communication in helping a patient make informed decisions about available treatments for their chronic conditions. Since many different treatment options may be available to a given patient, payments made under this new code should not be viewed as duplicative if more than one provider furnishes services that meet the code's criteria.

Expanding Access to Digital Coaching

Requiring CMS provide medically-related information and educational tools on Medicare.gov

STS recently launched a new website (www.ctsurgerypatients.org) that provides patients and their loved ones with accurate, clear information about diseases and conditions treated by cardiothoracic surgeons. Patients can quickly find information in both English and Spanish with the website's simple, intuitive layout. Website sections include content on adult heart disease, pediatric and congenital heart disease, lung, esophageal, and other chest diseases, heart and lung transplantation, and pre- and postoperative care. This patient portal took several years to develop, and it provides meaningful information on cardiothoracic health conditions while also helping Medicare patients manage their health care needs.

The Medicare.gov website is expansive and may be daunting for some patients to navigate. We encourage the working group allow CMS to link Medicare.gov directly to carefully vetted online resources that already provide quality educational tools.

Increasing Transparency at the Center for Medicare & Medicaid Innovation

Requiring CMMI to provide a comment period for payment models and/or innovation models

STS appreciates the working group's recognition of the need for increased transparency during the development and implementation of new Medicare physician payment models. We are concerned that CMS has already taken steps to effect wholesale change without a public comment period. These changes could have a devastating impact on the health system.

Although CMS solicited public comment on the comprehensive Care for Joint Replacement (CJR) Model as part of the FY2016 Physician Fee Schedule proposed rule, the policy was developed without initial input or collaboration from the surgical community. STS is acutely aware the CJR model may be the first of many CMS-mandated bundled payment models designed to address the leading cost centers in Medicare. We hope that Congress will help us to ensure that stakeholders always have a voice during the development of new payment policies and be given adequate time to test such models, especially since MACRA created a pathway for medical specialties, themselves, to contribute to the development of meaningful alternative payment models (APMs). We believe that that Congress intended to empower the medical community, in particular medical specialties, to help address some of the most critical issues in

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our health care system. The reimbursement system should help physicians meet their responsibilities to improve the quality of patient care and efficiently allocate healthcare resources.

STS has begun to work on an APM that will rely on the clinical information in the STS National Database, combined with CMS data and other claims information. This model will utilize registries as a tool to help ensure physicians can—and have incentive to—control the growth rate of their services and payments by identifying the most effective and appropriate treatments. During the debate over Medicare payment reform legislation, STS asked Congress to “let us go first” and pioneer a new APM. We will continue working to ensure our proposal can be implemented to meet the goals of MACRA, and hope you will support a public comment period as part of any new mandatory payment model and/or innovation model to mitigate an impact on patient choice, access, and quality.

Thank you for the opportunity to share our thoughts on enhancing the delivery of quality care to Medicare patients with chronic conditions. If you have any additional questions, please contact Courtney Yohe, Director of STS Government Relations at 202-787-1222, or by e-mail cyohe@sts.org.

Sincerely,

A handwritten signature in cursive script that reads "Mark S. Allen".

Mark S. Allen, MD
President