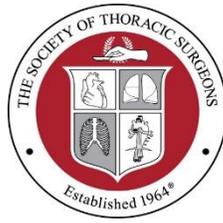


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# STS Advocacy Priorities 2019

## **Obtain Medicare Claims Data to Use with STS National Database Data**

- Ensure that clinical data registries can access Medicare claims data to facilitate outcomes-based research that improves health care quality and cost-effectiveness
- Help CMS recognize the value of registry data

### Background:

Section 105(b) of the Medicare Access and CHIP Reauthorization Act (MACRA) requires the Centers for Medicare and Medicaid Services (CMS) to provide Qualified Clinical Data Registries (QCDRs), such as the STS National Database, with access to Medicare data in order to link them and perform research to support quality improvement and patient safety. CMS decided to treat QCDRs as “quasi-qualified entities” under the Medicare Qualified Entity (QE) Program to obtain Medicare claims data. While the quasi-QE Program grants data for quality improvement and the Research Data Assistance Center grants applicants access to data for research, STS would have to apply for the same data through each program to acquire the type of data afforded by statute. STS calls on Congress and the Administration to uphold Congressional intent and implement Section 105(b). The robust clinical information in the STS National Database, when combined with Medicare claims, will paint a full picture of patient care.

## **Ensure Medicare Payment Models Adequately Meet the Needs of Cardiothoracic Surgery**

- Ensure cardiothoracic surgeons are able to participate in Advanced Alternative Payment Models
- Collaborate with regulatory officials to ensure payment models appropriately measure quality and performance for cardiothoracic surgery
- Continue oversight of MACRA implementation, including the Merit-based Incentive Payment System (MIPS)

### Background

STS supports efforts to shift Medicare physician payment from a fee-for-service model to one that rewards physicians for the quality care they provide. Alternative Payment Models (APMs) were included as a key component of MACRA. However, a limited number of payment models have been reviewed and enacted. In 2018, the Center for Medicare and Medicaid Innovation (the Innovation Center) announced one APM that cardiothoracic surgeons will be able to utilize: the Bundled Payment for Care Improvement Advanced. This voluntary model ties payment to relevant quality measures within 29 clinical episodes, including cardiac valve and coronary artery bypass grafting. The Society will keep collaborating with the Innovation Center to ensure the quality measures used within these episodes are relevant, applicable, and appropriate for real-world care delivery, and urges Congress to assist with this goal. STS encourages Congress to monitor implementation of both MIPS and APMs to make sure all physicians have a reasonable chance to succeed.

## **Reduce Incidences of Lung Cancer Nationwide**

- Protect youth and adults from the harmful effects of tobacco:
  - Preserve adequate funding to the Centers for Disease Control and Prevention’s (CDC) Office on Smoking and Health (OSH)
  - Maintain Food and Drug Administration (FDA) regulation of cigars and electronic cigarettes (e-cigarettes) under the Tobacco Control Act
- Eliminate smoking areas in the Department of Veterans Affairs (VA) facilities

### Background

Tobacco use remains the leading preventable cause of death in the United States, killing over 480,000 Americans annually and costing the government billions. Funding OSH is one way to reduce this burden. OSH provides communities with smoking cessation hotlines and other resources. Cuts to OSH directly impede millions of individuals' efforts to quit smoking.

STS also supports efforts designed specifically to protect the nation's youth from tobacco use. Though teen cigarette use has decreased, teenagers now use e-cigarettes at epidemic rates. Studies show that using these products at a young age has a direct association with tobacco use in adulthood. While the FDA regulates e-cigarettes and other tobacco products, this authority comes under regular threat. STS urges Congress to maintain regulation of these products to prevent future nicotine addiction and lung cancer.

Lastly, though our nation's veterans are among the highest users of tobacco products and suffer disproportionate rates of lung cancer, some Department of Veterans Affairs (VA) facilities still allow smoking on campus. Veterans deserve to receive care that prioritizes their overall health. STS supports efforts to promote a smoke-free environment at all hospitals owned by the VA.

### **Reverse Damaging ECMO Payment Reductions**

- Urge CMS to reverse ill-conceived changes to ECMO reimbursement.

### Background

The Inpatient Prospective Payment System (IPPS) Final Rule for fiscal year 2019 incorporated changes to the ECMO International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) codes which involved switching from a single code to three separate codes differentiated by the mode of vascular cannulation (central or peripheral) and the indication (cardiac or respiratory support). The result is that MS-DRG assignment for ECMO support is now predicated upon three codes, resulting in differential reimbursement based on the cannulation approach.

Unfortunately, this change was implemented without any objective data suggesting different levels of costs or resource expenditure for these different scenarios. In fact, data shows that all ECMO patients are critically ill, despite cannulation approach, and require comprehensive care. Additionally, the change was implemented without going through the regular rulemaking process. It will negatively impact patient access to care by affecting a large number of providers and institutions.

### **Reauthorize the Patient-Centered Outcomes Research Institute (PCORI)**

- Support legislation to reauthorize PCORI before it expires on September 30, 2019.

### Background

Established in 2010, PCORI is a nonprofit organization established to prioritize and fund comparative effectiveness research (CER) to help patients and clinicians determine the best possible treatment for the individual patient. This type of research is not duplicated by other funding.

PCORI is funded through the Patient-Centered Outcomes Research Fund (PCOR Trust Fund) that was established by Congress through the Affordable Care Act. There are three funding streams: appropriations from the general fund of the Treasury, transfers from the CMS trust funds, and a fee on private insurance and self-insured health plans. The PCOR Trust Fund will receive \$150 million annually from the general fund through 2019. On September 30, 2019, PCORI's current authorization will expire. STS strongly urges Congress to reauthorize PCORI so that lifesaving, patient-centered CER can continue.