STS Advocacy Priorities 2018

Provide Access to Clinical Outcomes Data

- Support legislative and regulatory efforts to ensure that clinical registries can access Medicare claims data to facilitate outcomes-based research to help improve health care quality and cost effectiveness

Background
Section 105(b) of the Medicare Access and CHIP Reauthorization Act (MACRA) requires CMS to provide Qualified Clinical Data Registries (QCDRs), such as the STS National Database, with access to Medicare data in order to link it with clinical outcomes data and perform research to support quality improvement and patient safety. CMS initially chose not to issue new regulations addressing Congress' directive as part of the Proposed Rule, stating that QCDRs can already access Medicare claims data through the Research Data Assistance Center (ResDAC) process. After an outpouring of concerned comments, CMS decided to treat QCDRs as "quasi-qualified entities" under the Medicare Qualified Entity (QE) Program for purposes of obtaining access to Medicare claims data. While the quasi-QE Program grants data for quality improvement and the ResDAC process yields data for research, STS would have to apply for the same data through each program to acquire the type of data afforded us by statute. STS calls on Congress and the Administration to faithfully uphold Congressional intent and successfully implement Section 105(b).

Enact Meaningful Medical Malpractice Reform

- Support legislation like The Health Care Safety Net Enhancement Act and The Good Samaritan Health Professional Act

Background
Our country's inability to protect physicians from frivolous lawsuits while also maintaining patients' rights to seek redress for legitimate grievances has a deleterious effect on STS members' ability to provide appropriate care. The prevalence of excessive tort claims against providers limits physicians' ability to provide health care services, affects the cardiothoracic surgical workforce (as increasing numbers of medical students choose careers in fields with lower insurance costs), encourages defensive medicine and the erosion of patient-centered care, and drives up the cost of health care nationwide.

STS supports reforms of medical malpractice laws to help lower costs and reduce incidence of defensive medicine throughout the health care system, while ensuring that patients injured by true malpractice are compensated fairly for their losses.

Address the Cardiothoracic Surgery Workforce Shortage

- Support legislation like the Resident Physician Shortage Reduction Act that:
  - Raises the cap on Medicare-supported residency positions;
  - Provides for deferred loan repayment for specialties with long training periods;
  - Supports and promotes medical simulation technologies; and/or
  - Examines geographic and economic factors leading to the maldistribution of residency positions across the United States.

Background
The current decline of practicing cardiothoracic surgeons is expected to continue over the next decade as more than half of the current cardiothoracic surgeon workforce is 55 years and older. According to a recent workforce report, as of 2015, there were just 4,485 active cardiothoracic surgeons nationwide, which equated to 1 cardiothoracic surgeon per 71,665 people (up from 62,577 people in a 2008 report). This shortage will be compounded by the fact that the Medicare-age population – those most frequently affected by cardiovascular disease – is expected to double by 2030. Cardiovascular

disease accounts for more than one-third of the deaths in the United States. The projected shortages of cardiothoracic surgeons will disproportionately impact vulnerable and underserved populations.

Support Congressional Oversight throughout MACRA Implementation

- Advocate that Congress and/or the Administration make the following changes to ensure appropriate implementation of MACRA:
  - Alternative Provider Feedback Options
    - Allow CMS to use third-party options so the agency can provide performance feedback to physicians in a timely fashion. This requires allowing for greater access to Medicare claims data/all payer claims to expedite feedback
  - Resource Use Calculations within MIPS
    - Revise the requirement that 30% of a provider's MIPS score be based on resource use/cost in 2019
  - Median vs. Mean
    - Revise the requirement that CMS use the median or mean of a provider performance score to calculate thresholds for MIPS incentive payments so that the Quality Payment Program is no longer a "tournament" model for physician payment
  - Physician-Focused Payment Model Technical Advisory Committee (PTAC) Technical Assistance
    - Authorize PTAC to offer technical assistance to entities submitting Alternative Payment Model proposals
  - Topped Out Measures
    - Allow CMS to recognize that certain quality measures may still be valuable to patient care even though they may be "topped out"
  - Alternative Payment Model (APM) Qualification Threshold for Providers
    - Make sure that the thresholds for participation in an Advanced APM (% of patients / % of payments) are not too high for physicians to attain
  - Increase CMS Recognition of Registry and Registry Data
    - Continue to educate CMS on the value, accuracy, and high-quality data derived from the STS National Database
  - Virtual Groups
    - Identify ways to successfully implement virtual groups for various provider arrangements, including hospital-employed providers
  - APM Reporting Option
    - Create new quality reporting pathways that can count towards APM participation. These reporting options may facilitate the development of additional APMs

Background

STS supports efforts to shift Medicare physician payment from a fee-for-service model to payment that rewards physicians for the quality care they provide their patients. However, seismic changes in Medicare payment policy have caused confusion and instability, which could result in disruptions to care. STS encourages Congress to monitor MIPS implementation to make sure all physicians have a reasonable chance to succeed, as well as ensure that all physicians have the opportunity to participate in Advanced Alternative Payment Models and benefit from the incentives provided under MACRA.

Prevent Tobacco-Related Deaths

- Support legislative and regulatory efforts to protect children and adults from the harmful effects of tobacco:
  - Preserve funding for the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH)
  - Maintain regulation of cigars and electronic cigarettes under the Tobacco Control Act

Background

Tobacco use remains the leading preventable cause of death in the United States. Every year, it kills more than 480,000 Americans and is responsible for $170 billion in health care costs—over 60% of which are paid by government programs.

In 2016, the Food and Drug Administration took a step to protect public health by using its authority under the 2009 Tobacco Control Act to oversee cigars, e-cigarettes, and other tobacco products. Unfortunately, some members of Congress have attempted to attach regulatory exemptions for cigars and e-cigarettes to various funding bills. STS urges Congress to maintain regulation of these products in the interest of public health and safety.

Another crucial step to reducing tobacco-related deaths is funding the CDC's Office on Smoking and Health (OSH). OSH provides communities with quitting hotlines and other resources. In 2012, OSH launched a national education campaign, *Tips from Former Smokers*, which profiles people who are living with serious long-term health effects from smoking and secondhand smoke exposure. The CDC estimates that millions of Americans have tried to quit smoking cigarettes because of the Tips campaign. Cuts to OSH directly impede such efforts to successfully quit smoking across the country. Congress should maintain adequate funding.

Ensure Health Reform Efforts Meet the STS Health Reform Priorities

- Ensure that health reform efforts provide Americans with access to evidence-based, value-driven, life-saving health care that will allow for greater preventative screenings and behavior modification counseling.
- Support evidence-based health care, specifically access to data that will yield information on value in the health care system and assess effectiveness of treatment options.
- Promote the shift to focus on a value-based health system that is patient-centric, set by performance improvement, and measured by outcomes and cost.
- Promote increased training of new physicians and new technologies that will ensure that underserved and rural populations have access to the care they need.
- Prioritize a team-based care approach within any new health paradigm that allows for the care team to be better coordinated and more patient-centered.

Background

The Society will continue to utilize the Health Reform Priorities (approved by the Board of Directors in April 2017) to advocate for a patient's access to care, access to data, and the shift to a value-based health system focused on training new physicians, utilizing new technology, and promoting team-based care. Requiring these provisions from any health reform proposal will ensure the continuation of the shift from a fractured, ineffective health system to a more coordinated, value-based system that provides quality care to all Americans.