AAHKS
AMERICAN ASSOCIATION OF HIP AND KNEE SURGEONS

COMMITMENT TO PATIENTS AND PHYSICIANS

AAHKS members are at the forefront of value-driven health care and are champions of care improvement and cost reduction. Many hip and knee surgeons are already participating in alternative payment models (APMs) such as the Medicare Bundled Payments for Care Improvement (BPCI) and Comprehensive Joint Replacement (CJR) models. AAHKS is providing education and tools for our members to succeed under new models of care, and in MACRA's Quality Payment Program (QPP), by promoting the use of evidence based protocols and by promoting outcome reporting through qualified registries.

AAHKS is seeking the partnership of the Administration and Congress to improve models of care for patients and members to realize several core policy outcomes:

- **Protecting access for patients, especially those at high-risk;**
- **Promoting physician leadership in care delivery and payment model reform, including APMs; and,**
- **Improving outcome reporting to increase accuracy and utility, while reducing administrative burdens on physicians.**

CHOICE IN VALUE-BASED CARE

AAHKS is supportive of multiple APM options to speed the transition to value-based care, and we are developing an APM to complement CJR and BPCI. AAHKS also supports the ability for the physician to choose the APM in which they participate. CJR was the first mandatory bundled payment model to be implemented by CMMI; forcing many of our members to participate in an APM that 1) had no physician control of the bundle, 2) suffered from inadequate risk adjustment, and 3) created perverse incentives for cherry picking and lemon dropping due to regional benchmarking.

CMS's recent announcement of the BPCI-A offers a more attractive APM options for many surgeons, however practices in CJR mandatory MSAs are barred from participation in BPCI-A. Even participants in the original BPCI model, who are in CJR MSAs, will be forced into CJR instead of having the option to continue under the new BPCI model.

AAHKS is supportive of recent changes to CJR that reduced the number of mandatory CJR MSA's, however as new A-APM models become available, like BPCI-A, surgeons captured within CJR MSAs are being blocked from participation. AAHKS calls on Congress and CMS to immediately allow for physicians to choose the A-APM in which they participate, and move CJR to a fully voluntary program.

ABOUT AAHKS

Established in 1991, the American Association of Hip and Knee Surgeons (AAHKS) is the foremost national specialty organization of more than 3,400 physicians with expertise in total joint arthroplasty procedures (TJA, TKA, THA).

The mission of AAHKS is to advance hip and knee patient care through education and advocacy. Members conduct research in this area and are experts on the evidence based issues associated with the risks and benefits of lower extremity joint conditions.

AAHKS partners and works closely with the American Academy of Orthopaedic Surgeons, but our membership is comprised of those ***who perform TKA and THA almost exclusively.***

AAHKS Policy Priorities

Protect Access for High-Risk Patients: There must be appropriate risk adjustment & stratification within APMs to protect medically and/or procedurally complex patients.

Physician Leadership: Physicians are most able to influence clinical outcomes, and should have the ability to control their participation in risk-sharing APMs.

Reduce Administrative Burdens: Physicians spend more of their time facing a computer than their patients. Balance must be restored to administrative requirements.

Contact: Joshua Kerr, Director of Advocacy and International Activities
jkerr@aahks.org | (847) 430-5068

2-Midnight Rule: Clarification for TKA

Historically, total knee arthroplasty has been on Medicare's Inpatient Only (IPO) List. It has not been previously subject to Medicare's "2-midnight rule" to determine if a service is inpatient or outpatient. In 2018, CMS removed TKA from the IPO list, and released guidance stating that Medicare may cover a TKA on an inpatient basis for admissions that span fewer than two midnights if the physician documents that it is medically necessary. The criteria CMS will be using to make the determination is unclear, causing confusion. Further complicating matters, in/outpatient status impacts how a service is captured in an APM bundle.

AAHKS requests that Congress call on CMS to immediately clarify the criteria under which total knee arthroplasty is considered an inpatient or outpatient service.

Bundled Payments for Care Improvement Advanced (BPCI-A)

On January 10th, 2018, CMS released the second version of their BPCI model. AAHKS is supportive of many elements of the model, including the status as an A-APM within MACRA, the inclusion of physicians as conveners of the bundle and that the model is voluntary. However, several elements of BPCI must be addressed expeditiously in order to ensure broad participation and program performance.

- Prospective participants need more time to decide whether they want to participate in BPCI.
- Participants in CJR should be able to participate in BPCI.
- Removing TKAs from the IPO list pushes some of the least complicated procedures, healthiest patients and shortest hospital stays out of the bundle, creating a mismatch between historic and future costs.

AAHKS urged CMMI to work with stakeholders prior to the release of BPCI to address issues like these. Now there is even more urgency to make perfecting changes before the October 1st performance period begins.

MACRA: Making MIPS Work

As the A-APM environment matures, many physicians will find themselves in the Merit-based Incentive Payment System (MIPS) track instead. For those physicians to be successful, several flaws in MIPS must be addressed:

1) There is a lack of relevant reportable quality measures under MIPS;
2) The process for approving new quality measures is overly burdensome; and,
3) MIPS is not appropriately risk adjusted to account varying medical complexity profiles of a practice's patient population.

AAHKS urges CMS to expand their adoption of specialty peer-reviewed quality measures so that MIPS reporting is reflective of our members' practices, and ensure that MIPS is risk adjusted so that physicians that treat the toughest cases are evaluated on a level playing field.

Modernizing Stark Law

The Stark laws that provide protections in a fee-for-service world are inhibiting the transition to a value-based system. Different waivers for Stark laws have been included in each APM, and they are not uniform. The need for waivers is evidence that Stark Law is not compatible with value-based care models.

AAHKS calls on Congress and the Administration to include physician stakeholders in the Stark law modernization effort. AAHKS members are uniquely positioned through their experiences in BPCI & CJR to offer insight into reforms that will enable value-based care.