

November 20, 2017

VIA ELECTRONIC FILING

Acumen, LLC, on behalf of the Centers for Medicare & Medicaid Services
200 Independence Ave, SW
Washington, DC 20201

RE: MACRA Episode-Based Cost Measures Field Testing

The American Association of Hip and Knee Surgeons (AAHKS) appreciates the opportunity to submit comments to the Centers for Medicare & Medicaid Services (“CMS”) and Acumen, LLC on its MACRA Episode-Based Cost Measures Field Testing. Our comments are limited to the Total Knee field test and are provided in close semblance of order to how the questions were asked in the requested response survey.

- There are no explicit questions regarding post-trigger episode length and cost assignment.
- We agree with the 90-day post-operative period since it is harmonized with current episode periods under current bundled payment models, such as the CJR, as well as those Medicare hospital value-based performance measures used by CMS for complications, readmissions, and cost for total hip and total knee replacements.
- We disagree with the capture of 30-day pre-episode trigger costs since that timeframe is not aligned with the episode period under current bundled payment models periods and other applicable quality metrics, all of which use minus three day or zero day pre-episode periods. We strongly recommend that if 30 days is retained, that only those costs ordered by the treating surgeon be captured; there are many possible other costs that might be initiated by other physicians in that period that are out of the control of the surgeon. We are concerned that this will be a cause for unintended consequences such as unnecessary risk aversion and postponement of procedures for patients that undergo more extensive pre-operative testing through orders from other specialties.
- The foremost issue is that the reports are difficult for the average surgeon to review. It requires first registering with the CMS Portal as a user and then requesting administrative privileges for interfacing with the TIN and NPI specific reports. This can be intimidating to members of large single specialty or multi-specialty groups who are justified in being concerned over creating a new administrative interface that might jeopardize their

working access. For the reports to have meaning, they need to be more accessible, user-friendly, and transparent.

- The overview data is difficult to assess. The percentage of cases with one class of costs versus another is confusing and labelled in such a generic way as to not provide meaningful feed-back. The same is true in terms of TIN versus non-TIN data. This part of the report does not give actionable feedback to target specific classes of costs since the incidence of the classes of cost are relative.
- As opposed to percentage reporting of incidence, average, and absolute costs, per category of cost would be more helpful. Equally important, it is not possible to separate the costs temporally, especially in attempting to review the pre-operative costs. This is an important issue since the pre-operative costs are contentious, as discussed above.
- The settings spreadsheet also does not distinguish time segments of the costs.
- We agree with the chosen episode groups as well as the groupings. We also agree with the risk adjustments and exclusions, pending further analysis and testing for validity and reliability.
- The clinical themes are too few. Other examples would be thematic grouping of costs centered on VTE or infections.
- Ideally, significant outlier costs would be made transparent to the surgeon, especially if it is a recurring cost that is not common to other surgeons. This would help to normalize costs across all surgeons to lower levels. One example could be the ordering of post-operative home continuous passive motion (CPM), for which there is little evidence of efficacy but which carries reasonably higher costs. The Episode cost group might be able to analyze such outlier costs in more expensive surgeons to help guide Acumen and CMS towards making the cost-impact more apparent to such providers.
- Finally, the issue of aligning the cost-measures with quality measures is currently difficult at the surgeon level. There are too few MIPS-approved performance/outcome measures specific to total knee replacement with which to align.

AAHKS would like to thank Acumen and CMS for giving us the opportunity to comment during this field testing period. You can reach us at mzarski@aahks.org, or you may contact Joshua Kerr at jkerr@aahks.org.

Sincerely,

Handwritten signature of Mark I. Froimson in black ink.

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