AAHKS
American Association of Hip and Knee Surgeons

6300 North River Road, Suite 615
Rosemont, IL 60018-4237
Web: www.aahks.org
Phone: 847-698-1200
Fax: 847-698-0704
E-mail: helpdesk@aahks.org

March 29, 2013

Via certified mail

Ms. Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–3276–NC
Mail Stop S3–02–01
7500 Security Boulevard
Baltimore, MD 21244–1850

Re: Medicare Program; Request for Information on the Use of CQMs Reported Under the PQRS, the EHR Incentive Program, and Other Reporting Programs (CMS–3276–NC)

Dear Ms. Tavenner:

The American Association of Hip and Knee Surgeons (AAHKS) appreciates this opportunity to provide comments on the Centers for Medicare & Medicaid Services' Request for Information on the Use of Clinical Quality Measures (CQMs) Reported Under the Medicare Physician Quality Reporting System (PQRS), the Electronic Health Record (EHR) Incentive Program, and Other Reporting Programs.

AAHKS is a national association of orthopaedic surgeons formed to provide leadership in advocacy, education and research to achieve excellence in hip and knee patient care. AAHKS is committed to quality and improving the care of our patients, including promoting Medicare beneficiary access to high-quality orthopaedic procedures.

As such, we are very pleased that CMS is soliciting feedback on appropriate ways in which an eligible professional (EP) might use CQM data reported to specialty boards, specialty societies, and various other non-federal reporting programs to also report under the PQRS and the EHR Incentive Program. We also appreciate CMS moving ahead on section 601(b) of the American Taxpayer Relief Act of 2012, which provides for treating an EP as satisfactorily reporting data on quality measures if the EP is satisfactorily participating in a qualified clinical data registry. We commend CMS for its stated objective of aligning certain requirements present in both federal and non-federal CQM reporting programs to "reduce the burden for eligible professionals and accelerate quality improvement."

AAHKS believes that the use of measures developed by medical specialty societies is a critical mechanism to assess quality care. In fact, AAHKS has devoted considerable resources to developing quality measures for total knee replacement (TKR); including forming a multi-stakeholder Total Knee Replacement Work Group to identify and define quality measures to improve outcomes

for patients undergoing a TKR. This project utilized the expertise of practicing orthopaedic surgeons and other clinicians to create explicit, valid, and feasible quality measures that can be used to monitor and improve the quality of orthopaedic care. The quality of care measures developed through this process evaluates appropriate preoperative, intraoperative, and postoperative care, which are critical to improving patient function and quality of life.

As you are aware, CMS has adopted several measures developed by AAHKS, the American Academy of Orthopaedic Surgeons (AAOS), and the Knee Society for use in the PQRS: Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation; Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet; and Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report. Our task force also developed a measure that supports Shared Decision Making between the provider and the patient with respect to the use of conservative therapy. CMS included a different measure related to Coordination of Post-Discharge that was in our original measure set. We subsequently removed this discharge measure, however, after receiving stakeholder feedback that post-discharge coordination was more appropriately a hospital, rather than surgeon, function. We therefore recommend that CMS replace the Shared Decision Making measure with the Coordination of Care measure.

CMS adopted a Total Knee Replacement Measures Group for 2014 and beyond comprised of the aforementioned four measures. CMS has provided that this measures group is reportable only through a patient registry. AAHKS believes that the registry reporting requirement serves to restrict the number of surgeons who will be able to use this measure set, and that the reporting options should be broadened to include claims-based reporting until registry reporting is more widespread.

We would also note that the AAHKS/AAOS/Knee Society measures have been substantially revised since the draft version referenced by CMS in the final 2013 Medicare physician fee schedule rule. The AMA Physician Consortium for Performance Improvement (PCPI) recently approved the final Total Knee Replacement Performance Measure Set developed by AAHKS and the Knee Society, and we hope that CMS will incorporate the current measures into its quality reporting programs.[1] As noted, we recommend that the measure set not be restricted to registry reporting to encourage the broadest participation. The Work Group also intends to develop Total Hip Replacement measures. While measure development is a resource-intensive process that poses challenges to smaller professional societies, such as AAHKS, these measures offer a mechanism to help improve quality of care, and therefore AAHKS is committed to finding the necessary resources.

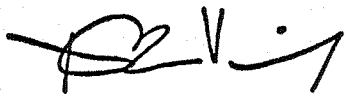
We support the goal of section 601(b) of the ATRA, which allows an EP to be considered to have satisfactorily reported data on quality measures if the EP is satisfactorily participating in a qualified clinical data registry. The American Joint Replacement Registry (AJRR) was established to serve as a national center for data collection and research on total hip and knee replacements. While not all surgeons are affiliated with facilities that belong to the AJRR, this registry provides an important mechanism for AAHKS members and other orthopaedic surgeons to report data that would highlight areas of importance to patient care, including allowing early identification of implants that are not performing as expected. However, we believe it is essential to offer orthopaedic surgeons a claims-based reporting option at this time.

---

1 AAHKS will be submitting formal comments on the proposed Medicare physician fee schedule rule for 2014 that address this issue in greater detail.

In closing, we commend CMS for its interest in enhancing the collection of quality data, with the ultimate goal of improving beneficiary care. We look forward to working with you to develop this information in the most efficient, least burdensome way possible for physicians. We would be pleased to discuss these comments with you in greater detail or answer any questions you may have. Please feel free contact me at vailt@orthosurg.ucsf.edu or Krista Stewart at krista@aahks.org.

Sincerely,



Thomas P. Vail, MD
President
American Association of Hip and Knee Surgeons

cc: Robert A. Hall, MEd, CAE, Executive Director, AAHKS
AAHKS Board of Directors

Gail Daubert, R.N., J.D.