

AAHKS is asking Congress to ensure that physicians leading the way in value-based care are not inadvertently penalized for high levels of participation in Medicare APMs.

Please sign on to the attached bipartisan letter led by Congresswoman Sewell and Congressman Wenstrup urging CMS not to propose cuts to Medicare total joint replacement.

AAHKS LEADING VALUE-BASED CARE

- Hip & knee surgeons are *approaching 50% participation in alternative payment models (APMs)*: the highest rate of any subspecialty.
- APMs such as Medicare Bundled Payments for Care Improvement (BPCI) and Comprehensive Joint Replacement (CJR) models make health care providers & physicians responsible for a patient over a 30/90-day episode of care.
- Physician-led APMs have improved outcomes, reduced patient time spent in the hospital and saved Medicare hundreds of millions of dollars.
- These outcomes have been achieved by physicians working to optimize patient health weeks and months prior to their surgery to ensure they realize the best surgical outcomes.
- AAHKS members are hitting the speed bumps on the road to value based care first, and the hardest.

THE APM-FFS DISINCENTIVE

- The AMA/Specialty Society RVS Update Committee (RUC) is an advisory Committee to CMS for setting the Medicare reimbursement for physician services.
- The RUC methodology only recognizes work done 24 hours prior to a surgical procedure and 90 days after. Subsequently, it cannot recognize all the pre-service work incentivized over the weeks/months in APMs, but does recognize the resulting shorter hospitalizations and fewer post-operative doctor visits.
- CMS is evaluating RUC recommendations as it prepares the 2021 Medicare Physician Fee Schedule Proposed Rule. AAHKS has shared data that shows the increased pre-operative work in hip and knee surgery.
- If CMS were to propose a cut, it would create a disincentive, contrary to the success achieved in reducing hospital length of stay, postoperative rehabilitation, and complications in hip and knee patients.
- If the changes to physician workflow in a 90 day bundle cannot be appropriately recognized, then it raises concerns about CMS's 2-year osteoarthritis disease-state APM.
- Although the RUC is bound by its current process, CMS can fix this problem simply by maintaining the current Medicare rates for hip and knee replacement surgery. This has no cost implications to Medicare, as all changes in the value of medical procedures are relative and come out of a fixed allocation of funds.
- The value of robust APM participation outweighs the cost of fee-for-service cuts. It would set a bad precedent if APM participation caused fee-for-service cuts.

ABOUT AAHKS

ABOUT: Established in 1991, the American Association of Hip and Knee Surgeons (AAHKS) is the foremost national specialty organization of more than 4,300 physicians with expertise in total knee arthroplasty (TKA) and total hip arthroplasty procedures (THA).

MISSION: To advance hip and knee patient care through education, advocacy and research. Members conduct research in this area and are experts on evidence-based care and the risks and benefits of lower extremity joint conditions.