The Society of Thoracic Surgeons

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June 17, 2015

The Honorable Orrin Hatch
Chairman
Committee on Finance
U.S. Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
U.S. Senate
219 Dirksen Senate Office Building
Washington, DC 20510

RE: Improving Care for Medicare Patients with Chronic Conditions

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of The Society of Thoracic Surgeons (STS), I write to thank you for the opportunity to comment on ways to improve care for Medicare patients with chronic conditions. Founded in 1964, STS is an international not-for-profit organization representing more than 7,000 cardiothoracic surgeons, researchers, and allied health care professionals in 90 countries who are dedicated to ensuring the best surgical care for patients with diseases of the heart, lungs, and other organs in the chest. The mission of the Society is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

Cardiothoracic surgeons regularly treat patients with chronic conditions and have a significant role to play in ensuring that these patients receive the right treatments at the right time, improving their lives, and helping them to manage their conditions. Our comments below address a number of the topics in which the Committee has requested feedback.

Alternative Payment Models
Transformative policies that improve outcomes for patients living with chronic diseases either through modifications to the current Medicare Shared Savings ACO Program, piloted alternate payment models (APMs) currently underway at the Centers for Medicare & Medicaid Services (CMS), or by proposing new APM structures.

STS is grateful that the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) creates a pathway to the adoption of APMs. STS believes that any new, alternative payment methodology should include national or

regional incentives that are aligned by specialty or disease process and foster high quality, efficient, ***team-based*** care. We have found that the most powerful and reliable method to affect physician practice is to engage physicians in the collection of outcomes data on the services that they provide, and to give them meaningful, risk-adjusted feedback that allows them to compare these outcomes to those of their peers. We believe that the reimbursement system should help physicians meet their responsibilities to improve the quality of patient care and efficiently allocate healthcare resources—providing access to the right, high-quality care, at the right time, every time.

STS has begun to work on an APM that will rely on the clinical information in the STS National Database, combined with CMS data and other claims information. This model will utilize registries as a tool to help ensure physicians can—and have incentive to—control the growth rate of their services and payments by identifying the most effective and appropriate treatments for their patients. We look forward to working with you to ensure that our proposal can be implemented to meet the goals of the recently-passed payment reform law. During the debate over Medicare payment reform legislation, STS asked Congress to "let us go first" and pioneer a new APM. We hope that we can count on your support as we monitor MACRA implementation and finalize our APM proposal.

Fee-for-Service
Reforms to Medicare's current fee-for-service program that incentivize providers to coordinate care for patients living with chronic conditions.

We are eager to explore the opportunities for quality improvement and chronic disease management as established under the new Merit-based Quality Improvement System (MIPS). In particular, we feel that the threshold model of physician performance measurement allows all providers to be rewarded for high quality care delivered efficiently rather than promoting competition and discouraging providers from sharing best practices. In addition, we appreciate that registry participation is one of the Clinical Practice Improvement Activities explicitly mentioned in the new law. Registries are a critical tool in any effort to monitor and manage chronic disease. To that end, we would welcome the opportunity to work with Congress and the administration to promote electronic health record (EHR) interoperability as well as meaningful and accurate integration of robust clinical data collection into EHR platforms.

The MIPS program also incorporates aspects of the current Physician Quality Reporting System which recognizes Qualified Clinical Data Registries (QCDRs) as a conduit for reporting physicians' quality performance to CMS. MACRA also allows these QCDRs to access claims information from CMS for purposes of quality improvement. This is essential to our disease management and quality improvement efforts because surgeons typically provide a single episode of care and therefore only have access to a snapshot of information on that patient. The STS National Database, which has been designated by CMS as a QCDR, is not able to collect longitudinal health information on patients because of the episodic nature of surgical intervention. Access to claims data provides one more piece of the puzzle – helping us to monitor patient outcomes and manage chronic disease. However, we are still missing one

important source of information; in order to fully track patients in the health system, we must know if and when they have passed away.

Prior to November 2011, when the Department of Commerce interpreted existing law as precluding public access to death data submitted to the Social Security Death Master File (DMF) by the states, STS was able to purchase access to DMF data so that we could confirm a patient's life status. Research based on this information helped to improve surgical outcomes, inform shared decision-making with patients and their families, and enhance the quality of patient care. We have pursued other avenues to obtain death information, but a complete DMF continues to be the most reliable source. We are mindful of a significant concern for the security of personal information found in the DMF, and are willing to provide all necessary assurances that the STS National Database is subject to rigorous privacy protocols that comply with the Health Insurance Portability and Accountability Act standards, the Federal Information Security Management Act, and other privacy and security regulations. We remain committed to enhancing patient safety by improving care in the operating room and protecting patient privacy and security.

Access to the complete DMF would enable the Society to once again utilize clinical data combined with claims information to provide long-term information on patient treatments. Equipped with the knowledge of the effectiveness of certain treatments, we believe that patients, their families, and their physicians together will be able to the best decisions for their health care needs—including improving chronic disease management and treatment. The Senate Committee on Homeland Security and Governmental Affairs is currently considering legislation affecting the DMF. We are hopeful that the Committee will address other, legitimate uses of DMF data when marking up that legislation. We encourage this Committee to work with us to restore our access to DMF data as quickly as possible.

Telehealth
Ideas to effectively use or improve the use of telehealth and remote monitoring technology.

The American College of Surgeons has endorsed the use of teleconsultations as a safe and reliable method for evaluating surgical candidates in certain situations. STS acknowledges that the successful integration of telehealth into routine patient care requires an advanced technological infrastructure and a financial commitment. The use of telemedicine may not be an appropriate tool for preoperative or postoperative evaluation in every specialty and situation, but the ability to more aptly integrate telehealth technology would reinforce a more holistic approach to advancing the practice of medicine for a vulnerable population that normally requires multiple visits to their health care providers.

Rural Health
Strategies to increase chronic care coordination in rural and frontier areas.

As mentioned above, telehealth could greatly enhance care coordination among patients with chronic conditions who are in rural or health professional shortage areas. However, an underlying issue in serving the needs of these patients is the diminishing availability of providers

nationwide to coordinate such care. According to the Association of American Medical Colleges (AAMC) Center for Workforce Studies, there will be a shortage of over 100,000 physicians, including 62,000 surgeons and medical specialists, over the next decade. Cardiovascular disease accounts for more than one-third of the deaths in the United States, and the Medicare-age population most frequently affected by cardiovascular disease is expected to double by 2030. America's cardiothoracic surgeons are also aging, more than half of the current workforce is 55 years and older.[1] According to a recent HRSA report, cardiothoracic surgery is expected to lose 24 percent of its workforce over the next decade.[2]

Lawmakers have recognized that GME must have secure and predictable funding. Federal support has become even more critical as surgical care undergoes sweeping changes to modernize and develop new payment and delivery models. We therefore echo a key recommendation in the Institute of Medicine's (IOM) recent GME report, "Graduate Medical Education That Meets the Nation's Health Needs", which supports Medicare GME funding at current levels and suggests modernizing the payment methods by which the program rewards performance and incentivizes innovation.[3]

STS also believes that the cap on publicly funded GME training slots should be raised. Medicare must continue to provide for training costs by supporting at least a 15 percent increase in GME positions, which would allow teaching hospitals to prepare another 4,000 physicians a year to meet the needs of an aging population. GME financing must also reflect the changing health care environment. AAMC predicts a deficit of approximately 65,800 primary care and 64,800 specialists by 2025.[4]

A scarcity of cardiothoracic surgeons could have dire consequences for population health. Ensuring an adequate workforce of skilled surgical specialists through sensible and sustained GME financing will be crucial to securing continuity of care for those with chronic conditions.

Patient Empowerment

Ways to empower Medicare patients to play a greater role in managing their health and meaningfully engage with their health care providers.

STS has long been a proponent of patient education, empowerment, and shared decision-making as evidenced by our contribution to guidelines for the treatment of ischemic heart disease and our participation in the Choosing Wisely™ campaign led by the American Board of Internal Medicine Foundation. The Choosing Wisely™ effort generates patient-friendly materials to educate patients about their care options and helps outline the important questions to ask physicians.[5] The Society has also developed morbidity and mortality risk models for the most

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[1] Shortage of Cardiothoracic Surgeons is Likely by 2020. Available at http://circ.ahajournals.org/content/120/6/488.abstract
[2] Projecting the Supply of Non-Primary Care Specialty and Subspecialty Clinicians: 2010-2025. Available at http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/clinicalspecialties/clinicalspecialties.pdf
[3] Graduate Medical Education That Meets the Nation's Health Needs. Available at http://www.iom.edu/Reports/2014/Graduate-Medical-Education-That-Meets-the-Nations-Health-Needs.aspx
[4] Physician Shortages to Worsen Without Increases in Residency Training. Available at https://www.aamc.org/download/153160/data/physician_shortages_to_worsen_without_increases_in_residency_tr.pdf
[5] Choosing Wisely: *An Initiative of the ABIM Foundation*. Retrieved from: http://www.choosingwisely.org/

common cardiac surgeries based on records in the STS National Database. Calculating the individual preoperative risk and discussing this information with patients and families improves the understanding of risks, benefits, alternatives, and goals of surgery. The risk calculator improves communication, enhances understanding, and empowers patients and families to make informed decisions.

Similarly, the Society's robust public reporting of surgical quality measures serves to translate esoteric clinical data into useful and actionable information for patients. Participants in the STS National Database can volunteer to publicly report outcomes for surgical procedures, including coronary artery bypass grafting surgery and aortic valve replacement. A similar initiative has just begun in congenital heart surgery, and general thoracic ratings will soon be available. Patients can use these ratings which are grounded in data on past surgical outcomes as a way to open a dialogue with their surgeon about recommended procedures and expected results.

In order to further empower patients, the Society is in the process of developing a mobile-friendly website to be launched in 2015 (ctsurgerypatients.org) that will help patients and their family members better understand the diseases and conditions treated by cardiothoracic surgeons. The new site will include photos, interactive infographics, videos, and sample lists of questions that can help patients jumpstart conversations with their doctors.

Thank you for the opportunity to share our thoughts on enhancing the delivery of quality care to individuals with chronic conditions. If you have any additional questions, please contact Courtney Yohe, Director of STS Government Relations at 202-787-1222, or by e-mail cyohe@sts.org.

Sincerely,

Mark S. Allen, MD
President