



The Society of Thoracic Surgeons

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January 11, 2017

(Submitted electronically via PTAC@hhs.gov)

Physician-Focused Payment Model Technical Advisory Committee (PTAC)
Department of Health and Human Services
Assistant Secretary of Planning and Evaluation
Office of Health Policy
200 Independence Avenue SW
Washington, D.C. 20201

RE: ACS-Brandeis Advanced APM submitted by the American College of Surgeons

Dear PTAC Members:

The Society of Thoracic Surgeons (STS) is pleased to provide comments in support of the ACS-Brandeis Advanced Alternative Payment Model (APM) submission. Founded in 1964, STS is a not-for-profit organization representing more than 7,400 surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within 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.

STS requests that PTAC evaluate the submission with our support in mind and with the acknowledgement that currently-approved APMs do not provide meaningful participation options for surgeons. We believe that the ACS-Brandeis model provides the opportunity for surgeons to participate in an APM that supports patient care and improved outcomes by focusing on how patients receive care and the services that physicians directly influence.

We also support the ACS-Brandeis model because of how it can be applied across a variety of specialties. For example, we would like to direct your attention to *Appendix C: Society of Thoracic Surgeons Whitepaper on APM Collaboration*. We believe that STS is uniquely situated to complement the ACS-Brandeis submission in a way that reflects the clinical specificity needed in alternative-payment models while simultaneously acknowledging that the revenue and patient count thresholds finalized by the Centers for Medicare and Medicaid Services (CMS) to become a “qualified participant” (QP) in an Advanced APM will necessitate APM Entities taking on responsibility for multiple bundles in order to meet the QP thresholds. Bundles focused on specific procedures are not likely to afford cardiothoracic surgeons the opportunity to qualify as QPs. The inclusion of the STS National Database as

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part of the cardiothoracic episodes included in the model will allow for provider feedback to facilitate precisely the type of quality improvement and focus on resource use that PTAC seeks from APMs. We believe that the ACS-Brandeis model can be constructed in a way that allows specialties to bring resources, like the STS National Database, to the overall model without requiring CMS or the Center for Medicare and Medicaid Innovation (CMMI) to disassemble specialty episodes from the overall model.

We look forward to providing the Committee with more information on the STS quality/payment component and how it complements the model under consideration, and thank PTAC for the opportunity to support the ACS-Brandeis submission.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph E Bavaria". The signature is fluid and cursive, with a long horizontal stroke at the end.

Joseph E Bavaria, MD
President