



The Society of Thoracic Surgeons

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February 9, 2018

VIA EMAIL

Practice Improvement and Measures Management Support (PIMMS) Quality
Measures Support

RE: Centers for Medicare and Medicaid Services (CMS) 2019 Call for MIPS
Specialty Measure Sets

Dear Practice Improvement and Measures Management Support (PIMMS) Quality
Measures Support,

On behalf of The Society of Thoracic Surgeons (STS), I am writing to provide
comments on the Centers of Medicare and Medicaid Services (CMS) 2019 Call for
Merit-based Incentive Payment System (MIPS) Specialty Measure Sets. We
appreciate the opportunity to provide recommendations to CMS on potential
revisions to the existing cardiothoracic surgery measure set for the 2019 MIPS
program year.

Founded in 1964, STS is an international not-for-profit organization representing
more than 7,400 cardiothoracic surgeons, researchers, and allied health care
professionals worldwide who are dedicated to ensuring the best possible patient
outcomes for surgeries of the heart, lungs, 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.

Below, please find a table that provides a list of all measures assigned to the 2018
thoracic surgery specialty measure set in the CY 2018 Quality Payment Program final
rule. Please note that our comments include some corrections for the Measure
Steward column. Measures for which there are no comments shown below are
considered by STS to be properly attributed and appropriate/useful for reporting by
cardiothoracic surgeons.

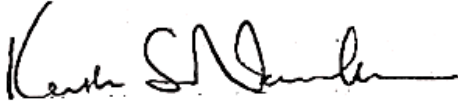
Although we appreciate that CMS is making multiple quality reporting options
available to physicians, we hope to continue to work with the agency to incentivize
the use of qualified clinical data registry (QCDR) reporting. QCDRs such as the STS
National Database offer quality measures that are far superior to what is listed here.
For example, the NQF-endorsed, STS composite CABG measure has substantial
advantages over any of the individual measures listed in the Table. As we have
repeatedly noted, risk-adjusted mortality rates for coronary artery bypass graft
(CABG) procedures have fallen to the 1-2% range, making it very difficult to
distinguish quality differences using this endpoint alone. In addition, mortality is

only one of the several major adverse outcomes of CABG (e.g., stroke, renal failure) that are of enormous concern to patients. The STS CABG Composite measure as an option incorporates five major adverse outcomes and provides more endpoints for statistical analysis. The STS CABG Composite scoring represents a more rigorous evaluation of an individual surgeon's performance with respect to enhanced quality metrics.

For CMS to truly collect meaningful quality information on cardiothoracic surgery, steps must be taken to encourage physicians to independently report on quality. We are very concerned that, because of how the MIPS program is structured, CMS may receive fewer or less meaningful quality measures from a good portion of physicians. In the case of cardiothoracic surgery, many surgeons are now hospital-employed and are therefore reporting quality measures under a single tax identification number (TIN). Hospitals are not likely to choose cardiothoracic surgery measures as one of the few measures to report under that TIN. Although CMS has indicated that physicians who chose to report individually may benefit from the higher of the two quality scores attributed to them, information as to how this will actually work is lacking. CMS must encourage and incentivize physicians to report on the most relevant and meaningful quality measures to their practices. We look forward to the opportunity to demonstrate how the STS National Database can facilitate superior quality reporting and improvement under the Medicare program. As virtually all cardiac surgery programs in the US participate in the STS Adult Cardiac Surgery Database, offering this as an option would not require any additional expenditure of resources by programs.

We welcome the opportunity to work with CMS to ensure that the thoracic surgery specific measures will allow our members the opportunity to succeed within the MIPS program. Please contact Courtney Yohe, Director of Government Relations at 202-787-1230 should you need additional information or clarification.

Sincerely,

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

Keith Naunheim, MD
President

Table B.24. Thoracic Surgery

Quality ID	Data Submission Method	Measure Type	Measure Name	Measure Steward	STS Comment/Rationale
021	Claims, Registry	Process	Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin	American Society of Plastic Surgeons	
023	Claims, Registry	Process	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	American Society of Plastic Surgeons	
043	Registry	Process	Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery	Society of Thoracic Surgeons	
047	Claims, Registry	Process	Care Plan	National Committee for Quality Assurance	Other members of the care team monitor and document this measure. The existing thoracic measure set has a large amount of measures to allow physicians to focus on measures that are more relevant to the specialty.
130	Claims, EHR	Process	Documentation of Current Medications in the Medical Record	Centers for Medicare & Medicaid Services	This is a Joint Commission requirement and may be more appropriately monitored by care team members other than the cardiothoracic surgeon
164	Registry	Outcome	Coronary Artery Bypass Graft (CABG): Prolonged Intubation	Society of Thoracic Surgeons	Incorrectly attributed (82 FR 54115) to American Thoracic Society; measure steward is The Society of Thoracic Surgeons

Quality ID	Data Submission Method	Measure Type	Measure Name	Measure Steward	STS Comment/Rationale
165	Registry	Outcome	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate	Society of Thoracic Surgeons	Incorrectly attributed (82 FR 54115) to American Thoracic Society; measure steward is The Society of Thoracic Surgeons
166	Registry	Outcome	Coronary Artery Bypass Graft (CABG): Stroke	Society of Thoracic Surgeons	Incorrectly attributed (82 FR 54115) to American Thoracic Society; measure steward is The Society of Thoracic Surgeons
167	Registry	Outcome	Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure	Society of Thoracic Surgeons	Incorrectly attributed (82 FR 54116) to American Thoracic Society; measure steward is The Society of Thoracic Surgeons
168	Registry	Outcome	Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration	Society of Thoracic Surgeons	
226	Claims, Registry, EHR, Web Interface	Process	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Physician Consortium for Performance Improvement	
236	Claims, Registry, EHR, Web Interface	Intermediate Outcome	Controlling High Blood Pressure	National Committee for Quality Assurance	We note that the existing thoracic measure set has a large amount of measures to allow physicians to focus on measures that are more relevant to the specialty. Additionally, we note that blood pressure control is managed by care team members other than the cardiothoracic surgeon

Quality ID	Data Submission Method	Measure Type	Measure Name	Measure Steward	STS Comment/Rationale
317	Claims, EHR	Process	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Centers for Medicare & Medicaid Services	We note that the existing thoracic measure set has a large amount of measures to allow physicians to focus on measures that are more relevant to the specialty. Additionally, we note that hypertension screening and follow-up occur before surgical treatment
358	Registry	Process	Patient-Centered Surgical Risk Assessment and Communication	American College of Surgeons	Only appropriate for this specialty measure set if a risk model is available for the surgical procedure
374	EHR	Process	Closing the Referral Loop: Receipt of Specialist Report	Centers for Medicare & Medicaid Services	
402	Registry	Process	Tobacco Use and Help with Quitting Among Adolescents	National Committee for Quality Assurance	
441	Registry	Intermediate Outcome	Ischemic Vascular Disease All or None Outcome Measure (Optimal Control)	Wisconsin Collaborative for Healthcare Quality (WCHQ)	We note that the existing thoracic measure set has a large amount of measures to allow physicians to focus on measures that are more relevant to the specialty. Additionally, we note that all four goals within the measure are not appropriate for acute surgical patients
445	Registry	Outcome	Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)	Society of Thoracic Surgeons	

February 9, 2018
PIMMS Quality Measures Support
6