

November 2017

The Society of Thoracic Surgeons is pleased to present this issue of *STS Advocacy Monthly*, which features the latest and most important legislative and regulatory news relevant to cardiothoracic surgery. If you have comments or suggestions, please email <u>advocacy@sts.org</u>.

STS Testifies on APMs at Congressional Hearing

Rep. Larry Bucshon, MD (R-IN), a cardiothoracic surgeon and STS member, recently discussed the Society's efforts to design an Alternative Payment Model. During a hearing of the House Energy & Commerce Committee's Subcommittee on Health, "MACRA and Alternative Payment Models: Developing Options for Value-based Care," Rep. Bucshon explained that STS has been a pioneer in quality measurement and has developed a quality-based payment program specifically related to cardiothoracic surgical procedures, including coronary artery bypass grafting, valve repair/replacement, and treatments for lung cancer. A clip from the hearing can be found on the <u>STS Advocacy Facebook page</u> and on the <u>STS YouTube Channel</u>.

Society Advocates for Access to Claims Data

STS also participated in a meeting of the National Physicians Council for Healthcare Policy, led by Rep. Pete Sessions (R-TX), which focused on value-based health care. Society staff explained the importance of linking Qualified Clinical Data Registries, such as the STS National Database, with Medicare claims data. STS previously sent <u>comments to the Centers for Medicare & Medicaid Services</u> (CMS) on this topic.

STS Signs Coalition Letters

The Society recently signed multiorganizational letters that:

- Responded to a Center for Medicare and Medicaid Innovation (CMMI) request for feedback on how it should be refocused. The letter <u>urged CMMI to engage in appropriately scaled, time-limited</u> <u>demonstration projects</u> and suggested greater transparency, improved data sharing, and broader collaboration with the private sector.
- Asked CMS to provide guidance regarding the ownership and licensing of Merit-Based Incentive Payment System (MIPS) measures. The letter <u>outlined concerns that commercial entities</u>, including electronic health record vendors, are incorporating MIPS measures developed by medical societies into their products without entering a licensing agreement or paying a royalty fee to the measure owner.
- Reiterated the <u>importance of including unique device identifiers</u> (UDIs) on Medicare claims forms. The letter follows a recent report by the Office of Inspector General that recommended including UDIs on claims forms to more quickly detect device failures. CMS indicated that the agency would examine the potential burden on health care providers; STS believes the benefits far outweigh any additional effort required.

2018 Medicare Payment Details Released

Earlier this month, CMS released final rules for several physician payment programs in 2018:

<u>Hospital Outpatient Prospective Payment System:</u> The final rule partially reversed cuts to reimbursement for low-dose computed tomography scans and shared decision-making visits that had been outlined in the

proposed rule. STS had worked with members of Congress, including Rep. Bucshon, Rep. Jim Renacci (R-OH), Rep. Bill Pascrell (D-NJ), and Rep. John Larson (D-CT), in sending a letter to CMS speaking out against these cuts.

<u>Physician Fee Schedule</u>: CMS listened to comments from STS and other stakeholders on a number of issues, including recommended values for artificial heart system procedures and esophagectomy via laparoscopic and thoracoscopic approaches. The agency also decided against using updated premium data to compute professional liability insurance relative values. The Surgical Coalition, which includes STS, had <u>pointed out shortcomings</u> with the data.

<u>Quality Payment Program (QPP)</u>: CMS made a number of changes to MIPS, which falls under the QPP, including adjusting the weights of various performance categories, increasing the performance threshold for physicians to avoid a negative payment adjustment, and postponing a provision that impacts performance requirements for hospital-based physicians.

Key Contact Connect

Members Meet with Lawmakers at Legislative Fly-In

Eighteen STS members converged on Washington, DC, earlier this month to advocate for cardiothoracic surgeons and their patients. Participants had dinner with Rep. Josh Gottheimer (D-NJ) and Rep. Tom Reed (R-NY) of the Problem Solvers Caucus and discussed bipartisan action in the House of Representatives. The next day, members engaged in meetings at 43 Congressional offices, representing 13 states. <u>View photos from the event</u>. If you were unable to attend, you still can take action by <u>learning about the issues</u> discussed at the Fly-In and <u>contacting your members of Congress</u>.