

April 10, 2013 [Comment deadline: April 15]

VIA EMAIL ([SGRComments@mail.house.gov](mailto:SGRComments@mail.house.gov))

The Honorable Dave Camp  
Chairman, Committee on Ways and Means  
U.S. House of Representatives  
1102 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Fred Upton  
Chairman, Committee on Energy and Commerce  
U.S. House of Representatives  
2125 Rayburn House Office Building  
Washington, D.C. 20515

Re: SGR Repeal and Reform Proposal – Second Draft

Dear Chairman Camp and Chairman Upton:

The American Association of Hip and Knee Surgeons (AAHKS) is a national association of orthopaedic surgeons formed to provide leadership in advocacy, education and research to achieve excellence in hip and knee patient care. AAHKS is committed to promoting high-quality care for all of our patients, including Medicare beneficiaries. We therefore appreciate this opportunity to provide comments on the second draft of your Sustainable Growth Rate (SGR) Repeal and Payment Reform framework ("Proposed Framework"). These comments supplement our February 21, 2013 letter on your earlier SGR reform outline.

First, we reiterate our strong support for the long-overdue repeal of the SGR formula. As previously mentioned, the steep and arbitrary cuts mandated under this formula threaten patient care and discourage physician participation in the Medicare program. While we appreciate Congress's repeated actions to override the SGR formula, the annual drama surrounding these short-term fixes undermines faith in the Medicare program and jeopardizes continuing Medicare beneficiary access to care.

Second, we commend the Committee for its emphasis on "[d]esigning a system that is inclusive of all specialties and practice types," rather than a "one size fits all" approach. We believe that medical specialty societies should play a formal and central role in developing and updating meaningful quality measures and other clinical improvement activities under the new physician payment framework. This should include providing input on how to tie quality performance to reimbursement, including risk adjustment provisions.

AAHKS has devoted considerable resources to specialty-specific clinical practice improvement activities to improve quality of care. In particular, AAHKS has formed a multi-stakeholder Total Knee Replacement Work Group to identify and define quality measures to improve outcomes for patients undergoing a total knee replacement (TKR). This project utilizes the expertise of practicing orthopaedic surgeons and other clinicians to create explicit, valid, and feasible quality measures that can be used to monitor and improve the quality of orthopaedic

care. The quality of care measures developed through this process evaluates appropriate preoperative, intraoperative, and postoperative care, which are critical to improving patient function and quality of life. The TKR measures are now operational. The Work Group also intends to develop Total Hip Replacement measures; additional time will be necessary before those measures can be reported. While measure development is a resource-intensive process that poses challenges to smaller professional societies, such as AAHKS, these measures offer a mechanism to help improve quality of care, and therefore AAHKS is committed to finding the necessary resources.

The Proposed Framework stresses the role of patient registries in quality reporting, stating that they can “facilitate quality improvement while minimizing provider participation burden.” While registries can play an important role in the new framework, we encourage the Committees to preserve flexibility in reporting mechanisms. For instance, while the American Joint Replacement Registry (AJRR) was established to serve as a national center for data collection and research on total hip and knee replacements, not all surgeons are affiliated with facilities that belong to the AJRR. Thus, the Committees should ensure that any quality reporting options are broad enough to include claims-based reporting until registry reporting is more widespread. The Proposed Framework states that it intends to facilitate measure reporting through electronic health records, patient registries, and “other reliable data sources that providers trust”; we recommend that these measure reporting options specifically include claims-based reporting.

Finally, AAHKS is encouraged that the Committees are exploring improvements to “ease the administrative burden upon medical providers and allow more time caring for Medicare beneficiaries.” Particularly for small practices, the overhead costs associated with complying with the full array of Medicare administrative and documentation standards can be significant -- consuming resources that could be put to better use on actual patient care. These administrative burdens are particularly difficult in light of the uncertain Medicare payment outlook physicians have been facing year after year under the current SGR formula. We therefore urge you to minimize those burdens as you proceed with developing the final SGR reform framework, such as through streamlining administrative requirements and aligning measures under various reporting programs.

\* \* \*

AAHKS looks forward to working with the Committees to successfully reform the Medicare physician payment system. Please feel free to call on us as a resource, particularly on any provisions of the reform package pertaining to the role of specialty societies in the development and implementation of quality and efficiency measures. You can reach me at [Thomas.Fehring@orthocarolina.com](mailto:Thomas.Fehring@orthocarolina.com), or you may contact Krista Stewart at [krista@aahks.org](mailto:krista@aahks.org).

Sincerely,



Thomas K. Fehring, MD  
President  
American Association of Hip and Knee Surgeons

cc: Robert A. Hall, MEd, Executive Director, AAHKS  
AAHKS Board of Directors  
Gail Daubert, R.N., J.D.