

September 20, 2016

Chairman Patrick Tiberi
House Ways and Means Health Subcommittee
1102 Longworth HOB
Washington, DC 20515

Ranking Member James McDermott
House Ways and Means Health Subcommittee
1102 Longworth HOB
Washington, DC 20515

waysandmeans.submissions@mail.house.gov
(*electronic submission*)

Subject: Hearing on Incentivizing Quality Outcomes in Medicare Part A

Dear Chairman Patrick Tiberi and Ranking Member James McDermott:

The American Joint Replacement Registry (AJRR) commends the House Ways and Means Health Subcommittee for holding the Hearing on Incentivizing Quality Outcomes in Medicare Part A on September 7, 2016 to examine whether existing Medicare Part A policies are improving the quality and cost-efficiency of care in hospitals. We share the common goal of exploring ways to better improve the quality of care for Medicare patients and this is very important to the Registry community.

AJRR is the only national hip and knee arthroplasty Registry collecting data in all 50 states, and is the largest orthopaedic Registry with over 500,000 procedures, 810 hospitals, and 5,500 surgeons. AJRR collects Level I (patient, hospital, surgeon, and procedure info), some Level II (patient risk factors, comorbidities, post-operative complications, and surgical approaches) data on patients, surgeons, medical devices, and revision complications reported under the procedural codes for primary hip and knee arthroplasty, and Level III (patient-reported outcome measures). AJRR also has a mechanism in place for orthopaedic professionals to submit their Physician Quality Reporting System (PQRS) data to CMS through our Qualified Clinical Data Registry (QCDR). AJRR was designated a QCDR in FY 2014, 2015, and FY 2016.

While the hearing did not directly address registries, AJRR is submitting this letter for the record highlighting this important issue. Registries play a unique and prominent role in

improving the quality and cost-efficiency of care in hospitals and should be included as a very important topic of discussion. Registries provide detailed information about patients and procedures not routinely collected by electronic health records (EHR), administrative, or claims data. They allow for benchmarking of one provider to another, linking measurement to performance improvement and leading to the betterment of overall quality of care.

The AJRR appreciates this opportunity to provide comments to the Ways and Means Committee regarding the Hearing on Incentivizing Quality Outcomes in Medicare Part A and registries. We look forward to continuing to work with CMS to provide guidance and input on issues related to the clinical data registries. If you have questions regarding our comments, please do not hesitate to contact our Executive Director, Jeffrey P. Knezovich, CAE at (847) 292-0530 or at knezovich@ajrr.net.

Sincerely,



Daniel J. Berry, MD
Chair, American Joint Replacement Registry

cc: Jeffrey P. Knezovich, CAE, Executive Director
David G. Lewallen, MD, Medical Director