American Joint Replacement Registry
Improving Orthopaedic Care Through Data

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August 21, 2017

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-5522-P,
Mail Stop C4-26-05,
7500 Security Boulevard,
Baltimore, MD 21244-1850.

Submitted electronically via http://www.regulations.gov

Subject: (CMS-5522-P)
Medicare Program; CY 2018 Updates to the Quality Payment Program

Dear Administrator Verma:

The American Joint Replacement Registry (AJRR) appreciates the opportunity to review and comment on the Medicare Program; CY 2018 Updates to the Quality Payment Program published in the Federal Register on June 30, 2017. AJRR is the only national hip and knee arthroplasty Registry collecting data in all 50 states, and is the largest orthopaedic Registry with over 1,000,000 procedures, 900 hospitals, and 8,700 surgeons.

Self-nomination process

AJRR welcomes CMS's efforts to improve and streamline the self-nomination process including the development of a web-based tool for future program years, and the ability for an entity to attest that elements of the previous year's application remain the same.

Despite these improvements, QCDRs will continue to spend a considerable amount of time each year navigating the burdensome nomination process. AJRR urges CMS to extend the QCDR renewal period from one year to two years. Although the proposed self-nomination improvements would alleviate some of the burden, an annual self-nomination cycle would continue to tax QCDR resources.

Access to Medicare claims data

AJRR appreciates CMS efforts to facilitate QCDR access to Medicare claims data. Unless registries can validate their data with real-time Medicare and non-Medicare claims data, their findings exist in a virtual vacuum and are of little benefit. With validation, registries can provide CMS with information that saves lives, and improves physician and medical device performance which can provide significant cost savings to the Medicare program. Longitudinal device and patient tracking is nearly impossible without validation of patient encounters over time, location and health services. Surveillance of the outcomes of

patients and devices requires the ability to follow both the patient and device through time and changes in health care provider.

In recent meetings with CMS, AJRR was reassured that changes to the ResDAC application and data provision processes will prove satisfactory to meeting our QCDR data needs. AJRR will continue to work with CMS to determine if the ResDAC program can meet the robust data validation needs of a QCDR.

Use of another QCDR's measure

Under the proposed rule, CMS offers a route for one QCDR to seek permission from another QCDR to use an existing measure owned by the second registry. Yet the QCDR application currently does not ask about the ownership and licensing of non-MIPS measures. AJRR echoes the concerns of the registry community in urging CMS to develop a process respectful of QCDRs' intellectual property interests.

Relatedly, the proposed rule provides that a QCDR using another registry's measure must have permission by the time of self-nomination in order to include proof of permission for CMS review and approval. To provide more clarity, CMS should define what form this proof of permission would take to satisfy the requirements of the self-nomination application process.

Measure approval process

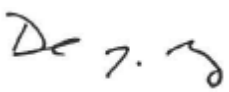
Although AJRR has not submitted measures for approval, it shares the concerns expressed by the registry community regarding the measure approval and development process. During the 2017 QCDR measure review period, many QCDRs experienced a disorganized process with contradictions in the responses received from CMS staff and contractors. Moreover, CMS has rejected measures without providing any or sufficient rationale for QCDRs to respond or modify their submission. Both timely and detailed feedback is necessary for the program to operate well.

As CMS considers whether QCDRs that develop and report on their own measures must fully develop and test (i.e. conduct reliability and validity testing) their measures by the time of submission, AJRR encourages CMS to consider the burdens extensive pre-submission testing may put on many smaller, sub-specialty, or nascent QCDRs.

AJRR appreciates this opportunity to provide comments on the Medicare Program; CY 2018 Updates to the Quality Payment Program proposed rule. We look forward to continuing to work with CMS to provide guidance and input on issues related to the clinical data registries.

Please feel free to contact Jeffrey Knezovich, Executive Director, AJRR at 847-292-0530 or knezovich@ajrr.net should you have any questions or comments.

Sincerely,



Daniel J. Berry, MD
Chair
American Joint Replacement Registry

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