

August 30, 2017

Thomas Dudley
Designated Federal Official (DFO)
Office of Communications
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Mailstop S1-05-06,
Baltimore, MD 21244-1850

Dear Mr. Dudley,

The American Joint Replacement Registry (AJRR) is an independent national total joint replacement registry with over one million hip and knee replacement and revision procedures in its database. AJRR's mission is to improve orthopaedic care through the collection, analysis, and reporting of actionable data. AJRR appreciates the opportunity to provide comment to the Advisory Panel on Outreach and Education (APOE) on how it can enhance the effectiveness of consumer education strategies related to ongoing Centers for Medicare & Medicaid Services (CMS) projects.

While we recognize that the New Medicare Cards initiative (formerly the Social Security Number Removal Initiative) is required by law under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, uninterrupted access to patient data is necessary for AJRR to help providers improve patient outcomes and quality of care, as well as to generate significant savings for the Medicare program. AJRR is writing to share some considerations we would ask the Panel to take into account as it develops future consumer education strategies related to the New Medicare Cards initiative. We understand that identity theft is a serious threat, but efforts to reduce or restrict the use of Social Security numbers by patients present unique obstacles to the operations of a registry such as AJRR.

Clinical data registries are a valuable tool to protect patient safety and promote quality improvement. Presently, Social Security numbers are critical to a registry's ability to track patients throughout both the patient's lifetime and that of a medical device implant. The ability to track device implant and procedure outcomes is necessary to perform longitudinal studies for quality improvement. The New Medicare Cards initiative poses a challenge to a registry's data validation processes by potentially disrupting the development of crucial longitudinal data.

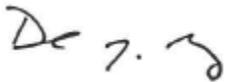
While AJRR appreciates that CMS will be developing a "lookup tool" for providers, we believe it is critical that this tool be available as early as possible and that it not impose undue financial or administrative burdens on providers or registries. It is important to ensure uninterrupted access to this data for other stakeholders as registries' access to patients' Social Security numbers plays a vital role in their operations. Any disruption in our data validation methods would jeopardize the Registry's ability to keep track of outcomes. In developing further outreach and education

programs, APOE should explain how this data will flow to registries in order to allow them to continue their important work on quality and patient safety.

Conversion to a system which operates on MBI rather than HICN will require providers to devote resources and time to adjusting their workflow. Interruptions caused by unforeseen factors, as well as those mentioned above, could impede effective tracking of procedure outcomes. Although AJRR understands and shares concerns about the risks of identity theft, the solution should not jeopardize patient safety and care.

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,

A handwritten signature in black ink, appearing to read "D. J. Berry".

Daniel J. Berry, MD
Chair
American Joint Replacement Registry

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