

January 28, 2016

Committee on Health, Education, Labor, and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

Subject: HELP Health IT Bipartisan Staff Discussion Draft

Dear Committee on Health, Education, Labor, and Pensions (HELP):

The American Joint Replacement Registry (AJRR) appreciates the opportunity to review and comment on the HELP Health IT Bipartisan Staff Discussion Draft released on January 22, 2016.

AJRR is the only national hip and knee arthroplasty registry collecting data in all 50 states, and is the largest orthopaedic registry with over 400,000 procedures, 623 hospitals, and 4,300 surgeons. AJRR collects Level I (patient, hospital, surgeon, and procedure info), some Level II (patient risk factors, co-morbidities, 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 and FY 2015.

Health Information Technology Rating Program

AJRR agrees that there should be considerations for the reporting criteria that includes submitting, editing, and retrieving data from registries such as clinician-led clinical data registries. Registries play a unique and prominent role because they can provide additional detailed information about patients, procedures, medical devices that may not be routinely collected by electronic health records, administrative, or claims data.

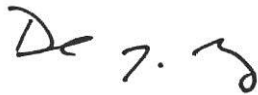
Leveraging Health Information Technology to Improve Patient Care

AJRR supports the establishment of the definition for the term "clinician-led clinical data registry." There is only one statutory definition of a clinical registry - a Qualified Clinical Data Registry (QCDR) approved to facilitate physician reporting to the Physician Quality Reporting System. However, there are a number of registries that are not designed for physician quality reporting. In the Medicare Access and Chip Reauthorization Act, Congress will allow QCDRs to purchase Medicare claims data effective July 2016. Access could not be expanded to other types of registries because there was no definition of a Clinician-led Clinical Data Registry. Having a

statutory definition for the term “clinician-led clinical data registry” will help Congress encourage interoperability among Electronic Health Records (EHRs) as well as collaboration with registries for eventual EHR-registry collaboration.

The AJRR appreciates this opportunity to provide comments on the HELP Health IT Bipartisan Staff Discussion Draft. We look forward to continuing to work with the Senate HELP Committee 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) 430-5036 or at knezovich@ajrr.net.

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