



The Society of Thoracic Surgeons

STS Headquarters

633 N Saint Clair St, Floor 23
Chicago, IL 60611-3658
(312) 202-5800
sts@sts.org

STS Washington Office

20 F St NW, Ste 310 C
Washington, DC 20001-6704
(202) 787-1230
advocacy@sts.org

www.sts.org

July 23, 2013

Honorable Fred Upton
Chairman, Energy and Commerce
Committee
United States House of
Representatives
2183 Rayburn House Office Building
Washington, DC 20515

Honorable Joseph Pitts
Chairman, Health Subcommittee
Energy and Commerce Committee
United States House of
Representatives
420 Cannon House Office Building
Washington, DC 20515

Honorable Michael Burgess
Vice Chairman, Health Subcommittee
Energy and Commerce Committee
United States House of
Representatives
2336 Rayburn House Office Building
Washington, DC 20515

Honorable Henry Waxman
Ranking Member, Energy and
Commerce Committee
United States House of
Representatives
2204 Rayburn House Office Building
Washington, DC 20515

Honorable Frank Pallone, Jr.
Ranking Member, Health
Subcommittee
Energy and Commerce Committee
United States House of
Representatives
237 Cannon House Office Building
Washington, DC 20515

Honorable John Dingell
Energy and Commerce Committee
United States House of
Representatives
2328 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Upton, Waxman, Pitts, Pallone, Burgess, and Dingell:

On behalf of The Society of Thoracic Surgeons (STS), I write to express our sincere gratitude and support for your recent bipartisan efforts to reform Medicare physician payment. I also want to commend you for your openness to feedback from stakeholders as you prepared draft legislation released to the public on July 18. Below I highlight some of the provisions STS has supported throughout this process that we are grateful to see included in the final draft.

Founded in 1964, STS is an international, not-for-profit organization representing more than 6,600 surgeons, researchers, and allied health care professionals in 85 countries who are dedicated to providing patient-centered high quality care to patients with chest and cardiovascular diseases, including heart, lung, esophagus, transplantation, and critical care. The mission of the Society is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

June 5, 2013

Representatives Upton, Waxman, Pitts, Pallone, Burgess, and Dingell

Page 2

As you are aware, STS has been a strong proponent of leveraging the unique power of clinical registries, combined with administrative claims and patient outcomes data, to improve quality and efficiency in the healthcare system. In fact, we firmly believe that, without a national infrastructure for collecting, aggregating, and evaluating clinical information against valid, risk-adjusted quality measures, any effort towards true payment reform would be difficult if not impossible.

Your bipartisan legislative draft makes incredible strides towards developing such an infrastructure through its focus on the utility of clinical registries. We are particularly grateful that the July 18th draft allows certain qualified clinical registries to access Medicare administrative claims data in order to execute the reforms articulated in this proposal. We look forward to working with you and your colleagues to make certain that the guidelines for development of these clinical registries are stringent enough to ensure the success of this program. We also hope to revisit the issue of allowing registries to access de-identified patient outcomes data contained in the Social Security Death Master File.

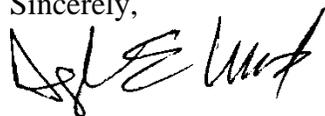
I would also like to underscore STS's support of the following provisions included in the July 18th draft:

- The election to use a benchmarking performance measurement model over a competition model that would discourage providers from sharing best practices.
- The ability to apply the quality assessment framework at the individual or group practice level.
- Flexibility to allow physicians to define alternative payment models that will help patients and providers alike to benefit from quality and efficiency improvements.

Of course, we understand that you and your colleagues in the House Energy and Commerce Committee and other committees of jurisdiction, also face the difficult task of identifying offsets in order to pass payment reform into law. Although STS cannot identify potential offsets from within the health sector, we would like to emphasize that federal health programs need not be the only source for offsets for this bill. Further, we believe that this legislation's focus on improvements to health care quality and efficiency will generate savings that must be assessed against the overall cost of repealing the sustainable growth rate formula.

Again, on behalf of the Society, thank you for your dedication to resolving this important issue. We look forward to helping you to bring this effort across the finish line this year. If you have any questions, please contact Phil Bongiorno, STS Director of Government Relations, at (202) 787-1221 or pbongiorno@sts.org.

Sincerely,



Douglas E. Wood, MD
President