ALLIANCE OF
WOUND CARE
STAKEHOLDERS
POWER THROUGH COLLECTIVE ADVOCACY

September 2, 2014

Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1612-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

*Comments Submitted Electronically to www.regulations.gov*

*RE: CMS-1612-P: CY 2015 Physician Fee Schedule*

Dear Ms. Tavenner:

On behalf of the Alliance of Wound Care Stakeholders ("Alliance"), I am pleased to submit the following comments in response to the CY 2015 Physician Fee Schedule**.** The Alliance is a nonprofit multidisciplinary trade association of health care professional organizations whose mission is to promote quality care and access to products and services for people with wounds through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. Our clinical specialty societies and organizations not only possess expert knowledge in complex chronic wounds, but also in wound care research. A list of our members can be found at www.woundcarestakeholders.org.

The physician fee schedule does not contain many provisions that impact wound care. Therefore, our comments are focused solely on wound care quality measures, the QCDR outcomes measure proposal and the global period. Our specific comments follow.

## ***Wound Care Quality Measures***

The Alliance has and continues to be a strong proponent of quality measures. CMS agreed to allow the Alliance of Wound Care Stakeholders to act as a specialty society for wound care in conjunction with the USWR as we created measures set for the wound care QCDR. While the Alliance agrees with the development of wound care quality measures and believes it is important to have wound care quality measures, we also agree with the elimination of the two proposed quality measures, and specifically, " use of wound surface culture technique in patients with chronic skin ulcers" and "use of wet to dry dressings in patients with chronic skin ulcers".

5225 Pooks Hill Rd | Suite 627S | Bethesda, MD 20814
T 301.530.7846 | C 301.802.1410 | F 301.530.7946
marcia@woundcarestakeholders.org

As such, the Alliance recommends that CMS finalize its proposal to eliminate the following two quality measures: " use of wound surface culture technique in patients with chronic skin ulcers" and "use of wet to dry dressings in patients with chronic skin ulcers".

## ***Qualified Clinical Data Registry Reporting (QCDR)***

The Alliance generally supports and agrees with the QCDR provisions contained in this proposed rule. However, the Alliance does not support the proposal to require the reporting of at least three outcome measures. Outcome measures are the most difficult to measure and track. Going from having one outcome measure as part of a QCDR to three outcome measures is a very high work burden for the QCDR and a high reporting requirement for participating eligible providers.

Furthermore, the proposed rule states that in lieu of three outcome measures, a QCDR can report at least two outcome measures and at least one of the following "other" types of measures; resource use, patient experience of care, or efficiency/appropriate use. CMS attempts to define each of these measure types but the definitions are confusing. It is difficult to determine what CMS means when it refers to outcome and "other" measures. For example, the proposed rule says that an outcome measure is "a measure that assesses the results of health care that are experienced by patients (that is, patients' clinical events; patients' recovery and health status; patients' experiences in the health system; and efficiency/cost". But later CMS defines a patient experience of care measure as "a measure of person- or family-reported experiences (outcomes) of being engaged as active members of the health care team and in collaborative partnerships with providers and provider organizations" There also appears to be potential overlap between "efficiency/cost" outcome measures and two other measure types; 1) resource use and, 2) efficiency/appropriate use. Thus, while the CMS QCDR-related proposal appears to wish to distinguish outcome measures from "other" types of measures, it's proposed definitions do not effectively do so.

The Alliance tried to decipher the difference and garner clarity by looking for examples within the proposed rule. Unfortunately, the proposed rule provides only a single example of an outcome measure; unplanned hospital readmission after a procedure.

The Alliance is happy to serve as a resource to CMS to further define outcome measures, however we recommend that CMS not finalize the three outcome measure requirement at this time.

## ***Global Surgical Services***

The Alliance has significant concerns with the CMS proposal to unbundle 10- and 90-day global surgical services, revalue these services as 0-day global services through a yet-to-be-determined methodology, and make these changes effective in CY 2017 (for 10-day global services) and CY 2018 (for 90-day global services). Separate payment would be made as medically reasonable and necessary pre and post-procedure visits.

CMS has not put forward a methodology in this proposal for unbundling global surgical services. That methodology should include fair and accurate values for base procedures as 0-day global services. It should also be reflective of direct and indirect practice expense costs. Until CMS can put forth a methodology with appropriate public notice and comment, the Alliance urges CMS to not move forward with this proposal.

Furthermore, the Alliance has significant concerns that by having separate payment being made for medically reasonable and necessary pre and post procedure visits, there will be an increase in scrutiny concerning the medical necessity of every post procedure visit, as well as an increase in claims volume and associated costs. CMS has not outlined an impact analysis or how they believe their contractors will be able to handle the increase in claims volume. The AMA estimates that the elimination of the global period will result in 63 million additional claims being filed with Medicare contractors to account for post-surgical evaluation and management services. There is also the additional administrative burden on the practice to submit all these additional claims. Ultimately, this proposed change will drive up the cost of healthcare. It will be burdensome for CMS and practitioners and appears to add no value to the health system.

The Alliance urges CMS not to implement this proposal to transition all 10- and 90-day global bundles to 0-day global codes for medically reasonable and necessary visits during the pre- and post-operative periods outside the day for the surgical procedure.

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On behalf of the Alliance of Wound Care Stakeholders, we appreciate the opportunity to submit these comments. If you have any questions or would like further information, please do not hesitate to contact me.

Sincerely,

Marcia Nusgart R.Ph.
Executive Director