

February 17, 2017

Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Hubert H. Humphrey Building, Room 445-6
Washington, DC 20201
Submitted via electronic submission

To Whom It May Concern:

In response to the e-mail dated January 25, 2017 titled “CMS is Accepting Suggestions for Potential New 2018 Merit-based Incentive Payment System (MIPS) Specialty Measure Sets,” the American Society of Plastic Surgeons (ASPS) offers the following recommendations.

For the 2018 Plastic Surgery Measure Set:

ASPS proposes the retention of measures 21, 23, 130, 226, 317, 357, 358 in the Plastic Surgery Measure Set.

ASPS proposes the removal of measures 47, 128, 374, and 402 from the Plastic Surgery Measure Set.

Rationale:

Regarding Measure 47, Care Plan, ASPS feels that advanced care planning is out of the scope for most plastic surgeons. If patients have reached the point in their illness that necessitates an advanced care plan, they are unlikely to be undergoing an elective plastic surgery procedure.

Regarding Measure 128, Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan, BMI monitoring is outside the scope of work for most plastic surgeons.

Although an argument can be made that achieving a healthy weight can reduce risk factors for surgical procedures, plastic surgeons generally do not have an established relationship with a patient and it would be difficult for them to provide the follow-up plan required to meet the measure.

Regarding Measure 374, Closing the Referral Loop: Receipt of Specialist Report, plastic surgeons generally are the specialists completing the report, not the physician on the receiving end. Thus, it is difficult to meet this measure until the companion measure documenting sending of the report from the specialist to the primary care physician is completed.

Regarding Measure 402, Tobacco Use and Help with Quitting Among Adolescents, plastic surgeons do not see large number of adolescent patients and the measure specifications require a primary care visit within the measurement period. As plastic surgeons are not primary care physicians, we do not believe this measure is appropriate for the Plastic Surgery Measure Set.

ASPS would like to propose the addition of measures 355, Unplanned Reoperation within the 30 Day Postoperative Period and 356, Unplanned Hospital Readmission within 30 Days of Principal Procedure to the Plastic Surgery Measure Set.

Rationale:

These are surgical outcomes measures, which have been included in our 2017 QCDR application and would help plastic surgeons meet the outcomes measure requirement.

Thank you for your consideration. If there are any questions, please feel free to contact to Caryn Davidson, cdavidson@plasticsurgery.org or Carol Sieck, csieck@plasticsurgery.org.

Sincerely,

A handwritten signature in black ink, appearing to read "William Wooden", with a long horizontal line extending to the right.

William Wooden, MD, Chair, Quality and Performance Measurement Committee;

CC:

Michele Manahan, MD, Chair, QPMC Measures Work Group;

Andrea Pusic, MD, Board Vice President, Research;

Lynn Jeffers, MD, Board Vice President, Health Policy and Advocacy;

Caryn Davidson, MA, Sr Quality Analyst;

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