American Spine Registry™
A partnership between
American Association of Neurological Surgeons
American Academy of Orthopaedic Surgeons

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Chiquita Brooks-LaSure, Administrator
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Submitted electronically via CMMIStrategy@cms.hhs.gov

Subject: CMS Listening Session #1 on Innovation Center Strategy

Dear Ms. Brooks-LaSure and Dr. Fowler:

Thank you for the opportunity to provide feedback on the Center for Medicare and Medicaid Innovation's strategy for the next decade. The American Spine Registry (ASR) is a collaborative effort between the American Association of Neurological Surgeons (AANS) and the American Academy of Orthopaedic Surgeons (AAOS). The ASR is a far-reaching program that facilitates the participation of US-based spine surgeons in a shared data-collection platform. Our goal is to improve spine care outcomes through clinical data collection, including patient-reported outcomes. More specifically, we aim to:

- Use data to establish benchmarks to test clinical performance and the validity of various quality measures;
- Provide feedback to providers that allows them to improve their practice and health care outcomes continuously;
- Reduce data reporting burdens on physicians and allow reuse of data for regulatory requirements and continuous quality improvement programs; and
- Help inform gaps in knowledge and define areas for further education and research.

As the Innovation Center takes inventory of its work over the last decade and sets strategic goals for the next decade, we urge it to consider the critical role of physician-led clinical data registries carefully. Clinical data registries are uniquely positioned to drive the health care system forward and ensure that clinicians participating in alternative payment and delivery models can raise the bar on quality and value in the most meaningful manner. Registries promote improvements in quality by supporting longitudinal evaluations of clinician performance, identifying best practices and gaps in care that require more attention and providing timely and actionable feedback to clinicians. Registries can be used to compare outcomes based on alternative treatments paths and support continuous learning cycles by producing statistically valid and timely inter-practice and national benchmarks and the data needed to develop evidence-based guidelines. Registries are also a critical source of real-world evidence, including patient-reported outcomes data informing the value of specialized care.

Most notably, registries are unique in their ability to capture more nuanced clinical and sociodemographic data elements that simply cannot be extracted from administrative claims data. This not only allows for more accurate risk adjustments but a more complete understanding of the myriad factors impacting the quality of care. In many specialty areas, existing clinical information systems (particularly claims-based administrative systems) are grossly inadequate to provide even the most fundamental insights essential to defining quality, such as allowing for the identification of specific and comparable patient cohorts. Furthermore, basic information regarding expected outcomes for specific conditions/interventions that are most meaningful to patients (such as improvements in pain or disability) is currently absent in common data structures. Additionally, it remains challenging to precisely determine *a priori*, which patients will cost more, so proper adjustments and stratifications can be applied. Without such information, we can never hope to move the quality needle meaningfully. Although payers are making gradual progress on these fronts, there is still a great need for more comprehensive data to better understand patient risk factors and their impact on outcomes.

The ASR believes that clinical data registries — if used more regularly across payment and delivery models — can help to fill many current information gaps, including:

- How patients with different clinical and socioeconomic characteristics respond to various treatments;
- What sets of parameters allow for comparable clinical scenarios (including how to most accurately identify and adjust for riskier patients);
- How clinicians compare in regards to performance on outcomes and resource use; and
- How patients can make better decisions about their care.

They also can serve as a one-stop-shop for data collection, easing the burden for clinicians who are now struggling to comply with multiple, often duplicative reporting requirements across public and private payers.

Looking to the future, we strongly recommend that the Innovation Center, and CMS as a whole, make it a priority to incorporate registry data into payment and delivery models and to adopt policies that incentivize the collection and meaningful application of data gathered through specialty led clinical data registries.

The ASR once again appreciates the opportunity to provide the Innovation Center with feedback on its future strategic goals. Should you have any questions or wish to meet with ASR staff to discuss the role of registries in alternative payment and delivery models, please contact us.

Sincerely,

Tony Asher —

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