Congress of the United States
Washington, DC 20515

September 26, 2014

Marilyn B. Tavenner, MHA, BSN, RN
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Tavenner,

As Members of Congress, we are excited about the potential clinical data registries have to improve quality and efficiency of health care as well as play an important role in cutting health costs in the future. Registries are a key element of the quality-based payment system contained in the bi-partisan legislation to repeal and replace Medicare's sustainable growth rate (SGR) formula, and we should be working together to promote their widespread adoption. Unfortunately, it has come to our attention that certain provisions of the Proposed 2015 Medicare Physician Fee Schedule Rule could create barriers to the development and success of qualified clinical data registries (QCDRs). We know many physician specialty organizations share our concerns over the potential negative impact the proposed fee schedule could have on the successful development of QCDRs. Therefore, we urge you and your staff to carefully consider these concerns and work with the Congress and registry community to ensure QCDRs reach their full potential.

The American Taxpayer Relief Act (ATRA) of 2012 recognized the tremendous opportunity to leverage clinical data registries to measure and improve health care through a process whereby physicians participating in a QCDR are "deemed" to have satisfied quality reporting requirements under the Physician Quality Reporting System (PQRS). The law also enables QCDRs to develop and report on non-PQRS measures for QCDR participants in the PQRS program.

However, the proposals included in the proposed 2015 fee schedule may discourage eligible professionals from participating in QCDRs, stunting the growth of these promising vehicles of innovation. The proposed rule includes a number of changes to the PQRS program, including a significant increase in reporting requirements for QCDR participants. CMS is proposing to move from requiring that all participants report on one outcome measure to three outcome measures - just after the QCDRs' first year in operation. This proposal will preclude subspecialists who do not have even two outcome measures available to report from participating in a QCDR. Also, the proposed requirement to publicly report on all 2015 QCDR data in 2016, including first year performance data on newly developed QCDR measures, will discourage many providers from participating in QCDRs. First year data will not depict an accurate view of performance, as there are no accurate benchmarks for the initial year. Providers should be provided sufficient time to evaluate their performance and improve prior to publicly reporting their data.

The value of QCDRs lies within their data. However, these proposals distract QCDRs from performing data analytics that would provide meaningful insights for improving quality and efficiency. Trying to understand and comply with constantly changing PQRS requirements, QCDRs are unable to focus their attention on mining their valuable data sets and performing data analytics.

At a time when we are seeking to drive quality and efficiency improvements in health care, we should not create significant barriers to the development, use, and effectiveness of clinical data registries. It is for these reasons that we request the Agency establish a pathway for new and existing clinical data registries to enter and thrive within the QCDR program, which includes establishing clear, stable requirements that reflect the maturity and capabilities of less and more experienced registries. Specifically, in the near term, we request that the Agency maintain the calendar year 2014 QCDR requirements for at least one additional year and propose a new pathway model in the calendar year 2016 rule next year based on clinical data registry stakeholder input.

We appreciate your consideration of the concerns and recommendations outlined in our comments. Should you have any questions concerning this letter please feel free to contact ourselves or J.P. Paluskiewicz with Representative Burgess at James.Paluskiewicz@mail.house.gov or Kristen O'Neill with Representative Green at Kristen.Oneill@mail.house.gov.

Sincerely,

Michael C. Burgess M.D.
Member of Congress

Gene Green
Member of Congress

Marsha Blackburn
Member of Congress

Ami Bera M.D.
Member of Congress

Tom Price M.D.
Member of Congress

Bill Pascrell Jr.
Member of Congress

Phil Roe M.D.
Member of Congress

Paul Tonko
Member of Congress

Diane Black
Member of Congress