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Laurence D. Wellikson, MD, MHM Dana Point, California The Honorable Tom Price U.S. House of Representatives 100 Cannon House Office Building Washington, D.C. 20515 The Honorable David Scott U.S. House of Representatives 225 Cannon House Office Building Washington, D.C. 20515

Dear Congressman Price and Congressman Scott:

The Society of Hospital Medicine (SHM) is pleased to offer its support for H.R. 4848, a bill to delay implementation of the mandatory comprehensive care for joint replacement (CJR) payment model for episode-based payment for lower extremity joint replacement (LEJR) under the Medicare program.

SHM represents the nation's nearly 48,000 hospitalists, who are experts in providing care for hospitalized patients. In this role, they provide a significant amount of care to Medicare and Medicaid beneficiaries, ensuring safe and efficient delivery of care during hospital stays and transitions in and out of the hospital. SHM strongly supports alternative payment models designed to improve quality of care and efficiency, including bundled payments, but such arrangements must be implemented thoughtfully and with great care.

Many hospitalist groups nationwide are preparing for, or are currently taking on risk and participating in the Center for Medicare and Medicaid Innovation's (CMMI) Bundled Payment for Care Improvement Initiative (BPCI). In joint replacement episodes, hospitalists frequently manage or co-manage patient care with specialists, and provide pre-operative and post-operative care. With significant hospitalist involvement in current bundled payment efforts and their role in caring for joint replacement patients, the mandatory nature of the CJR model raises significant concerns. Not only does CJR discount the importance of physician-led healthcare redesign by placing control of the bundle fully into the hands of hospitals, but also forces unprepared participants to begin taking risk as a result of a rushed implementation timeline.

Delay of the CJR bundle will provide much needed time for hospitals to become comfortable with, and capable of, taking on risk. It will also allow for more data to become available for purposes of comparing the results of current bundled payment models; helping to ensure CJR models are implemented in a way that balances this new payment arrangement with patient needs. Thank you for your leadership in introducing H.R. 4848 and we look forward to working with you on this important issue.

Sincerely,

Brian Harte, MD, SFHM

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President, Society of Hospital Medicine