



August 4, 2016

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, DC 20201

Dear Acting Administrator Slavitt:

On behalf of the American Academy of Family Physicians (AAFP), which represents 124,900 family physicians and medical students across the country, I write to urge that the Centers for Medicare & Medicaid Services (CMS) only utilize patient experience measures for the purposes of providing payment incentives and not for the purposes of implementing financial penalties. We feel that the lack of maturity in patient satisfaction resources supports our position and we believe CMS should not establish financial penalties for factors outside of a physician's control, such as lack of patient engagement for completing a patient experience survey. Furthermore the AAFP calls on CMS to apply patient experience measures in a way which distinguishes clinically significant differences in scores from purely statistical differences. Only statistically and reliably valid data should be used in value-based payment programs and publicly reported.

Despite these concerns, the AAFP supports reasonable and achievable programs that promote continuous quality improvement and that measure patient experiences. However, the AAFP opposes an approach that requires physicians to report on a complex set of measures that do not impact or influence the quality of care provided to patients.

All measures used must be clinically relevant, harmonized, and aligned among all public and private payers, and minimally burdensome to report. To accomplish this, the AAFP recommends that CMS use the core measure sets developed by the multi-stakeholder Core Quality Measures Collaborative to ensure alignment, harmonization, and the avoidance of competing quality measures among payers. We appreciate that CMS references using the Core Quality Measures Collaborative in the Medicare Shared Savings Program section of the 2017 proposed Medicare Physician Fee Schedule.

The AAFP also urges CMS to implement patient experience measure requirements in a manner that is cost effective for physicians in a small practice. The AAFP believes that practices should not be required to pay to participate in a federal program. For this reason, the use of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) should be optional for all practices, even groups of 100 or more until such time it or a similar product is made available

www.aafp.org

President Wanda Filer, MD <i>York, PA</i>	President-elect John Meigs, Jr., MD <i>Brent, AL</i>	Board Chair Robert L. Wergin, MD <i>Millford, NE</i>	Directors Yushu "Jack" Chou, MD, <i>Baldwin Park, CA</i> Robert A. Lee, MD, <i>Johnston, IA</i> Michael Munger, MD, <i>Overland Park, KS</i> Mott Blair, IV, MD, <i>Wallace, NC</i> John Cullen, MD, <i>Valdez, AK</i> Lynne Lillie, MD, <i>Woodbury, MN</i>	John Bender, MD, <i>Fort Collins, CO</i> Gary LeRoy, MD, <i>Dayton, OH</i> Carl Olden, MD, <i>Yakima, WA</i> Marie-Elizabeth Ramas, MD, (New Physician Member), <i>Mount Shasta, CA</i> Richard Bruno, MD, (Resident Member), <i>Baltimore, MD</i> Tiffany Ho (Student Member), <i>Baltimore, MD</i>
Speaker Javette C. Orgain, MD <i>Chicago, IL</i>	Vice Speaker Alan Schwartzstein, MD <i>Oregon, WI</i>	Executive Vice President Douglas E. Henley, MD <i>Leawood, KS</i>		

Acting Administrator Slavitt

Page 2 of 2

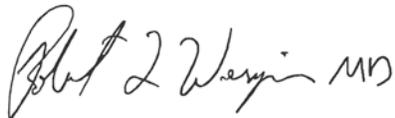
August 4, 2016

without cost. To reduce administrative burdens borne by primary care practices as well as to provide Medicare beneficiaries ample time to complete the patient experience survey information, the AAFP strongly urges CMS to make all patient experience surveys available free online to patients and practices. This would promote and facilitate the survey's completion. Physicians should be able to direct their patients to the online survey and the patient could then complete the information. Afterwards the data could be accessed and used by public and private payers and reported to the physician as needed. Additionally the AAFP opposes the sole use of the Clinician and Group Surveys Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS). Instead CMS should use patient experience measures used by the Core Quality Measures Collaborative.

Finally we are encouraged that on July 6, HHS [acknowledged](#) that many clinicians report feeling pressure to overprescribe opioids because scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey pain management questions are tied to Medicare payments to hospitals. To mitigate the perception that there is financial pressure to overprescribe opioids, we fully support the proposal to remove the HCAHPS survey pain management questions from the hospital payment scoring calculation. Thus hospitals would continue to use the questions to survey patients about their in-patient pain management experience, but these questions would not affect the level of payment hospitals receive. The AAFP believes this is laudable policy that should be extended to all patient experience measures.

The AAFP urges CMS to follow these recommendations. Should you have questions, please contact Tracey Allen-Ehrhart, Manager of the AAFP's Center for Quality, at 913-906-6000, ext. 4114 or tallen@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Robert L. Wergin MD". The signature is written in a cursive style with a large initial "R" and "W".

Robert L. Wergin, MD, FAAFP
Board Chair