

For these reasons, the AAFP urgently and strongly recommends that the initial performance period should start no sooner than July 1, 2017. While we prefer that the performance period start in 2018, we recognize that this time frame creates program administration challenges that may be insurmountable for CMS. However, based on information provided by CMS, we believe that the establishment of the payment period on July 1 allows time for the AAFP to engage in member education and allows CMS to meet its program administration requirements and the requirements of the law.

Quality measures

All measures used in MIPS and APMs must be clinically relevant, harmonized and aligned among all public and private payers, and minimally burdensome to report. 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.

The AAFP believes that the reporting burden under MIPS should be equivalent for all participating physicians and that all physicians participating in the MIPS program should be required to meet the same program expectations as other MIPS participants and report on six measures. If six measures are not available in the sub-specialty list, the MIPS-eligible clinicians need to report at the higher specialty level. If six measures are still not available that are specialty specific, these MIPS-eligible clinicians should choose measures from the list of cross-cutting measures until they reach a total of six measures. If CMS requires a lower number of quality measures for a particular specialty group in MIPS, then the minimal number should be lowered for all physician specialties. We believe that parity in reporting across all physician groups is critically important.

Advancing Care Information (ACI)

The AAFP believes the current proposal for ACI has missed the mark in a major way and urges immediate reconsideration. Although we believe ACI improves on the requirements of the MU program, the burden of compliance still outweighs the benefit that patients will experience. Due to current law, we understand that CMS cannot completely abandon health IT utilization measures, yet we do believe that CMS can significantly improve and reduce administrative complexity and burden while complying with current law. The AAFP recommends a new construct for the ACI component of MIPS.

Solo and Small Group Practices – Virtual Groups

The MIPS pathway, which aims to create a quality or value-based payment model inside the traditional fee-for-service payment structure, is likely the pathway by which most physicians will be paid in the near term. Given the construct of the MIPS performance categories and the manner in which the composite score will be calculated as articulated in the MACRA Quality Payment Program's proposed rule issued by CMS, it is highly probable that physicians practicing alone or in small groups will be at a significant disadvantage under the MIPS program. CMS's own actuaries noted this in their evaluation of the proposed rule – projecting that 87 percent of solo practitioners and nearly 70 percent of those in practices of 2-9 physicians will receive a negative adjustment in 2019.

MACRA recognized that a majority of physicians practice in a clinical setting that includes five or fewer physicians. In fact, greater than 50 percent of family physicians currently practice in such a setting. In an effort to ensure that physicians practicing in such clinical settings were not negatively impacted by the provisions of the law, but in fact have an opportunity to build the capabilities to evolve and succeed under value-based and alternative payment models, Congress included several provisions aimed at providing these physicians and their practices "equal standing" with larger or more integrated groups who may be included in the MIPS cohort.

With respect to the MIPS pathway, Congress expressly established the ability of solo and small groups to aggregate their data – in an effort to remove any methodology biases due to their potential small