

*AAFP Response*

We favor the simplicity of the HVBP approach for calculating measure improvement. However, this approach presents challenges when the clinician changes measures from year to year or changes between group and individual reporting. We anticipate this will take place frequently given the large number of measures available for reporting. If physicians choose to report different measures each year, or change between reporting as a group or individual, then the opportunity to earn improvement points would not be available and the Quality score would be determined solely by the achievement score. However, improvement points should not be compromised if measures are removed from one year to the next. We oppose the MSSP method due to its reliance on bonus points, which we believe are too complex to implement at this time. We oppose the Medicare Advantage 5-star rating method due to its complexity and for the likelihood of it being misunderstood by clinicians.

(3) Scoring the Resource Use Performance Category

(a) Resource Use Measure Benchmarks

CMS seeks comment on establishing benchmarks for the Resource Use category based on the performance period, instead of using a baseline.

*AAFP Response*

We support using the same baseline for all categories and moving the baseline closer to the performance period.

(b) Assigning Points Based on Achievement

CMS seeks comment on using deciles or an alternative methodology.

*AAFP Response*

We support using the decile approach for both the Quality and Resource Use categories. The same methodology should be used across categories to reduce complexity.

(c) Case Minimum Requirements

CMS proposes to establish a 20-case minimum for each resource use measure and notes that this would include the Medicare Spending per Beneficiary (MSPB) measure.

*AAFP Response*

The AAFP opposes use of the total per capita cost and MSPB since the measures were developed for hospital comparison. These two measures are not appropriate for physicians outside an Advanced APM because they assign responsibility for costs to physicians that have no control over such costs. At this time, the most appropriate measures for Resource Use comparisons will be the clinical condition and treatment episode-based measures. Factors such as patient choice of treatment options; patient self-referral to specialists; specialist determination of the best course of care; and lack of incentives and mechanisms to control costs if the physician is not part of an Advanced APM, place total per capita costs and MSPB measures outside the control of primary care physicians. The AAFP opposes total per capita and MSPB measures and urges CMS to use a reliability of 0.7 for any calculation of case minimums within the Resource Use category.

We recognize that if CMS agrees to eliminate total per capita cost and MSPB measures, some eligible clinicians may not have any relevant Resource Use measures, because the available clinical condition and treatment episode measures do not apply to them. In that circumstance,