

year, CMS should be accountable to report those grades. The feedback reports should include every field that will contribute to the score. If CMS cannot generate a feedback score, the program needs to be delayed until it is operational. Also, the ability to drill down on reports will be needed in order to make these reports actionable and individual physicians should be able to access their own reports and scorecards which is not the case with the current QRURs. Eligible clinicians must know their performance on all measures, including new measures, in order to improve outcomes.

(2) Mechanisms

CMS has the authority to provide feedback reports in one or more ways. For quality, if measures are reported through a registry, feedback will be provided based on performance on quality measures reported through the registry. For CPIA and ACI, CMS shall encourage feedback through a registry. The regulation discusses the agency's recognition that many eligible clinicians do not like the CMS portal currently in use for PQRS and QRUR, that many physicians do not know it is there, and then do not understand it if they find it. Therefore, CMS proposes to start with a similar web-based portal system, and, if technically feasible, an interactive dashboard. They will leverage health IT vendors, registries, QCDRs to disseminate data on measures where applicable.

CMS also points to physician feedback of which the organization was unaware at the time the PQRS report was made available and that the agency wants to use the information in PECOS to notify physicians, which would require all physicians to update their information.

AAFP Response

The AAFP does not believe the need exists to create a new feedback reporting system. CMS should focus on repairing the current system. CMS already asks much of clinicians, and clinicians could and should expect much in return from CMS. CMS should be held accountable just as they hold clinicians accountable. For instance, clinicians have deadlines for reporting, dates that must be met every year that are published and in statute and the AAFP calls on CMS to have the same type of deadlines. The AAFP suggests clinicians will know when to look for their reports if CMS is held accountable to provide all feedback reports on the same dates quarterly. The Quality, Resource Use, CPIA, and ACI reports should all be available in one location on the same day, therefore eliminating the administrative burden from the clinicians to gather their reports from multiple, hard-to-access, and hard-to-navigate websites and portals.

(3) Use of data

CMS discusses use of MIPS-eligible clinicians' data from periods prior to the current performance period, suggesting the organization may use rolling periods in order to make illustrative calculations about the performance of that professional. The agency discusses this would be a "dry-run" of the data including measure rates.

AAFP Response

If CMS is able to make "illustrative calculations" in advance of a performance year, they should have no problem providing eligible clinicians with feedback reports quarterly in advance of the performance year for all four performance categories.

(4) Disclosure Exemption

CMS proposes that feedback made available under MACRA shall be exempt from disclosure under the Freedom of Information Act.