

*AAFP Response*

The AAFP supports the agency's intent that only a subset of the CPIA data would be publicly reported as technically feasible, after doing appropriate statistical and consumer testing. Too many measures published on Physician Compare are likely to confuse rather than inform Medicare beneficiaries.

With respect to the types of activities that should be reported on Physician Compare as the MIPS program involves, specifically in regard to the CPIA category, we support the idea of listing the score at the practice level with an explanation of what this category entails. CMS should not list individual activities being done by each practice, as such a list would only capture those activities claimed for MIPS, and not all activities, which may be much more extensive.

e. Advancing Care Information

Since the beginning of the EHR Incentive Programs in 2011, participant performance data has been available in the form of public use files on the CMS website. At this time, there is only a green check mark on Physician Compare profile pages to indicate that an EP successfully participated in the current Medicare EHR Incentive Program for EPs. CMS is proposing to include more information on eligible clinician's performance on the objectives and measures of meaningful use on Physician Compare. Specifically, CMS is proposing to include an indicator for any eligible clinician or group who successfully meets the ACI performance category, as technically feasible, on Physician Compare. CMS is also, as technically feasible, proposing to include additional indicators, including but not limited to, identifying if the eligible clinician or group scores high performance in patient access, care coordination and patient engagement, or health information exchange. Any ACI objectives or measures must meet the public reporting standards to be posted on Physician Compare, either on the profile pages or in the downloadable database. Statistical testing and consumer testing will determine how and where objectives and measures are reported on Physician Compare. CMS notes that they do not publicly report first year measures, so after a measure's first year in use, CMS will evaluate it to gauge whether or not the measure is suitable for public reporting.

CMS is also seeking comment on potentially including an indicator to show low performance in the ACI performance category, as well as the types of data that should be reported on Physician Compare as the MIPS program evolves, specifically in regard to the ACI performance category. This would be subject to consumer and feasibility testing, if pursued.

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The performance on some of the measures under ACI depends heavily on the needs and desires of the patient population for which a physician practice cares. For example, a physician that has a very large senior population may have a very low "secure messaging with patients" measure. That value may or may not reflect the physicians' performance on secure messaging with patients that desire to use the tool. Accordingly, we believe it is too early to proceed down the road that CMS is proposing to travel, and we urge caution in public reporting of these data. Instead, we recommend that CMS only include a check to indicate whether a physician is using CEHRT, similar to what it does now in posting a green check mark on Physician Compare profile pages to indicate that an eligible professional successfully participated in the current Medicare EHR Incentive Program.

f. Utilization Data

CMS previously finalized policy to begin to include utilization data in the Physician Compare downloadable database in late 2016 using the most currently available data to meet section