



OCT 20 2016

*Administrator*  
Washington, DC 20201

Robert L. Wergin, MD, FAAFP  
American Academy of Family Physicians  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211

Dear Dr. Wergin:

Thank you for taking the time to express your concerns. We greatly value your input and the commitment shown by the American Academy of Family Physicians (AAFP) to offer recommendations for the improvement of the Centers for Medicare & Medicaid Services' (CMS) programs.

We understand the AAFP's concern that patient experience measure requirements should be cost effective for physicians in small practices and that practices should not be required to pay to participate in a federal program. Currently, for the Physician Quality Reporting System (PQRS) only groups of 100 or more eligible professionals (EPs) that meet the required beneficiary sampling requirements and that participate in the PQRS Group Practice Reporting Option (GPRO) are required to participate in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS. CAHPS for PQRS is optional for group practices participating in the PQRS GPRO with 2-99 EPs using an electronic health record, qualified clinical data registry, or qualified registry, and for groups of 25-99 EPs reporting via GPRO Web Interface. While we believe the CAHPS for PQRS survey is a valuable measurement tool which can be used for quality improvement initiatives within group practices, we are sensitive to concerns that reporting requirements should not be burdensome. For the Quality Payment Program, we proposed and finalized making the CAHPS for the Merit-based Incentive Payment System (MIPS) survey optional for all group practices. For more information on the Quality Payment Program final rule with comment period, please visit the Quality Payment Program website at: <https://qualitypaymentprogram.cms.gov/education>.

To address your comment surrounding the requirement of physicians to report on chosen measures and their impact on patient care quality, CMS selects measures for implementation based on peer-reviewed research, up-to-date practice guidelines, data analytics, and feasibility testing. Throughout research review and measure development, these measures undergo clinical practice relevance and reflect updated or new clinical practice guidelines that address priority areas for CMS. In addition, CMS selects measures that reflect various high priority measure types related to care coordination, patient experience, patient safety, or appropriate use.

The CMS excludes measures from selection that are duplicative of existing program measures, do not address a clinical performance gap, or are insufficiently driving quality improvement and better patient outcomes. In an effort to align quality measures, CMS participated in the Core Quality Measures Collaborative convened by America's Health Insurance Plans, in partnership

with the National Quality Forum, clinician professional societies, consumers and purchasers, and collaborated on the establishment of seven core quality measure sets. Many of the recommended measures in the core sets are already available in the current PQRS and will be carried over to the MIPS. CMS seeks to harmonize the selection of future measures by promoting better coordination and sharing of knowledge between measure developers across the public and private sector, as well as federal agencies.

In your letter, you also recommended that CMS make all patient experience surveys available free online to patients and practices to promote and facilitate the survey's completion. We appreciate the recommendation and would like to note that we are currently exploring different survey modes, as we also would like to increase participation. You further noted that the AAFP opposes the sole use of the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) and that we should use patient experience measures used by the Core Quality Measures Collaborative (CQMC). While we plan to continue our collaboration with the CQMC, we believe that the CAHPS for the PQRS survey, which includes questions from the CG-CAHPS survey, is a valuable tool that can assess strengths and weaknesses, help identify areas for quality improvement, and allows us to track performance over time.

Thank you for sharing your views with us. We appreciate your input on these important issues affecting physicians.

Sincerely,

A handwritten signature in blue ink, appearing to read "Andrew M. Slavitt".

Andrew M. Slavitt  
Acting Administrator