AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

February 29, 2016

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, DC 20201

Dear Acting Administrator Slavitt:

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write in response to the draft quality measure development plan titled, "Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)" as announced by the Centers for Medicare & Medicaid Services (CMS) on December 18, 2015.

The AAFP especially appreciates the opportunity to comment on this plan since, as indicated in the appendix, a significant number of measures impact family physicians. More than any other specialty, family physicians are disproportionally impacted by the burden of measurement. This burden is needlessly compounded by the lack of measure alignment across payers, the variety of specifications adopted by payers on similar clinical topics, and the lack of value provided to family physicians by existing measures. The AAFP appreciates CMS' recognition of these issues and stated effort to promote measure alignment and harmonization. Along with America's Health Insurance Plan and CMS, the AAFP has been a strong partner in the Core Measures Collaborative and we are encouraged their work is mentioned throughout the draft plan.

CMS should encourage the development of measures that demonstrate the value of primary care and that are particularly focused on comprehensiveness of care and continuity.

Even though the draft plan is specifically written to address and define measurement for clinical performance improvement activities (CPIA) under MIPS, the AAFP urges CMS also to develop a plan focused on utilization and resource use measures for public consideration. Physicians not accustomed to being evaluated for patient resource use are concerned about how this will impact their practice.

The AAFP offers the following comments to sections of this proposed rule that impact primary care physicians.

11400 Tomahawk Creek Parkway | Leawood, KS 66211-2680 | (800) 274-2237

III. CMS Strategic Vision-Measure Development Priorities

PQRS Strategic Vision

CMS should add the following to the three statements to emphasize the importance of timely feedback data, accuracy of data in public reporting, and alignment of measures and policies across payers.

- Add "timely" to the second bullet to read "Timely feedback and data drives rapid cycle quality improvement."
- Add "accurate" to the third bullet to read: "Public reporting provides accurate, meaningful, transparent, and actionable information."
- Add "across both public and private payers" to read "Quality reporting and value-based purchasing program policies are aligned across both public and private payers."

Measure Integration to Support MIPS and APMs

The AAFP is supportive of characteristics described for the evolving measure portfolio. Given the considerable number of measures that impact family medicine, the AAFP urges CMS to be parsimonious when including measures in the portfolio. CMS should follow these measure guidelines as outlined in the AAFP's policy on Performance Measurement:

- Focused on improving important processes and outcomes of care in terms that matter to patients;
- Responsive to informed patients' cultures, values, and preferences;
- Based on best evidence and reflect variations in care consistent with appropriate professional judgment;
- Are practical given variations of systems and resources available across practice settings;
- Do not separately evaluate cost of care from quality and appropriateness;
- Take into account the burden of data collection, particularly in the aggregation of multiple measures;
- Provide transparency for methodology used;
- Assess patient well-being, satisfaction, access to care, disparities, and health status;
- Are updated regularly or when new evidence is developed; and
- Are harmonized across all payers.

Additionally, the AAFP strongly believes CMS should utilize and implement the Core Measure sets agreed to through the Core Measures Collaborative for inclusion in MIPS and APMs.

IV. Operational Requirements of the Quality Measure Development Plan

Multi-Payer Applicability of Measures

The AAFP is pleased by CMS' effort to create aligned core measure sets across public and private payers. Along with other stakeholders, the AAFP has been involved in the Core Measures Collaborative to develop a core set of measures for primary care physicians. A core measure set will reduce the administrative burden of physicians and will allow them to focus on delivering quality patient care while improving patient outcomes.

Clinical Practice Guidelines

The AAFP supports the use of evidence-based clinical practice guidelines (CPGs). These should be developed using rigorous evidence-based methodology with the strength of evidence for each guideline explicitly stated. Because evidence evolves and is updated frequently, measures must be updated at frequent intervals. Physician performance cannot be evaluated on outdated performance measures that do not reflect current clinical evidence. If a measure

becomes out-of-date during a performance period, the measure should be removed from performance evaluation until it is updated to align with the current clinical evidence.

CPGs are typically disease-specific and do not address comorbidities. CMS should support research and development of CPGs that reflect the frequency of comorbidities, especially for chronic diseases. This research will be essential to producing effective and relevant measures for primary care.

Evidence Base for Non-Endorsed Measures
The AAFP is supportive of the Measures Application Partnership's process to endorse measures for use in quality reporting programs. However, we understand the need for flexibility when including measures in quality programs. Public comments related to non-endorsed measures must be considered carefully when proposing non-consensus endorsed measures. Additionally, measures contained in the Core Measure Sets, as defined by the Core Measure Collaborative, should be given priority for inclusion in MIPS and APMs.

Quality Domains and Priorities
The AAFP appreciates CMS' stated effort to collaborate with specialty groups and associations to ensure that measures are important to both patients and providers. CMS should consider challenges and unintended consequences for physicians and patients when developing patient experience, care coordination, and appropriate use measures.

Clinical quality measures that track intermediate outcomes should be developed. For example, measures are needed that indicate a reduction in Hemoglobin A1c, blood pressure, weight, effort towards smoking cessation, etc. For patients who are making progress toward control of chronic conditions, progress should be tracked and included in performance measurement. Population health and prevention is an important factor in family medicine. Family physicians are engaging with their patient panel in a proactive way to identify gaps in care, identify high risk patients, and to provide care management. That said, global and population-based measures should only apply to an accountable care organization, larger health system, or public health agency that is responsible for a larger population of patients. These measures are not appropriate for the individual physician or small group practice. Physicians and groups should only be responsible for the patients that are attributed to their practice, since they will have the most impact on their health. If primary care is to be held accountable for the total cost of care, CMS must dedicate greater financial resources to supporting primary care practices. These practices need additional funding and access to timely and actionable data to implement effective care management, care coordination, and population health efforts which will impact overall utilization.

Gap Analysis
CMS should make their gap analysis public and available for review by stakeholders. In addition to the Measures Application Partnership, CMS could look to the Core Measure Collaborative to identify measurement gaps.

Applicability of Measures Across Healthcare Settings
The AAFP is supportive of aligning and harmonizing measures across health care settings, as long as the measures are applicable to each setting. The AAFP looks forward to the public comment period to review options outlined by CMS.

Clinical Practice Improvement Activities
Family physicians engage in practice improvement activities, often using quality measures as an evaluation tool. The AAFP supports the example CMS has provided regarding the PHQ-9, but also urges CMS to consider other quality measures that are not patient reported as a way to meet this requirement.

CMS must offer physicians multiple options for completing clinical practice improvement activities. For "certified" Patient Centered Medical Home practices, CMS should immediately provide the maximum score and need not require further verification. If an Eligible Provider (EP) completes an accredited Performance Improvement Continuing Medical Education (PI-CME) activity, as defined by the AAFP, AMA, American Osteopathic Association, American Academy of Physician Assistants, or other nationally recognized credit system with a formally defined PI-CME activity category, CMS should immediately provide this practice with substantial points toward the score for the Clinical Performance Improvement Activities (CPIA), and need not require further verification. However, if the practice is not a "certified" PCMH, and the EP has not completed an accredited PI-CME activity during the time frame under evaluation, then other options could be considered for completion of CPIA. Such options could include participation in quality improvement activities as required by hospitals and health systems, specialty certifying boards or societies, state Medicaid, or payers.

Consideration of Electronic Specifications
A recent survey of AAFP members indicates the electronic health record (EHR) is their largest source of data used for quality improvement purposes. As mentioned in an AAFP letter sent January 29 to CMS on the certification and testing of eCQMs, the AAFP is very supportive of prioritizing the development of eCQMs. CMS and Office of the National Coordinator must push the private sector, including EHR vendors, to adopt electronic clinical quality measure specifications. CMS should test that CMS program measures are usable by certified EHR technology and publicly report the results. Certified EHR technologies must be able to effectively report Core Measures sets as developed by the Core Measures Collaborative. An EHR developer must test against each core measure set unless they attest that they do not and will not market to specialties appropriate to the measure set.

The National Test Bed and National Testing Collaborative have largely focused on hospitals to date and CMS should bring primary care into this process. This could include the development of eCQMs that better measure the value of primary care.

Measure Development Plan Timeline and Annual Updates
CMS needs to indicate on the timeline when the "Call for Measures" starts. The end date is clear, but the start date is not apparent.

<u>V. Challenges in Quality Measure Development and Potential Strategic Approaches</u>
This section describes the critical challenges to implementing the draft plan and solicits comments from the public on the viability of various approaches:

Reducing Provider Burden of Data Collection for Measure Reporting
The AAFP is pleased that CMS has explicitly acknowledged the need to reduce provider burden of data collection for measure reporting. Current EHR systems are often inadequate to export data actionable, timely data for use in quality improvement. CMS should work with ONC to ensure EHR vendors decrease the burden of data collection for measure reporting.

If CMS wants patient generate-data to be included in measurement, CMS must ensure EHRs effectively gather, store, and seamlessly report this data.

The AAFP appreciates CMS' recognition of the challenges presented by the lack of harmonized measures across payers. This lack of harmonization is a burden for all of our members. The AAFP is an active participant in the Core Measures Collaborative to work toward consensus on a core set of measures for primary care. While much work remains to be done on behalf of both the public and private payers to implement these core measure sets, this is a step in the right direction.

Shortening the Time Frame for Measure Development
The AAFP is supportive of shortening the time frame for measure development. The new MACRA requirement to submit all new measures to a peer reviewed journal will increase the time line. While many medical societies follow this protocol already, it may be helpful to reach out to them to better understand their process and time frame for development to publication.

Streamlining Data Acquisition for Measure Testing
CMS should consider sharing claims data with QCDRs for testing of measures against claims.

Identifying and Developing Meaningful Outcome Measures
For outcomes to be meaningful, the patient and caregiver role in health outcomes must be considered, along with the role of the provider. In addition to the factors that CMS has identified, socioeconomic and social determinants, meaningful measures need to incorporate patient accountability.

There are patients who actively choose not to participate in their health care. For these patients, the AAFP seeks to encourage CMS to consider measures of patient compliance that take into account the patient's role in their health care. This measure would allow a physician and evaluators of performance to see the total picture of performance. Measures could include adherence to prescribed medications, refusal of appropriate treatment, and active participation in and adherence to longitudinal treatment. Enabling this type of measurement allows physicians to account for those patients who lack engagement thereby reducing the potential issue of adverse patient selection.

If the development of these measures is not feasible, the AAFP suggests CMS review the UK's Quality Outcomes Framework that allows physicians to exclude patients, even for non-compliance. . Physicians in the UK have demonstrated their ability to implement these exclusions without abuse of the system.

CMS should expand its quality measure risk-adjustment methodology to incorporate social and economic determinates such as race, income, education, and region. Socioeconomic risk-adjustment ensures fair application of measures for comparison of physician performance across varying patient populations. CMS should consider adjusting payment based on social determinates of health to adequately compensate practices for achieving desired outcomes and measures among high risk populations.

There are many obstacles to collecting and reporting patient attributes to determine socioeconomic and risk status. The AAFP recommends a phased-in approach that accounts for the number of measures and reporting mechanisms along with practice size. For instance, as

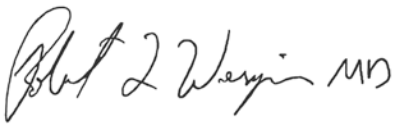
with the value modifier, CMS might start with groups of 100 or more providers, and then expand to groups of either 10 or 25 or more, before including solo and small practices.

Developing Patient-Reported Outcome Measure and Appropriate Use Measures
In order for physicians to best adopt patient-reported outcome measures into their clinical workflow, the measures need to be incorporated into their EHRs without adding burden to the physician or their staff. CMS needs to standardize patient-reported outcome measures. Given that patients are the best experts on how their health impacts their quality of life, patient-reported outcome measures must be designed to effectively and efficiently provide meaningful data. When finalized, CMS should look to the Core Measure Collaborate workgroup on patient-reported outcome measure for measures that have been agreed upon by multiple stakeholders. The AAFP supports Choosing Wisely, but cautions CMS to monitor for unintended consequences of appropriate use measures. The creation of balancing measures may be one approach, but it is uncertain that it is the best approach. As stated in the AAFP's policy on Performance Measurement, measures should reflect variations in care consistent with appropriate professional judgment.

Developing Measures that Promote Shared Accountability Across Settings and Providers
Family physicians are often the quarterback of the patient's care team—coordinating and orchestrating their care across the medical neighborhood. However, the family physician often does not receive the reports from specialists, emergency rooms, or hospital discharge in a timely manner to provide care or follow-up to the patient. CMS should further develop measures to incentivize specialists and health systems to share timely information with primary care.

Should you have questions about these comments, please contact Amy Mullins, MD, CPE FAAFP, Medical Director, Quality Improvement at 1-800-274-2237, extension 4120 or amullins@aafp.org.

Sincerely,



Robert L. Wergin, MD, FAAFP
Board Chair

CC:
Eric Gilbertson
CMS MACRA Team
Health Services Advisory Group, Inc.
3133 East Camelback Road, Suite 240
Phoenix, AZ 85016-4545