

5. Solo and Small Group Practice – we applaud CMS’s efforts to reduce the burdens placed on solo and small practices. Greater than 50 percent of our members practice in a setting with 5 or fewer physicians. These practices face enormous challenges with respect to quality reporting and health information technology and we appreciate efforts made to lessen the administrative burden placed on these practices.
6. Physician-Focused Payment Model Technical Advisory Committee – the AAFP believes the PTAC will play a vital role in the development of physician-focused delivery and payment models (PFPM) and we encourage CMS to engage and closely consider the recommendations to ensure there are more primary care Advanced APMs available in the future. We encourage CMS to evaluate models being used in other health care programs, especially in Medicare Advantage, for recognition as Advanced APMs.

While our support for MACRA remains strong, we must state that **we see a strong and definite need and opportunity for CMS to step back and reconsider the approach to this proposed rule which we view as overly complex and burdensome to our members and indeed for all physicians. Given the significant complexity of the rule, we strongly encourage CMS to issue an interim final rule with comment period rather than to issue a final rule.** The AAFP believes that our collaborative engagement with CMS has been productive and that providing a second comment period would allow us to further refine the policies to better capture those ideas and concepts that will lead to a successful program. We recognize that extending the regulatory process prolongs both the work of CMS staff and prevents full-scale implementation, but we feel an additional comment period, on balance, would be justified by the long-term success of the program.

In our response to the proposed regulation, we outline a series of recommendations by which CMS can better align the regulation with the goals and intent of the legislation. The implementation of MACRA will impact our health care system for years to come and it must be done thoughtfully, carefully, and as simply as possible – and this proposed rule at present falls short of these goals. The AAFP and our members stand ready to assist CMS in ensuring that the MACRA regulations achieve the goals established by the law and advance high quality and efficient health care for Medicare beneficiaries. We offer the following key recommendations:

### **Performance Period**

The AAFP has been engaged in aggressive member education and practice transformation programs since the passage of MACRA in 2015. Despite these efforts, we remain concerned that a January 1 start date does not provide adequate time for education and practice adjustments that will be required to ensure the successful implementation of the quality payment programs in a majority of family physician practices. Assuming CMS issues the final rule for MACRA implementation on or around October 1, 2016, our members will need more than three months to develop a quality plan, ensure EHR functionality, identify and select relevant clinical practice improvement activities, and make necessary changes to reporting mechanisms. Physicians will need to align their Medicare activities with similar activities in Medicare Advantage, Medicaid, and the commercial insurance markets.

The period between data reporting and payment is too great. MACRA called for CMS to “make efforts” to ensure that the performance and payment periods be as close together as possible. We believe that the traditional two-year period between data submission and payment that is included in the proposed regulation neither meets Congressional intent nor achieves the goals established by the legislation. As the program matures, the sophistication of physician practices will demand more timely data reporting, so we would encourage CMS to establish a more reasonable timeframe from the beginning.