

identified the key elements of the law, which were to create a streamlined quality and performance program inside the fee-for-service system and create opportunities for physicians to participate in alternative payment models. We also believe that CMS has made some effort to simplify the program and to eliminate the pass/fail evaluation processes although, again, we think much work remains. The following are key areas in which we agree with the agency's proposals:

1. Quality Measurement – we believe that the regulation has simplified the quality reporting process for physicians. Your recommendation that requires physicians to report on 6 measures is a dramatic improvement over current law. Furthermore, we strongly support your efforts to create a process whereby new measures and groups of measures can be developed, tested, and implemented.
2. Quality Reporting Opportunities – we appreciate that CMS has taken steps to ensure that physicians have a variety of options available to submit quality data to CMS. We believe the menu of options you have presented in the regulation affords most family physicians a reasonable opportunity to engage with CMS on quality reporting activities.
3. Comprehensive Primary Care Plus Program – we strongly support the CPC+ program and we thank CMS for recognizing this primary care delivery and payment model as an advanced alternative payment model.
4. Patient Centered Medical Home – we are pleased that CMS has recognized the important role played by primary care physicians in our health care delivery system. We also appreciate that you have included and promoted the medical home in the proposed rule.
5. Solo and Small Group Practice – we applaud your efforts to reduce the burdens placed on solo and small practices. Greater than 50% 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. Furthermore, 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