- 0005- CAHPS. This measure is listed as a cross-cutting measure which is appropriate. It is also a CQMC Primary Care Set measure and should be included in the MIPS Family Medicine measure set.
- 0710- Depression Remission at 12 months. This measure is currently included in MIPS as Measures Proposed with Substantive Changes (Appendix Table G). It is in the CQMC Primary Care set and should be added to the MIPS Family Medicine measure set.
- 1885- Depression Response at 12 months-Progress towards remission. This measure is not currently included in MIPS. It is in the CQMC Primary Care set and should be included in the MIPS Family Medicine measure set.
- 1799- Medication Management for People with Asthma. This was listed as a proposed new measure for MIPS (Appendix Table G). This measure is in the CQMC Primary Care Core set and should be in the MIPS Family Medicine measure set.
- N/A- Non-recommended Cervical Cancer Screening in Adolescent Females: This measure is in the MIPS OB/GYN set and is the CQMC Primary Care set and should be added to the MIPS Family Medicine measure set.

The following measures are currently listed in the MIPS family medicine measure set. These all are also in the CQMC Primary Care Core set. The AAFP supports this alignment.

- 0059- Comprehensive Diabetes Care: HbA1c Poor Control (> 9.0 percent)
- 0055- Comprehensive Diabetes Care: Eye Exam
- 2372- Breast Cancer Screening
- 0034- Colorectal Cancer Screening
- 0052- Use of Imaging Studies for Low Back Pain
- 0058- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

The AAFP strongly calls for specialists and sub-specialists to be required to meet the same program expectations as other MIPS participants. The current requirement is six measures. If six measures are not available in the sub-specialty list, the MIPS-eligible clinicians need to report at the higher specialty level. If six measures are still not available that are specialty specific, these MIPS-eligible clinicians should choose measures from the list of cross-cutting measures until they reach a total of six measures. If CMS requires a lower number of quality measures for particular specialty groups in MIPS, that lower number of measures for reporting should be available to all MIPS-eligible clinicians. If specialists and sub-specialists do not report on six measures, they should get a score of zero for the measures that are not reported.

We believe that parity in reporting across all physician groups is critically important. Reducing what seem to be reasonable/achievable requirements for some specialties will result in a continued disproportionate burden on those specialties that have been engaged in quality measurement and development. Parity in reporting requirements could also spur the development of meaningful quality measures in areas that may currently be lagging. We encourage CMS set the reporting bar for all specialties, rather than lowering it for selected ones.

The proposed rule discusses the belief that outcome measures are more valuable, that the agency may increase the number of outcome measures required over the next few years, and that high-priority measures (outcome, appropriate use, patient safety, efficiency, patient experience, and care coordination) are more important, while the number required for these also may increase. As such new and better measures are added, then others should be removed so that the total number remains parsimonious. The AAFP supports the use of these measures which are the overuse measures included in the Primary Care Core measure set: