The proposed rule also discusses that in some circumstances (e.g., telehealth, certain acute situations) it may not be appropriate to report a cross cutting measure and the percentage may need to be lower.

AAFP Response
Given the difficulty most physicians experienced reporting PQRS, we recommend that CMS start the MIPS program with data thresholds at the same level or lower than those required for PQRS reporting. Expanding reporting to all payers for qualified registries will significantly increase the number of patients reported. Further increasing the threshold to 90 percent (from 50 percent) may make it very difficult for most providers to reach the threshold. Qualified registry reporting continues to involve manual steps to identify measures that are applicable and to retrieve and report all data elements needed for selected measures.

For example, clinicians who do not have an EHR (or that have an EHR, but are not capturing all data in structured fields) may use billing files to identify eligible patients for specific measures. However, billing data does not capture all data elements such as medications, vitals, hospitalizations, colonoscopies, and mammograms. That data must often be collected and reported using manual abstraction. The increased thresholds would be extremely burdensome and expensive to report.

Regarding situations where reporting a cross-cutting measure might not be appropriate, exclusions need to be built into the measures themselves to fully avoid reporting quality measures on such patients. Measure developers and stewards need to be educated about these possible exclusions moving forward.

(4) Application of Quality Measures to Non-Patient Facing MIPS-Eligible Clinicians
MACRA stipulates that CMS must give consideration to the circumstances of non-patient-facing MIPS-eligible clinicians and may, to the extent feasible and appropriate, take those circumstances into account and apply alternative measures or activities that fulfill the goals of the applicable performance category to such clinicians.

AAFP Response
The AAFP opposes re-weighting the Quality category to zero. Instead we propose that if there are not six measures available in a specialty set, the eligible clinician needs to choose measures from the cross-cutting set to fill out the remaining measures.

(5) Global and Population Based Measures
MACRA allows CMS to use global outcomes measures and population-based measures for the quality performance category. CMS proposes to use the acute and chronic composite measures of the AHRQ's Prevention Quality Indicators that meet a minimum sample size (20) in the calculation of the quality measure domain. MIPS-eligible clinicians will be measured on these as well as the six performance measures. In addition, CMS proposes to include the all-cause hospital readmission measure from the VM. For solo clinicians or practices with fewer than 10 clinicians, this additional measure does not apply. CMS seeks comments on what additional measures could be added for future use.

AAFP Response
The AAFP recognizes the current use of measures like the all-cause readmission measure in VM. However, in our experience with physicians, interaction with and understanding of the VM program and the resultant QRURs are low. The EIDM registration is cumbersome and time-