consuming to complete (often taking several weeks to receive approval) and required roles are not obvious, the current portal is not intuitive to navigate, reports take a significant time to download, and once downloaded, are difficult and time-consuming to interpret. We propose a phased-in approach for population-based and global outcome measures in which the MIPS program would begin with the six measures (including one cross-cutting and one outcome based) for scoring. We believe that population-based measures should be tested in the program before composite performance scores are based on their results. For the first two years, CMS needs to collect and disseminate data to eligible clinicians on global outcome and population-based measures so they can learn about measurement at a population level and CMS can learn how population level measurement will impact the MIPS program.

c. Selection of Quality Measure for Individual MIPS-Eligible Clinicians and Groups
(1) Annual List of Quality Measures Available for MIPS Assessment
CMS proposes to publish an annual list of quality measures in the *Federal Register* no later than November 1 of the year prior to the first day of the performance period and that CMS will solicit a "call for measures" each year. CMS will request that eligible clinician organizations and other stakeholders submit measures and updates. The agency proposes that only measures submitted before June 1 of each year will be considered in the annual list of quality measures for the performance period beginning 2 years after the measure is submitted. CMS seeks comment on whether there are measures that should be classified in a different National Quality Strategy domain or classified as a different type (process vs. outcome, etc.).

AAFP Response
As the proposed rule is currently written, there is a 30-month gap between when measures are submitted and when they are used. As a participant in the CQMC and Measure Application Partnership (MAP), the AAFP understands and supports multi-stakeholder input into measure selection for federal programs. However, the current process keeps new knowledge sequestered from measurement and patient benefit until the measure update process can be completed. Also, multi-stakeholder time and resources were invested in the CQMC development of Core Measure sets. These sets need immediate integration into the final rule with a strong message sent to private payers to adopt the sets for private programs in order to reduce measurement burden on physicians and improve the quality of care for patients.

(2) Call for Quality Measures
The proposed rule discusses how and when they submit measures for MIPS. Stakeholders should consider measures that are:

- Not duplicative of an existing or proposed measure;
- Beyond concept phase and have at least begun testing;
- Inclusive of data submission beyond claims;
- Based on outcomes'
- Address patient safety and adverse events;
- Identifying appropriate use of care;
- Address care coordination;
- Pertain to patient and caregiver experience;
- Identify cost and Resource Use; and
- Attempt to address a performance gap.