

*AAFP Response*

As measures are considered for MIPS, the AAFP points out that outcome measures are an end point and not a starting point. Establishing strong and meaningful process measures that are tied to evidence-based outcomes can help lead a practice toward improvement. Disjointed process and outcome measures lead to an increased administrative burden with very little quality improvement.

(3) Requirements

MACRA requires that, in selecting quality measures for inclusion in the annual final list of quality measures, CMS must assure, to the extent practicable, that all quality domains are addressed by such measures. The regulation discusses how the agency has found the NQF convened Measure Application Partnership's (MAP) input valuable and proposes to consider the MAP's recommendations as part of the comprehensive assessment of each measure considered for inclusion under MIPS. In addition, CMS proposes to consider measures that fill clinical gaps, changes or updates to performance guidelines, and other program needs.

*AAFP Response*

The AAFP supports the use of the MAP as a way to assess measures for inclusion in MIPS. We encourage a continued look at ways to streamline the National Quality Forum's processes to allow for more rapid updates to measures as new clinical guidelines emerge.

7. Exception for Existing Quality Measures (and)

8. Consultation with Relevant Eligible Clinician Organizations and Other Relevant Stakeholders

In these two sections, CMS proposes that measures in the current VM and PQRS will be included in the MIPS measures list unless removed by the Secretary. CMS also discusses the importance of the MAP and CQMC.

*AAFP Response*

The AAFP supports the core measure sets developed by the multi-stakeholder Core Quality Measures Collaborative that were developed to ensure alignment, harmonization, and the avoidance of competing quality measures among all payers and encourages CMS to continue to engage with this group as well as the MAP. The AAFP supports inclusion of all core measures in the existing or proposed measures under MIPS and with current and future attention to such sets remaining parsimonious in number of total measures in each set.

9. Cross-Cutting Measures for 2017 and Beyond

In this section, CMS discusses the importance of cross-cutting measures indicating that several are being removed from the PQRS cross-cutting measure list, but will still be included in the regular MIPS list.

*AAFP Response*

MIPS-eligible clinicians must report on six measures, which include one cross-cutting measure and one outcomes measure. Cross-cutting measures help focus efforts on population health and allow for meaningful comparison among MIPS-eligible clinicians. The MIPS cross-cutting list is based on the cross-cutting measures from PQRS, but some will be eliminated in an effort to make the list applicable to all patient-facing clinicians. The AAFP suggests that the following measures found currently in PQRS, but proposed to be removed from the cross-cutting measures list, remain in the list to make it more robust:

- 046 Medication Reconciliation Post Discharge