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e. Resource Use Performance Category

(1.a) General Overview and Strategy

CMS envisions the measures in the MIPS Resource Use performance category would provide MIPS-eligible clinicians with the information they need to provide appropriate care to their patients and enhance health outcomes.

*AAFP Response*

The AAFP applauds this CMS sentiment, but the proposed rule is not at all clear on how CMS will provide clinicians with timely and actionable feedback on their Medicare Resource Use performance. It is critical that Resource Use measurement be coupled with adequate and useful feedback reports for clinicians, all of whom need timely and actionable clinical and claims data to make value-based care decisions both for their practice as well as for those to whom they refer. Furthermore, family physicians and other clinicians need the data seamlessly integrated into their workflow. For example, a system to flag duplicative tests or procedures that are susceptible to overuse presents a mutually beneficial opportunity to engage with clinicians on the practice profiles and patient populations who are most likely to benefit from the test or service ordered. The AAFP believes payer-clinician engagement is equally, if not more important than Resource Use measurement in effecting change.

The AAFP opposes application of the total per capita cost of care measure to primary care physicians that are not part of an advanced APM. Physicians that are part of an advanced APM have agreed to be responsible for total costs and have incentives and mechanisms available to review, manage, and reduce total costs. However, physicians outside such arrangements have limited control over the actions and costs of specialists; are offered no incentives for reducing total costs; and have no agreed upon goals or mechanisms in place to review, manage, and reduce total costs. Primary care physicians outside advanced APM arrangements can not anticipate that multiple specialties will work together toward total cost of care reduction and should not be held accountable for these costs, many of which will be generated by specialists. Rather, the physicians who generated the costs should be held responsible for such costs.

Also, patient choice, adherence, and accountability affect the total per capita cost of care and should be quantified and factored into Resource Use calculations. Depending on a Medicare beneficiary's supplemental insurance coverage, patients are able to choose which services to utilize even if their family physician does not recommend those services. In addition, patients in fee-for-service Medicare may choose to see any provider they wish including specialists, whether or not they are referred by a primary care provider. Physician accountability for costs needs to be balanced with patient accountability.