tied to specific clinical conditions and treatments, the AAFP agrees with CMS that additional adjustment for physician specialty is redundant.

CMS also proposes to make a second technical change to the MSPB measure's calculation. They propose to modify the cost ratio used within the MSPB equation to evaluate the difference between observed and expected episode cost at the episode level before comparing the two at the individual or group level.

The AAFP again urges CMS to only use episode-based groups to calculate Resource Use at this time and eliminate the MSPB measure.

(b) Episode-based Measures Proposed for the MIPS Resource Use Performance Category
CMS is considering 41 clinical condition and treatment episode-based measures to use within the Resource Use performance category for the first MIPS performance period.

AAFP Response
The AAFP encourages CMS to include all measures to monitor and reduce cost thereby capturing a wide array of specialists and the largest number of Medicare eligible clinicians. This will help Medicare more quickly bend the cost curve.

In the case of the episode-based measures, patients should be attributed to the physician who bills the largest portion of Part B allowable charges for clinical condition and treatment episodes, instead of what is proposed. We believe that assigning attribution based on number of visits [i.e. inpatient evaluation and management (IP E&M)] would disproportionally hold the primary care physician responsible for the Resource Use of the specialist. Some of the proposed clinical conditions and treatment episode-based measures may be influenced by primary care, while others are outside of their control. Theoretically, an integrated health care system could manage costs through all settings for the episode. However, that would not be true of small and independent practices or those in rural areas. The proposed clinical and treatment episode-based measures may pose significant unintended consequences if the costs are not accurately attributed to the physician with the highest cost.

While CMS has defined the triggering claim for each episode, family physicians and other clinicians need additional information to understand the total scope and cost of each episode. For example, they need to know for each episode:

- The desired clinical outcome;
- The services and costs to be included and excluded;
- The endpoint;
- The network of appropriate/expected clinicians delivering care;
- Whether performance reports will have information about their own performance as well as other clinicians; and
- Whether information contained in reports will enable them to determine the underlying cause of performance deficiencies.

With this additional information, clinicians can begin to understand if, when, and how an episode will affect their Resource Use performance.

Cost measurement is one of the two variables used to measure value. The other is quality/outcomes. The AAFP strongly urges CMS to include within each clinical condition and