

- Seeing new and follow-up Medicaid patients in a timely manner in the physician's state Medicaid programs;
- Activity identified as public health priority; and
- The PCMH.

CMS seeks comments on ways to simplify the CPIA score and factors they should take into consideration when trying to determine if an activity is weighted medium or high.

AAFP Response

Practices participating in transformation activities expend time, money, capital and human resources. Activities that require an additional investment in technology, like offering telehealth services, access to a patient portal, or participation in a QCDR should be categorized "high" instead of "medium." High-weighted activities could be considered those that require the addition of a staff person or the redistribution of an existing staff person's time to add capacity for care coordination and patient self-management support like health coaching. In addition, highly rated CPIAs should include activities that add functionality for co-located services like pharmacy and behavioral health.

With regards to continuing medical education (CME) and its ability to facilitate improved performance and/or patient outcomes in CPIAs—since 1947, the AAFP has contributed to the health of patients, families, and communities by helping our members improve their knowledge, professional competence, practice performance, and patient outcomes. We do so by setting and upholding the standards for lifelong learning and by providing CME activities that comply with those standards. In 2014, the AAFP Credit System awarded approximately 60,000 CME credits for activities designed to meet our eligibility requirements and improve patient care. CPIAs, as a part of MIPS, are transformational activities that practices can participate in to help achieve these goals. Aligning with CPIAs is performance improvement CME, which supports health care transformation by encouraging clinicians to reflect on current practice and engage them to make changes in their practice that ultimately improves the care that is delivered. There are now multiple examples in the literature that proves the value of performance improvement CME as a vehicle for not only promoting change, but also embedding that change into a practices' workflow so that observed improvement is sustained in the long term. Fundamentally, the objectives of CPIAs and performance improvement CME are congruent with the strategic goals of the Administration.

We believe that performance improvement CME activities that involve assessment and improvement of patient outcomes or care quality, as demonstrated by clinical data or patient experience of care data, including completion of an AAFP's "Performance Navigator" CME module should be included in the list of CPIAs as a high-weight activity. These activities may involve multiple interventions that are focused via an assessment of the current environment on individualized practice needs. They will also likely require redistribution of an existing staff person's time or a dedicated new staff person. Other high-rated activities should include establishment of a patient advisory council, risk-stratified care management, and shared decision-making (with the use of an evidence-based decision aid).

The AAFP supports CMS' intention to engage eligible clinicians in CPIAs. We recognize the complexity associated with designing a system that allows eligible clinicians the freedom to choose CPIAs that are relevant for their practice environments. However, we believe we can help CMS in this process. The AAFP has the infrastructure in place to accredit learning and performance improvement activities for health care professionals. Our accreditation systems