we believe that CMS should reallocate the Resource Use weight to the other three CPS elements (i.e. quality, CPIA, and ACI).

(d) Calculating the Resource Use Performance Category Score
CMS seeks comment on the proposal to average all the scores of all the Resource Use measures attributed to the MIPS-eligible clinician. All measures in the Resource Use performance category would be weighted equally and no bonus points would be available.

AAFP Response
We agree with the proposed methodology and encourage frequent, timely feedback reports moving toward real-time feedback.

(4) Scoring the CPIA Performance Category
(a) Assigning Points to Reported CPIAs
CMS discusses whether to assign points for each reported activity as high (20 points) or medium (10 points). The agency would rate activities as high, based on the extent to which they support the PCMH model, as well as with CMS priorities for transforming clinical practice. Additionally, activities that require performance of multiple actions, such as participation in the TCPI, participation in a MIPS-eligible clinician's state Medicaid program, or an activity identified as a public health priority (such as emphasis on anticoagulation management or utilization of prescription drug monitoring programs) are weighted as high.

AAFP Response
Practices participating in transformation activities expend capital and human resources. Activities that require an additional investment in technology, such as offering telehealth services, access to a patient portal, or participation in a QCDR, should be categorized as high. 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. In addition, high-rated CPIAs should include activities that add functionality for co-located services, such as pharmacy and behavioral health. 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 the AAFP's Performance Navigator CME program, should be included in the list of CPIA activities as a high-weight activity. 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).

(b) CPIA Performance Category Highest Potential Score
The regulation discusses there is variability in the level that each MIPS-eligible clinician would perform a CPIA, but the agency currently does not have a standard way of measuring that variability. In future years, CMS plans to capture data and develop a baseline for measuring CPIA improvement. The regulation further discusses the belief that a top-performing small practice (consisting of 15 or fewer professionals), practice in a rural or HPSA, or a non-patient facing MIPS-eligible clinician would be asked to report on at least two activities.

AAFP Response
Non-patient facing clinicians should not get special consideration (as discussed previously under the Resource Use section). We believe there are ample activities under CPIA for participation of all physicians, and practice improvement is equally important for all, including non-patient facing. We agree that small, rural, HPSA practices warrant special consideration