

CMS proposes that Advanced APM quality measures must include at least one of the following types of measures:

- Any quality measures included on the proposed annual list of MIPS Quality measures
- Quality measures that are endorsed by a consensus-based entity
- Quality measures developed under section 1848(s) of the MACRA
- Quality measures submitted in response to the MIPS Call for Quality Measures
- Any other quality measures that have an evidence-based focus and are reliable and valid, per CMS assessment

Measures developed by the National Quality Forum (NQF) will meet these criteria. QCDR measures will be considered MIPS-comparable measures. For measures that are not NQF-endorsed or included on the final MIPS list, CMS proposes to establish a Center for Medicare & Medicaid Innovation review process to assess whether a quality measure has an evidence-based focus, and is reliable and valid. As a priority domain under the MIPS, CMS proposes that an Advanced APM must also include one outcome measure, if an appropriate measure is available on the MIPS list.

AAFP Response

The AAFP strongly recommends that CMS use the core measure sets developed by the multi-stakeholder Core Quality Measures Collaborative to ensure alignment, harmonization, and the avoidance of competing quality measures among payers. The core measure sets contain a variety of measure types. Use of these sets reduces administrative burden. In addition, the use of consistent measures will provide an easy on-ramp for providers participating in the MIPS who transition to APMs.

The AAFP asks CMS to urge private payers to adopt the core measures sets in order to create a sense of stability between the public and private payer realms. APMs will be able to prioritize measures more easily if a standard set of measures is used by CMS and private payers.

The AAFP is concerned that CMS proposes establishing yet another process for assessing quality measures. CMS should continue to use the established processes and criteria to determine if a measure is evidence-based, reliable, and valid. We believe CMS can leverage the NQF's MAP process as a means of accomplishing this. The creation of a new process could slow down an already lengthy process, leading to the implementation of measures that are outdated or have little clinical relevance. In addition, the AAFP is concerned that a new process could lack key elements; for example, the MAP process incorporates invaluable input from practicing physicians. The AAFP encourages CMS to include updated core measures as they become available.

The AAFP believes specialists should not be exempt from the outcome measure requirement. Therefore, all Advanced APMs, regardless of specialty, should be required to include an outcome measure. If an outcome measure is not available for a specific specialty, then the specialty society should be responsible for creating one.

(3) Financial Risk for Monetary Losses

(a) Overview

The third Advanced APM criterion requires the APM to either:

- Be a Medical Home Model that is expanded under section 1115A(c) of the MACRA, or
- Bear financial risk for monetary losses that exceed a nominal amount