

While we still disagree that health IT utilization measure are useful in achieving the desired goals, we believe this new proposal complies with current requirements in statute as well as simplifies the ACI component without hindering progress toward the goals of the original meaningful use program and that of MACRA.

In addition to this new ACI construct, we believe that the government needs to ensure the “last mile” of Direct exchange is completed for all those sending and receiving Direct messages and attachments. CMS, as well as the Veterans Administration and the Department of Defense, as federal agencies and a major health care payers, need to ensure that eligible clinicians in the private sector have the capability to easily coordinate care utilizing Direct exchange. To do this we believe that the federal government should (1) ensure the federal government supports the development of national provider directories that include provider Direct addresses, (2) ensure that certification of health IT technology addresses usability and ease-of-use for Direct exchange, and the products are graded with respect to these qualities, and (3) content or payloads delivered as attachments to Direct messages are made more uniform and capable of being computable by senders and receivers using the Direct exchange to share health information.

(5) Application of Quality Measures Comparable to Those under the MIPS Quality Performance Category

CMS proposes that the quality measures on which the Other Payer Advanced APM bases payment must include at least one of the following types of measures provided that they have an evidence-based focus and are reliable and valid:

- Any of the 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 Act;
- Quality measures submitted in response to the MIPS Call for Quality Measures; or
- Any other quality measures that CMS determines to have an evidence-based focus and are reliable and valid.

AAFP Response

The AAFP supports reasonable and achievable quality improvement programs that promote continuous quality improvement and measure patient experiences. The AAFP opposes an approach that requires physicians to report on a complex set of measures that do not impact or influence the quality of care provided to patients.

All measures used in MIPS and APMs must be clinically relevant, harmonized among all public and private payers, and minimally burdensome to report. To accomplish this, the AAFP 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 AAFP also supports reducing health disparities as a part of care delivery and urges CMS to move forward with expanding its risk-adjustment methodology in quality measures to incorporate social and economic factors such as race, income, education, and region. Risk-adjusting for socioeconomic status ensures the measures are fair and sets the standard for comparison of physician performance by adjusting for factors outside of the physician’s control.