

May 18, 2015

The Honorable Sylvia Mathews Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell and Acting Administrator Slavitt:

The undersigned national medical organizations are writing to share our recommendations regarding the funding of quality measures authorized under section 102 of the recently enacted “Medicare Access and CHIP Reauthorization Act of 2015,” or “MACRA,” Public Law 114-10. We are pleased to note the provision, which adds new subsection (s) to section 1848 of the Social Security Act (42 U.S.C. 1395w-4(s)), provides funding for quality measure development, a long-term objective of the undersigned. Enactment of MACRA was an important accomplishment for patients and for health care. We are particularly encouraged that this will expand the ability of the Centers for Medicare and Medicaid Services (CMS) to support the development of meaningful measures to be used by physicians who participate in new payment and delivery models designed to improve the quality and efficiency of care. Key to the success of achieving the legislation’s goals is having a portfolio of appropriate quality measures that meets the needs of the various physician specialties for improving the care of their patients.

MACRA specifically authorizes \$15 million per year for each of fiscal years 2015 through 2019, for a total of \$75 million, to fund the development of physician quality measures for use in the Merit-based Incentive Payment System (MIPS). MACRA also states that the “Secretary shall enter into contracts or other arrangements with entities for the purpose of developing, improving, updating, or expanding in accordance with the plan under paragraph (1) quality measures for application under the applicable provisions. Such entities shall include organizations with quality measure development expertise.” Since fiscal year 2015 is already under way, and ends September 30, 2015, we appreciate there is little time remaining in the current year to identify the appropriate entities to receive funding for quality measure development.

We believe the appropriate “organizations with quality measure development expertise” are the physician-led organizations that have devoted substantial time and resources to developing and refining

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quality improvement and/or measure development activities. These appropriate physician-led organizations include the AMA-convened Physician Consortium for Performance Improvement® (PCPI®) and the medical specialty societies. We also believe that preference should be given to organizations that develop quality measures through a transparent process, which may include soliciting feedback from various stakeholders on measures under development; sharing measure information with CMS as part of the qualified clinical data registry (QCDR) reporting process, publicly posting measure descriptions, and publicly posting information on the measures. We believe that it is approaches such as these that will earn the trust of all stakeholders, patients and clinicians most of all. It will also be important that the measure development initiatives adhere to certain processes to ensure that the measures are meaningful to users, uphold national standards, and harmonize with existing measures in widespread use. Measure developers should also have the necessary expertise with clinical quality measure standards currently in use (e.g., Quality Data Model, HL7 HQMF eMeasure) and be involved in national efforts focused on the future direction of health care standards. By working with physician-led organizations to develop the measures, this will also enhance physicians' engagement and trust in the process and assist with the successful implementation of the MIPS program. Furthermore, this will ensure that new measures being developed are harmonized with specialty societies' clinical data registry activities, which is a growing means of quality reporting that is also encouraged in MACRA.

The Department of Health and Human Services is currently under contract with an outside entity that is widely recognized for its role in endorsing measures and identifying priorities for measure development and measure gaps pursuant to section 1890 of the Social Security Act (42 U.S.C. 1395aaa). However, to maintain the integrity of the MIPS program and avoid potential or perceived perceptions of a conflict of interest, any entities receiving funding for quality measure development should not also be involved in endorsing quality measures. Measure evaluation and endorsement should remain impartial, and kept completely separate from measure development. We believe firewalls such as the one suggested here are necessary to ensure the integrity of the measure endorsement process. We also believe it would be detrimental for there to be a single entity responsible for implementing all domains of the quality agenda, from measure development to measure endorsement. Such a construct would inhibit engagement by some stakeholders, including physicians. In addition, it might limit access to a wide range of ideas, clinical and practical perspectives, and discourage the innovation that is truly needed for there to be a successful quality improvement program.

We appreciate your attention to this matter and stand ready to assist with quality measure development in an effort to make the MIPS program successful.

Sincerely,

American Medical Association
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Allergy, Asthma & Immunology
American Academy of Child & Adolescent Psychiatry
American Academy of Dermatology

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American Academy of Family Physicians
American Academy of Home Care Medicine
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology – Head and Neck Surgery
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Emergency Physicians
American College of Gastroenterology
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Congress of Obstetricians and Gynecologists
American Gastroenterological Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Radiation Oncology
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Plastic Surgeons
American Thoracic Society
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Endocrine Society
Medical Group Management Association
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgeon
Society of Hospital Medicine