ACP
American College of Physicians
Internal Medicine | Doctors for Adults®

Marilyn Tavenner
Acting Administrator and Chief Operating Officer
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-3276-NC, Mail Stop S3-02-01
7500 Security Boulevard
Baltimore, MD 21244-1850

April 8, 2013

RE: Comments on Medicare Program: Request for Information on the Use of Clinical Quality Measures (CQMs) Reported Under the Physician Quality Reporting System (PQRS), the Electronic Health Record (EHR) Incentive Program, and Other Reporting Programs

Dear Ms. Tavenner,

The American College of Physicians (ACP), the largest medical specialty organization and the second largest physician group in the United States, appreciates the opportunity to provide comments on the *Request for Information on the Use of Clinical Quality Measures (CQMs) Reported Under the Physician Quality Reporting System (PQRS), the Electronic Health Record (EHR) Incentive Program, and Other Reporting Programs* issued by Centers for Medicare and Medicaid Services (CMS) and published in the Federal Register on February 7, 2013. ACP members include 133,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Overall

ACP appreciates that CMS is reaching out to physician groups and other stakeholders to improve the current quality reporting programs and is strongly supportive of aligning quality reporting programs and reducing the administrative burden in reporting requirements on practices. As CMS works to improve the current system and define registries, it is important to ensure flexibility for physician practices so they are able to meet the reporting requirements and to provide continued incentives for physicians to be engaged. Additionally, ACP is supportive of a national strategy for quality improvement that will determine the most appropriate measures to provide data for benchmarking and ongoing quality improvement.

High-Level Questions – current CMS quality reporting requirements; examples of non-federal quality measure collection activity; and reducing burden on eligible professionals

Greater alignment among the federal quality reporting programs would significantly reduce the administrative burden on physicians and increase physician participation in these programs. In an effort to reduce reporting burden on eligible professionals CMS should harmonize (and reduce to the extent possible) the measures used in the different federal reporting programs, working toward overall composite outcomes measures rather than a laundry-list of process measures. For example, while CMS has made strides in aligning the measures at a high level, the technical requirements of PQRS and eRx are different enough that dual processes must be undertaken. CMS could also conform reporting formats among the various programs to ease the reporting burden for clinicians. This alignment would be an important advance in easing physician burden and in helping to set health care quality improvement priorities nationwide. CMS will also need to consider local health care system needs and the populations they serve. It is important to permit systems and practices to set their own quality improvement priorities and to make sure the data they use for such activities are acceptable for federal programs. With the government facilitating alignment of required measures between programs and initiating flexibility in accepting practice/system level measures, the implementation of value-based payment programs can be streamlined considerably.

The College also supports greater alignment of current non-federal programs under which eligible professionals report quality measures with federal quality reporting programs. For instance, measures and measure strategies should be thoughtfully aligned with – and where possible leverage – the regular practice assessment, reporting, and quality improvement activities that individual physicians already are required to undertake as part of their specialty board Maintenance of Certification (MOC). For example, the American Board of Internal Medicine (ABIM), which is the largest of the certifying boards, includes in its MOC program a suite of quality measure reporting and improvement tools specifically focused on patient-centered primary care/specialist communication, and will soon introduce a care coordination module developed by several of the experts who also helped shape the Medical Home Neighbor concept. This alignment would also provide a means of accounting for changes or advancements in quality and improvement activities and of educating physicians on the benefits of such quality measurement and clinical improvement activities.

Questions regarding reporting requirements for entities that report via a registry under PQRS for 2014 and subsequent years or the EHR Incentive Program if registry reporting is established as a reporting method for that program in future years

The College believes that the goal of reporting quality measures should include quality improvement in physician practices and delivery of care. Registries established as a reporting method for programs should be required to provide educational feedback to physicians on a timely, routine basis. Educational feedback to assist practices in quality improvement is essential to improving the quality of care delivered in our health care system.

The College believes that for clinical team education and quality improvement purposes, it is essential that the clinical team have a safe "space" to review performance without worry about

public disclosure. When quality data are to be publically reported, it is extremely important for physicians and other health care professionals to have timely access to their performance information prior to public reporting and have a fair and accurate appeals process to examine potential inaccuracies.

Questions regarding selection of measures related to registry reporting under PQRS for 2014 and subsequent years and for the EHR Incentive Program if registry reporting is established as a reporting method for that program in future years

The College appreciates CMS working with physicians and stakeholders in determining the methods used to develop and select measures in federal programs. The development, validation, selection, refinement, and integration of performance measures should be a multilevel process that takes advantage of the most recent scientific evidence on quality measurement and have broad inclusiveness and consensus among stakeholders and in the medical and professional communities. This entire process should be transparent to the medical community. Measures should be field-tested prior to adoption to ensure their viability in the medical setting. In addition, ACP recommends that CMS ensure that the measurement targets remain patient centered and reflect potential differences in risk/benefit for specific populations. For example, targets for the frail elderly frequently differ from younger patients.

At this point, it is not necessary for all measures to be outcome based because there are many process and structure measures that can be used for quality improvement. However, the College encourages CMS to work towards using overall composite outcomes measures, focused on improving clinical outcomes, gauging the patient-centeredness of a practice, and improving the coordination of care across all providers.

Along these lines, the College urges CMS to encourage the development of care coordination measures. In particular the new transitional care management service (TCM) codes established in the 2013 Medicare Physician Fee Schedule, as well as the complex chronic care coordination (CCCC) service codes being considering by CMS, provide an important opportunity to test care coordination measures through registries and encourage overall innovation in the measure development process.

Questions regarding registry measures reporting criteria

The College urges CMS not to develop or impose strict requirements on measure reporting criteria for registries. To mitigate the risk for inducing unnecessary or harmful care, CMS should allow multiple pathways to satisfy a measure (while ensuring the application of statistical methods that provide valid and reliable comparative assessments across populations). For example, performance measures and clinical decision support tools could result in quality improvement efforts that encourage physicians to add additional medications for patients, even when those additional medications and treatments have not been shown to improve outcomes.

Flexible performance measures will allow physicians to deliver high-value, cost-conscious care and personalized medicine for patients.[1]

Thank you for considering ACP's comments. Please contact Shari Erickson, Vice President, Governmental & Regulatory Affairs, by phone at 202-261-4551 or email at serickson@acponline.org if you have questions or need additional information.

Sincerely,

Robert A. Gluckman, MD, FACP
Chair, Medical Practice and Quality Committee

[1] Baker D. Evidence-Based Performance Measures: Preventing Unintended Consequences of Quality Measurement. Annals of Internal Medicine. Vol 155, No 9. 1 November 2011. Accessed at http://annals.org/article.aspx?articleid=1033140 on April 4, 2013