P•C•R•C

PHYSICIAN CLINICAL REGISTRY COALITION

April 13, 2020

VIA ELECTRONIC MAIL

Ms. Molly MacHarris
Quality Measurement and Value-Based Incentives Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-8013
Room S3-02-01

Dear Ms. MacHarris:

The Physician Clinical Registry Coalition (Coalition) is a group of medical society-sponsored clinical data registries that collect and analyze clinical outcomes data to identify best practices and improve patient care. Most of the members of the Coalition have been approved as Qualified Clinical Data Registries (QCDRs) or are working towards achieving such status.

The undersigned Coalition members agree with the Centers for Medicare & Medicaid Services' (CMS') goal of reducing burdens in the Merit-Based Incentive Payment System (MIPS), but we are concerned with the potential negative impact of MIPS Value Pathway (MVP) on clinician-led QCDRs. Specifically, we strongly recommend that CMS delay the introduction of MVPs, promote specialty-specific sub-group reporting in large groups, and ensure that meaningful participation in QCDRs is neither discouraged nor impeded by the developments of MVPs.

Delay in Introduction of MVPs

The MVPs represent a complete redesign of the MIPS program. As such, it will take time to develop, refine, implement, and educate physicians about the specific features of an MVP. In the context of the ongoing COVID-19 pandemic, we ask that CMS delay the implementation of MVPs for two years. This pandemic has not yet reached its peak and, once resolved, it will require months, if not years, for independent physician practices to recover. During this time, specialty societies and eligible clinicians must prioritize pandemic response and education. It should also be noted that many eligible clinicians have suffered significant financial losses as a result of the COVID-19 pandemic, particularly those who specialize in elective surgeries and services. Specialty societies that sponsor QCDRs desire to work with CMS in designing MVPs with integration of

QCDRs. At this time, the constraint on specialty societies' resources does not allow for thoughtful collaboration with CMS to develop, test, educate, and implement MVPs at this time.

Specialty-Specific Sub-Group Reporting

We agree with CMS' prior comments that there is a need for specialty-specific information from large multispecialty groups. Under the current MIPS program, these groups report primary care measures on a limited number of patients under the Web Interface reporting method. It is important that CMS support and encourage specialty-specific reporting from these large groups to ensure accountability for the quality of the care they provide and to ensure the information they supply to their patients is meaningful and specific. Currently, there is neither accountability nor any program-based incentive for specialists in these large groups to evaluate and improve their quality performance and outcomes. Incentivizing participation in QCDRs will help to facilitate measurement and accountability at the specialty level. Thus, we strongly support enabling large multi-specialty groups to report on specialty measures and creating incentives for their participation in specialty-led QCDRs**.**

Meaningful Participation in QCDRs

Congress has recognized QCDRs as essential to fostering quality improvement, providing rapid performance feedback, and developing relevant quality measures. QCDRs have demonstrated value in terms of enhanced patient outcomes and meaningful feedback to clinicians. The introduction of MVPs provides mixed and confusing signals to clinicians who are already participating in MIPS and measuring specialty-specific quality and outcomes on an ongoing basis through QCDRs. By celebrating MVPs that appear to be entirely separate from QCDR reporting as advances in value-based care, we are concerned that the important vehicle for agile and meaningful measurement that QCDRs have become will be functionally eliminated from the Quality Payment Program or at least seriously discouraged.

Thus far, CMS has indicated its intention to move almost exclusively to electronic clinical quality measures (eCQMs) under MVPs. However, eCQMs do not include QCDR measures, although many QCDR measures are e-specified, and are collected, calculated and reported electronically. Per the Medicare Access and CHIP Reauthorization Act of 2015 (Sec. 101 (c)(4)(B)(ii)), CMS should incentivize QCDR and electronic health record (EHR) reporting of quality measures: "Under the MIPS, the Secretary shall encourage the use of qualified clinical data registries pursuant to subsection (m)(3)(E) in carrying out this subsection." **Given the statutory emphasis, the ability of QCDR measures to capture germane, specialty-specific performance data, and to adjust to changes in gaps in care more rapidly than CQMs and eCQMs, the Coalition strongly urges CMS to encourage clinicians and groups to report under MIPS using QCDRs.**

The Coalition appreciates the opportunity to address our concerns to you, and we look forward to working with CMS to ensure that MVPs become true pathways of value. If you have any questions before then, please contact Rob Portman at Powers Pyles Sutter & Verville, PC (Rob.Portman@PowersLaw.com or 202-872-6756).

Respectfully submitted,

American Academy of Dermatology Association
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology – Head & Neck Surgery
American Academy of Physical Medicine & Rehabilitation
American Association of Neurological Surgeons/Congress of Neurological Surgeons
American College of Emergency Physicians
American College of Gastroenterology
American College of Radiology
American College of Rheumatology
American Gastroenterological Association
American Society for Radiation Oncology
American Society of Anesthesiologists/Anesthesia Quality Institute
American Society of Clinical Oncology
American Society of Plastic Surgeons
American Urological Association
College of American Pathologists
North American Spine Society
Society of Interventional Radiology
Society of NeuroInterventional Surgery
The Center for Professionalism and Value in Health Care, ABFM Foundation
The Society of Thoracic Surgeons

cc: Seema Verma, Administrator, CMS (Seema.Verma@cms.hhs.gov)
Jean Moody-Williams, Acting Director, CCSQ, CMS (Jean.MoodyWilliams@cms.hhs.gov)
Dr. Shari Ling, M.D., Acting CMS Chief Medical Officer, CCSQ, CMS (Shari.Ling@cms.hhs.gov)
Dr. Michelle Schreiber, MD, Director, Quality Measurement and Value-Based Incentives Group, CCSQ, CMS (Michelle.Schreiber@cms.hhs.gov)
Dr. Reena Duseja, M.D., Chief Medical Officer for Quality Measurement, Quality Measurement and Value-Based Incentives Group, CCSQ, CMS (Reena.Duseja@cms.hhs.gov)
Dr. Daniel Green, MD, Quality Measurement and Value-Based Incentives Group, CCSQ, CMS (Daniel.Green@cms.hhs.gov)
Sophia Sugumar, Quality Measurement and Value-Based Incentives Group, CCSQ, CMS (Sophia.Sugumar@cms.hhs.gov)