



March 16, 2022

Michelle Schreiber, MD
Deputy Director for Quality and Value and
Director of the Quality Measurement and Value-based Incentives Group
Centers for Medicare & Medicaid Services (CMS)
Center for Clinical Standards and Quality

Dear Dr. Schreiber:

The American College of Physicians (ACP) thanks the Centers for Medicare & Medicaid Services (CMS) to work collaboratively with us, and other relevant specialties, on the development and refinement of two Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs). The two MVPs, Optimizing Chronic Disease Management MVP and Promoting Wellness candidate MVP, are particularly relevant to our members which include 163,000 internal medicine physicians, related subspecialists, and medical students.

As previously [stated](#), we strongly support the concept of MVPs and CMS' goals for them, including being more patient-centered, using more clinically relevant metrics, streamlining performance categories to reduce burden, and facilitating the transition to Alternative Payment Models (APMs). We appreciate CMS' attempts to incorporate stakeholder input into the design and implementation of MVPs, which we agree is integral to its success.

Toward that end and in response to the proposed changes in the two MVPs, we have included comments below organized by MVP:

Optimizing Chronic Disease Management MVP

Quality Measures

While ACP did not support either of the measure options to survey patient experience, we do believe that having only one option is not tenable. Many physicians and groups are already collecting CAHPS surveys and adjusting their workflow to add this new patient experience measure is overly burdensome. Additionally, during its review of measures, ACP identified fewer concerns with quality measure Q321: CAHPS for MIPS Clinician/Group Survey than the current measure included in the MVP [i.e., Q438: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)]. While we have some concerns with Q321, we support it being added as an option within the Optimizing Chronic Disease MVP and would prefer it over Q438.

Promoting Wellness Candidate MVP

Quality Measures

Overall, we are pleased to see many of the changes that have been proposed with regards to measure additions and measure removals. Of the nine changes suggested, we strongly approve of six of them as they are aligned with ACP's review of the measures. We do not support the additions of Q128, Q134 and Q475 for reasons previously stated. Our comments regarding the addition of Q321 are described above.

While we are not in full agreement with CMS' proposals regarding the quality measures included in the two MVPs, many of the changes that are incorporated resonate with [comments](#) we have made in the past. We sincerely appreciate CMS' ongoing efforts to seek our feedback and consider it as you continue to improve the MVPs. We look forward to continuing productive conversations and collaboration.

If you wish to discuss or have any questions, please contact Samantha Tierney, Senior Scientist, Clinical Policy at stierney@acponline.org or 215-351-2433.

Thank you for your time.

Sincerely,

A handwritten signature in black ink that reads "Amir Qaseem". The signature is fluid and cursive, with the first name "Amir" and last name "Qaseem" clearly distinguishable.

Amir Qaseem, MD, PhD, MHA, MRCP (London), FACP
Chief Science Officer
American College of Physicians