



October 31, 2017

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attn: CMS-1676-P Room 445–G, Hubert H. Humphrey Building 200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma,

On behalf of the American College of Physicians (ACP), I am pleased to express our appreciation and excitement regarding the new initiatives recently [announced](#) by the Centers for Medicare and Medicaid Services (CMS) to put “Patients Over Paperwork” and to ensure that the agency is using “Meaningful Measures” in all of its programs, including the Quality Payment Program. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 152,000 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.

Patients Over Paperwork

ACP has long been in favor of trying to reduce unnecessary regulatory burdens on physicians. We hope that you and your staff at CMS will look to the important work ACP has done on this issue, through both our “[Patients Before Paperwork](#)” initiative that has been in place since 2015 and our policy paper “[Putting Patients First by Reducing Administrative Tasks in Health Care](#),” which was published in *Annals of Internal Medicine* in March 2017 and recently [supported by the American College of Obstetricians and Gynecologists](#). We agree with the Administration that overly burdensome administrative tasks interfere with the patient-physician relationship, diverting the physician's time and attention away from the actual patient care. It is important to minimize these distractions to avoid negatively impacting patient care.

To help address these issues, our “Putting Patients First” position paper outlines a cohesive framework for analyzing administrative tasks through several lenses to better understand any given task that a clinician and his or her staff may be required to perform. These lenses include the source of the administrative task; the underlying intent of the task; and the impact of that task on practicing physicians. In addition, a scoping literature review and environmental scan were done to assess the effects on physician time, practice and system cost, and patient care

due to the increase in administrative tasks. The findings from the scoping review, in addition to the framework, provide the backbone of detailed policy recommendations regarding how any given administrative requirement, regulation, or program should be assessed, then potentially revised or removed entirely.

Therefore, the College is pleased that CMS has announced that they will work with physicians and other stakeholders to achieve the goals of putting patient care first by reducing administrative complexities and burdens. Our full position paper describes in detail ACP's recommendations to key stakeholders on steps they can and should take to align and streamline, or remove entirely, existing and new administrative tasks. A summary of the recommendations focused on what we believe CMS should do in this area are outlined in [a letter](#) we sent on March 28, 2017. We would be pleased to work collaboratively with the Administration to address our shared issues and concerns around administrative burdens.

Meaningful Measures

The College also is encouraged by your announcement of a new “Meaningful Measures” initiative to ensure that quality measures, which are a critical component of paying for value, are streamlined, outcomes-based, and truly meaningful to clinicians and their patients. This initiative appears to be well aligned with ACP's [comments](#) to CMS last year on the Quality Measure Development Plan. In those comments—and since reiterated in our comments on both the Quality Payment Program proposed rule—ACP calls for CMS to use the opportunity provided through the MACRA law to build a learning health and healthcare system. It is critically important that the new payment systems that are designed through the implementation of the Quality Payment Program reflect the learnings from the current and past programs and also effectively allow for ongoing innovation and learning. Also important is the need to constantly monitor the evolving measurement system to identify and mitigate any potential unintended consequences, such as increasing clinician burden and burn-out, adversely impacting underserved populations and the clinicians that [care](#) for them, and diverting attention disproportionately toward the things being measured to the neglect of other critically important areas that cannot be directly measured (e.g., empathy, humanity).

In that letter, the College also recommends that CMS works to ensure that patients, families, and the relationship of patients and families with their physicians are at the forefront of the Agency's thinking in the development and implementation of both the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APM) pathways, including the development and implementation of the performance measures to be used within these programs.

Further, the College strongly recommends that CMS collaborates with specialty societies, frontline clinicians, and EHR vendors in the development, testing, and implementation of measures with a focus on decreasing clinician burden and integrating the measurement of and reporting on performance with quality improvement and care delivery.

ACP looks forward to actively engaging with the Administration on their new Meaningful Measures initiative to ensure that the measures being used within the QPP and all of the CMS

payment programs are measuring the right things; moving toward clinical outcomes, patient- and family- centeredness measures, care coordination measures, and measures of population health and prevention; and do not create unintended adverse consequences.

Finally, I would like to call your attention to important work that the College's [Performance Measurement Committee](#) has conducted in order to provide physicians, with a focus on internal medicine specialists, guidance in terms of appropriate measure selection for the MIPS program. ACP strongly recommends that CMS consider these recommendations when selecting measures for their programs.

ACP would be pleased to host a listening session with CMS staff to shed light on some of the existing issues and provide ideas on how excessive and burdensome tasks can be revised or eliminated, as well as on our detailed views related to performance measures. We look forward to hearing from you regarding scheduling of the listening session and welcome your feedback and ideas on any future collaboration as well. Please contact Shari M. Erickson, MPH, Vice President, Governmental Affairs and Medical Practice, by phone at 202-261-4551 or e-mail at serickson@acponline.org if you have questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jack Ende", with a long, sweeping horizontal stroke extending to the right.

Jack Ende, MD, MACP
President
American College of Physicians