

Memo Highlights: Feedback to CMS re: Meaningful Measures Initiative

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Re: Feedback to CMS re: Meaningful Measures Initiative

On behalf of ACP, I want to thank you for the opportunity to provide feedback on the Agency's new Meaningful Measures initiative. The College is encouraged by your announcement about this new 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. 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.

Highlighted Recommendations

- With regard to removing low-value measures, ACP believes that this is a fundamental outcome that must come out of the Meaningful Measures initiative—and at this time the mechanism for this to happen is not clear.
- ACP strongly recommends that CMS look to the [recommendations](#) of our Performance Measurement Committee first when considering what measures to use for reporting by internal medicine specialists.
- The College recommends caution before moving too quickly toward systems that depend significantly on consumer choice based on quality, outcome, and cost

- data until measures are appropriate. The currently available performance measures, measurement systems, and means of sharing performance information with consumers, which would be the basis for and means of patients and families making their health care decisions, are not adequate.
- ACP would like to reiterate our [call for CMS to work toward building a learning health and healthcare system](#). It is critically important that the new payment systems that are designed through the implementation of MACRA and beyond reflect the learnings from the current and past programs and also effectively allow for ongoing innovation and learning.
 - The College recommends that CMS consider establishing safe harbors for entities that are taking on innovative approaches to quality measurement and improvement.
 - We would like to note that attributing population health measure outcomes to individual clinicians is not appropriate and, in fact, defeats the purpose of population health measures.
 - ACP recommends that CMS call on measure developers to actively consider how to integrate patient preferences and goals into measure design—this would involve investments in new methods and systems with a focus on having quality measurement be part of care delivery.
 - We believe it is critical that CMS collaborate with clinicians and specialty societies to ensure that individuals are held accountable only for measures that are designed to assess outcomes within the reasonable control of the clinician.
 - We hope that you and others 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.
 - The College recommends that CMS consider the recommendations that ACP has developed as part of our [High-Value Care Initiative](#) as they look to develop measures.
 - CMS must make it a priority to ensure that clinicians are provided with the most up-to-date data at the point of care in order to facilitate cost-conscious decision making.
 - ACP recommends that new eQMs should be constructed based on a standard model, including standard structures, vocabularies, expression language, and value-sets that express real-world practice. This then will allow the measures to be certified based on their underlying components rather than against each version of the individual measure.
 - The College recommends that CMS ensure that any PROMs being developed undergo substantive testing to ensure that they are valid and reliable, do not place additional burdens on physicians in the collection and reporting of data, can be easily integrated into workflow, are minimally burdensome on patients,

and are actually shown to have an evidence base that indicates that they are measuring quality improvement.

Full details regarding approach and related support documents were provided in the original memo. [Email ACP Staff](#) for more information.