

October 7, 2015

The Honorable Sylvia Mathews Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell and Acting Administrator Slavitt:

The undersigned medical organizations are writing in regard to funding for the development of quality measures and technical assistance to small practices under the “Medicare Access and CHIP Reauthorization Act of 2015,” or MACRA, Public Law 114-10. Timely and targeted funding for these two activities is critical to the success of physician payment reform and we are urging CMS to take expeditious steps to fund these activities and to give priority to efforts generated by or in concert with the medical profession.

We have repeatedly called for federal funding to support quality measure development and were pleased that MACRA included funding for this purpose (section 102) as well as additional funding for technical assistance to help small practices comply with requirements of the Merit-based Incentive Payment System and/or transition to an alternative payment model (section 101). Key to achieving the legislation’s goals is the availability of an adequate portfolio of appropriate quality measures, along with meaningful technical assistance to practices that meet the needs of the various physician specialties for improving the care of their patients.

MACRA specifically authorizes \$15 million per year for each of fiscal years 2015 through 2019, for a total of \$75 million, to fund the development of physician quality measures for use in the MIPS. On May 18, 2015, many of the undersigned organizations sent a letter to the administration highlighting the time crunch for release of the funds since fiscal year 2015 was already well under way at the time of MACRA’s enactment and ended on September 30, 2015. To date, however, our inquiry into the timeline for dissemination of funds, as well as our

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recommendation that the funds go to physician-led organizations, such as medical societies and the Physician Consortium for Performance Improvement (PCPI), has gone unanswered.

We understand that CMS is confronting a number of MACRA-related mandates with very tight turn-around times. However, the majority of these other mandates rely in one way or another on quality measurement. This alone should put awarding funds for the development of new measures at the top of CMS's priority list. We are therefore troubled by HHS' lack of expediency in addressing this critical need, especially in view of the fact that adjustments under MACRA's Merit-Based Incentive Payment System (MIPS) are likely to be based on a performance year that begins on January 1, 2017, and the CMS deadline for measures to be considered for the 2017 reporting period closed in June.

The success of MACRA and the MIPS is contingent upon all physician specialties having a sufficient set of actionable and relevant measures that improve patient care and allow physicians to comply with the program. Physician-led organizations are best suited to develop new measures that are useful to their members, harmonize with specialty societies' clinical data registry activities, complement specialty developed alternative payment models and fulfill their long-term goals of improving the profession and providing lifelong learning opportunities for their members. We believe that Congress intended to encourage these activities and that CMS should move promptly to release funds for this purpose.

A key step in successfully transitioning physicians to participate in APMs and/or comply with MIPS is providing technical assistance to physician practices, particularly small ones. To address this need, MACRA authorizes \$20 million per year from fiscal years 2016 through 2020 for technical assistance to small practices of up to 15 professionals – especially those in rural areas, health professional shortage areas, and medically underserved areas. In our view, HHS should also partner with state and specialty medical societies on this initiative. Medical societies are trusted sources of information and guidance within the physician community, and their involvement in technical assistance initiatives would ensure active and direct physician engagement.

We also urge HHS to avoid technical assistance approaches that utilize large, impersonal education and communication initiatives, such as CMS national provider calls and webinars. Large-scale, generic conference calls held at mid-day when physicians are busy treating patients have had very limited success in educating physicians on complex issues. MACRA's complicated new requirements cannot be adequately described in a two-hour conference call with slide presentations that direct physicians to a confusing maze of documents on the CMS web site. This approach to implementation and education regarding the Physician Quality

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Reporting System and the Value Modifier has led to very low participation rates and growing penalties against physicians who didn't know or understand what was expected of them. A similar approach to MIPS and APM education will overwhelm the small practices technical assistance funds are aimed at. Technical assistance must be hands-on and tailored to the needs of the individual practice, area or specialty.

The undersigned organizations sincerely appreciate your attention to this matter. We stand ready to assist with quality measure development and with making the MIPS and APM programs successful.

Sincerely,

American Medical Association
Advocacy Council of the American College of Allergy, Asthma and Immunology
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Physical Medicine and Rehabilitation
American Association of Clinical Endocrinologists
American Association of Neurological Surgeons
American College of Cardiology
American College of Mohs Surgery
American College of Osteopathic Family Physicians
American College of Physicians
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Dermatologic Surgeons Association
American Society for Radiation Oncology
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Plastic Surgeons
American Thoracic Society
American Urogynecologic Society
American Urological Association

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College of American Pathologists
Congress of Neurological Surgeons
Infectious Diseases Society of America
Medical Group Management Association
North American Spine Society
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
Society of Gynecologic Oncology
Society of Hospital Medicine
The Society of Thoracic Surgeons

Medical Association of the State of Alabama
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association Inc
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
MedChi, The Maryland State Medical Society
Massachusetts Medical Society
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
Medical Society of the State of New York
North Carolina Medical Society
North Dakota Medical Association

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Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society