



June 24, 2015

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

**RE: Quality Measure Development Funding**

Dear Secretary Burwell:

The undersigned members of the Physician Clinical Registry Coalition (the Coalition) write to share our recommendations regarding the awarding of grants and contracts for quality measure development authorized under section 102 of the recently-enacted “Medicare Access and CHIP Reauthorization Act of 2015,” or “MACRA,” (42 U.S.C. 1395w-4(s)). As you are aware, one of the central purposes of MACRA is to make health care quality the primary focus of Medicare payment policy. We are grateful that Congress highlighted the need to enhance our quality measurement infrastructure to support this goal and are eager to engage in a thoughtful and collaborative dialogue as the Centers for Medicare and Medicaid Services (CMS) works to implement this provision.

The Coalition is a group of more than 20 organizations that sponsor clinical data registries that collect identifiable patient information for quality improvement purposes so as to help participating providers monitor clinical outcomes among their patients. We are committed to advocating for policies that enable the development of clinical data registries and enhance their ability to improve quality of care through the analysis and reporting of such outcomes.

Section 102 allocates a total of \$75 million for quality measurement development funding between fiscal years 2015 through 2019. The Act requires the Secretary of Health and Human Services to grant awards and contracts to eligible entities for purposes of developing, improving, updating, or expanding quality measures. It also requires CMS to develop quality and efficiency measures through the awarding of contracts. We believe that Congress intended to allocate funds to bolster quality improvement efforts already underway as well as stimulate innovation in areas of medicine that may not have substantive quality measurement infrastructure already in place.

There are a number of physician-led specialty organizations that could benefit from the financial assistance provided under MACRA, many of which operate clinical data registries for

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the collection of specialty-specific patient outcomes information. Several of these entities have a history of successfully developing many measures that have been endorsed by a third party or otherwise approved by CMS, and used for quality measurement and even public reporting. These organizations have pioneered quality measurement and quality improvement initiatives and will serve a critical role in supporting the new payment paradigm. Their future contributions to quality measurement should be taken into consideration as grants and contracts are awarded. In addition, other organizations that are in the early stages of collecting clinical information to inform future development of quality measures should be recognized and supported by this funding. Finally, these authorized funds should be used to help streamline electronic capture of clinical registry data to help facilitate real time quality measurement and analysis.

The development and ongoing maintenance of quality performance measures requires a tremendous investment of time and resources. Measure development requires a dedicated team of clinician leaders, methodologists, biostatisticians and organization staff who participate in numerous meetings/conference calls and continuous email communications throughout the 12 to 18 months necessary to develop a measure. Based on the experience of an organization that has been developing measures for over a decade, the cost of statistical analysis to develop a single measure can range from \$15,000 to \$32,000, depending on the complexity of the measure. Submitting a measure for National Quality Forum (NQF) endorsement also requires a significant investment of time and finances that measure developers are finding increasingly difficult to afford and/or justify. For each measure, organizations are required to submit a lengthy form to address measure evaluation criteria including, but not limited to evidence, performance gaps, reliability and validity, feasibility, usability, and use. To achieve NQF endorsement, each measure must undergo the NQF Consensus Development Process (CDP) involving 8 major steps, each with its own sub-steps. In addition, an endorsed measure must go through the NQF CDP every three years to maintain its endorsement status.

Thank you again for reviewing our comments. We urge CMS to consider disbursing Section 102 funds in a manner that acknowledges and rewards the existence of multiple entities that actively engage in the laborious process of quality measure development to ensure patients receive the best and most appropriate care. We look forward to working with you on this important issue.

Sincerely,

AMERICAN ACADEMY OF NEUROLOGY  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS  
AMERICAN ACADEMY OF OPHTHALMOLOGY  
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AMERICAN JOINT REPLACEMENT REGISTRY  
AMERICAN COLLEGE OF SURGEONS  
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS  
AMERICAN GASTROENTEROLOGICAL ASSOCIATION  
ANESTHESIA QUALITY INSTITUTE/AMERICAN SOCIETY OF ANESTHESIOLOGISTS  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY  
AMERICAN SOCIETY OF PLASTIC SURGEONS  
AMERICAN SOCIETY FOR RADIATION ONCOLOGY  
AMERICAN UROLOGICAL ASSOCIATION  
GIQUIC/ AMERICAN COLLEGE OF GASTROENTEROLOGY  
NORTH AMERICAN SPINE SOCIETY  
SOCIETY OF INTERVENTIONAL RADIOLOGY  
SOCIETY OF NEUROINTERVENTIONAL SURGERY  
SOCIETY FOR VASCULAR SURGERY  
THE SOCIETY OF THORACIC SURGEONS