

November 16, 2015

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 Acting Administrator Slavitt:

Thank you for the opportunity to provide input to the Request for Information (RFI) regarding the implementation of Alternative Payment Models (APMs) and Merit-Based Incentive Programs (MIPS) under the Medicare Access and Chip Reauthorization Act (MACRA). We appreciate the Administration's willingness to prioritize the issues in the RFI that need to be addressed and to extend the comment period. Both of these adjustments will allow the physician community to provide the administration with more thoughtful input. We also appreciate that the Administration held listening sessions on these topics. We are hopeful that an ongoing dialogue with medicine will promote smooth and successful implementation of MIPS and APMs.

The physician community was deeply engaged while Congress drafted MACRA. We believe that, if properly implemented, the new physician payment framework will promote improvements in the delivery of care for Medicare patients. To help physicians make the transition to new care and delivery models and assure access to high-quality care for all patients, the undersigned organizations urge the Administration to carefully consider and adopt principles that:

- **Support delivery system improvements.** Constraints and limitations of current payment systems that obstruct physician-identified improvements in care must be eliminated. In addition, requirements for new models should be flexible enough to support different organizational arrangements and patient population needs so that innovation can flourish.
- **Avoid administrative and cost burdens for patients.** Patients should not be unduly burdened with hidden costs, administrative requirements or other obstacles that discourage them from seeking care or fulfilling their treatment plans.
- **Reduce administrative burdens for physicians.** Administrative burdens must be limited and reporting tasks streamlined so that the delivery of patient-centered care is the principal focus in all clinical settings.
- **Improve current quality and reporting systems.** Medicare's existing reporting and quality measurement programs cannot simply be combined to create the new MIPS program. These currently separate programs must be carefully assessed, revised, aligned, and streamlined into a

coherent and flexible system that is truly relevant to high-value care. In particular, the regulatory framework of the Meaningful Use program for electronic medical records must be revised to eliminate obstacles to technological innovation, enable interoperability, and improve usability to meet the needs of patient care and reduce the burden of excessive data collection requirements.

- **Recognize patient diversity.** Risk adjustment—for factors related to health status, stage of disease, genetic factors, local demographics and socioeconomic status--must be reflected in performance assessments to accommodate variations in patient need and the costs of care and to assure broad access to high value care.
- **Provide choice of payment models.** Physicians in all specialties, practice settings, and geographic areas should have the opportunity to choose from among the payment models available, based on what best accommodates their practice and the needs of their patients.
- **Be equitable.** No specialty or payment model should confront disproportionate requirements in order to succeed, nor should any specialty experience hardship because insufficient resources have been devoted to developing quality measures or other delivery model components that are relevant to their patients.
- **Be relevant and actionable.** Physicians should be held accountable only for those aspects of cost and quality that they can reasonably influence or control, and patient attribution methods must reflect these concerns. Timelines and deadlines must be realistic, significant policy changes should be phased-in, and feedback on individual performance and benchmarks must be accurate, timely and actionable.
- **Provide stability and resources.** Payment systems must provide adequate and predictable resources, and ensure that physicians have access to new tools they will need to redesign their practices to support the delivery of high-value care to all patients.
- **Be transparent.** Methodologies and performance assessment systems should be valid, scientifically tested, and transparent so that physicians have access to timely, accurate and actionable data for managing patient care. Medicare must provide claims and other performance data to physicians on the patient population covered by the delivery and payment model used in their practice.

Medicine is committed to working collaboratively and constructively with the Centers for Medicare and Medicaid Services and others to develop and share meaningful recommendations as regulations are prepared that will shape the delivery of health care services for years to come.

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 and Immunology
American Academy of Dermatology Association
American Academy of Emergency Medicine
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Home Care Medicine
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Pain Medicine
American Academy of Pediatrics
American Association of Clinical Endocrinologists
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Neuromuscular & Electrodiagnostic Medicine
American Clinical Neurophysiology Society
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Emergency Physicians
American College of Mohs Surgery
American College of Osteopathic Internists
American College of Osteopathic Surgeons
American College of Phlebology
American College of Physicians
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Congress of Obstetricians and Gynecologists
American Geriatrics Society
American Medical Group Association
American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Dermatopathology
American Society of Hematology
American Society of Neuroradiology
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Society of Retina Specialists
American Urogynecologic Society
American Urological Association

College of American Pathologists
Congress of Neurological Surgeons
Endocrine Society
Heart Rhythm Society
International Society for the Advancement of Spine Surgery
Medical Group Management Association
North American Neuro-Ophthalmology Society
North American Spine Society
Society for Vascular Surgery
Society of Critical Care Medicine
Society of Gynecologic Oncology
Spine Intervention Society
The Society of Thoracic Surgeons

Medical Association of the State of Alabama
Arkansas Medical Society
California Medical Association
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
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
Nebraska Medical Association
Nevada State Medical Association
Medical Society of New Jersey
New Mexico Medical Society
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association

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South Dakota State Medical Association
Tennessee Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society