



COALITION FOR
Better Care



Consumer
Partnership
for **eHealth**

August 21, 2017

The Honorable Tom Price, M.D.
Secretary, U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Ms. Seema Verma
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Medicare Program; CY 2018 Updates to the Quality Payment Program [CMS-5522-P]

Dear Secretary Price and Administrator Verma,

The undersigned consumer organizations are members of the Consumer Partnership for e-Health (CPeH) and the Coalition for Better Care (CBC). The CPeH is a coalition of consumer, patient, and labor organizations that, since 2005, has advocated for patient-centered policies related to health IT. The CBC is a broad-based coalition of consumer organizations with a direct stake in improving the health and quality of life of patients and their family caregivers. Together, we are committed to ensuring that new models of care delivery and payment provide the comprehensive, coordinated, patient- and family-centered care patients want and need while driving down costs.¹

We applaud the Centers for Medicare & Medicaid Services (CMS) for its continued commitment to shift toward payment models that reward quality and value over volume. We support the intent of the Quality Payment Program (QPP) to encourage clinicians to move toward alternative payment models (APMs) that reward clinicians based on our shared goals of better health outcomes, improved care coordination and patient experience of care, and lower costs.

We are concerned, however, that the proposed requirements for the second year of the QPP will have a chilling effect on the transition to a value-based system. Several of the changes proposed for 2018 would remove or delay measures and functionalities that are a priority for patients and families in order to allow clinicians to defer, or entirely avoid, making a full transition to the QPP.

¹ For brevity, we refer throughout our comments to “patient” and “care,” given that many federal programs and initiatives are rooted in the medical model. Any effort to improve patient and family engagement must include the use of terminology that also resonates with the numerous consumer perspectives not adequately reflected by medical model terminology. For example, people with disabilities frequently refer to themselves as “consumers” or merely “persons” (rather than patients).

I. MERIT BASED INCENTIVE PAYMENT SYSTEM

CBC and CPeH strongly support the Merit-Based Incentive Payment System (MIPS) as a glide path to move Medicare providers toward a payment framework that rewards value rather than volume. As the new default payment system for clinicians participating in Medicare Part B, it is critical that the MIPS framework reward high-quality performance and improvement, rather than perpetuate the status quo.

We are concerned, however, that the proposals for the second year will not adequately prepare clinicians for a fully mature QPP or a transformed health care system, particularly:

- Changes to eligibility criteria that result in significantly fewer clinicians participating overall;
- Extended transition year policies that delay the full transition to a value-based system;
- Exemptions from the advancing care information (ACI) performance category;
- More bonus points and other options to help clinicians maximize their performance score without enough meaningful improvement on measures that matter to patients and families;
- Ninety-day reporting periods for the quality and ACI performance categories; and
- Delayed implementation of 2015 Edition certified technology, which includes new functionalities to support patient engagement and improve interoperability.

These proposals appear to signal a different intent for the QPP program – one that is no longer focused on driving quality improvement and transitioning to value. Furthermore, the increased flexibility by itself will not effectively prepare clinicians to take on financial risk in future years, which is at the heart of transitioning from fee-for-service into a value-driven model.

We acknowledge that small practices, as well as clinicians who care for vulnerable and underserved populations, face significant barriers to effectively participating in the QPP. We encourage CMS to offer a meaningful path to participation for these providers. For example, CMS could consider providing additional resources – such as direct financial support or technical assistance – to ensure that *all* clinicians have the resources required to undertake practice transformation and fully participate in the QPP.

II. ADVANCED ALTERNATIVE PAYMENT MODELS

Implementation of Advanced Alternative Payment Models (APMs) should be strengthened to meet our shared goals of improved health outcomes, better patient engagement, improved patient experience, and lower costs.

Cost savings and transition to value-based payment approaches are not the sole goals of health care transformation. Meaningful transformation requires that the transition to APMs also result in improved delivery of care, including greater care coordination and continuity, integration of shared care planning and shared decision-making, and

demonstration of improved patient care experience. We therefore recommend that CMS add an additional criterion for Advanced APMs that requires them to demonstrate that the payment approach reinforces the delivery of coordinated, patient- and family-centered care, with a strong grounding in primary care.

Furthermore, we urge CMS to consider how to increase transparency and public input into the development of APMs. Consumers and patients should be co-creators in our health care system and integral partners in developing all new models of care and payment. It is critically important that all stakeholders have the opportunity to participate in the development and implementation of new payment models, including commercial models.

Thank you for the opportunity to respond to the proposed rule. We reiterate our appreciation for the work that CMS is undertaking to move us toward high quality, patient-centered care. If you have any questions about our comments and recommendations, please contact Erin Mackay at emackay@nationalpartnership.org or (202) 986-2600.

Sincerely,

American Association on Health and Disability
Asian & Pacific Islander American Health Forum
Association of Asian Pacific Community Health Organizations (AAPCHO)
Community Catalyst
Families USA
Family Caregiver Advocacy
Healthwise
Informed Medical Decisions Foundation
Mothers Against Medical Error
National Consumers League
National Partnership for Women & Families
Well Spouse