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October 10, 2018

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Verma:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing regarding a recent announcement by the Centers for Medicare & Medicaid Services (CMS) awarding seven organizations cooperative agreements to partner with the agency in developing quality measures for Medicare's Quality Payment Program (QPP). These cooperative agreements, authorized under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), represent the first funding initiative supporting public-private efforts to develop measures for the QPP. The AMA was instrumental in ensuring MACRA included funding authorization for quality measure development. However, we are extremely disappointed with the September 21, 2018 announcement. We were hopeful that CMS would fund small projects over multiple years to several physician-led organizations to allow for maximum participation. Instead CMS issued a single announcement, funding only seven projects. We are also disappointed that some of the awards were given to large provider systems and others, rather than physician-led organizations, and that much of the work involves re-specifying and/or re-tooling existing measures, which is traditionally work handled by Measure & Instrument Development and Support contractors. We urge CMS to issue additional announcements that would focus on small projects by physician-led organizations.

Specifically, section 102 of MACRA states that "the Secretary shall enter into contracts or other arrangements with entities for developing, improving, updating, or expanding in accordance with the plan under paragraph (1) quality measures for application under the applicable provisions." The statute also states that "such entities shall include organizations with quality measure development expertise." We believe the statute intended "organizations with quality measure development expertise" to be physician-led organizations, specifically medical specialty societies and PCPI Foundation® (PCPI®) that have devoted substantial time and resources to developing and refining quality improvement and/or measure development activities. Partnering with specialty societies and PCPI would ensure the measures aligned with specialty guideline development, quality improvement efforts, qualified clinical data registry (QCDR) activities and alternative payment models. It would also enhance physicians' engagement and trust in the process and assist with the successful implementation of QPP. In addition, we believe preference should have been given to organizations that have experience with guideline development and developing quality measures through a transparent process, which includes soliciting feedback from various stakeholders during measure development; sharing measure information with CMS as part of the QCDR reporting process; and publicly posting measure descriptions and information on the measures.

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There does not appear, in the limited information we have regarding the cooperative agreements, to be a requirement that contractors seek feedback and coordinate with specialty societies and practicing physicians. Further, all the funded projects are production ready and/or just need measure testing.

Two of the measures in the funded projects have already gone through the National Quality Forum (NQF) process with one (NQF #739) losing its NQF endorsement in 2014 due to the lack of evidence to support the link between standardized radiation doses and the potential for the onset of subsequent cancers. Another project related to the continuity of pharmacotherapy for opioid use is a measure that is currently NQF-endorsed and similar if not identical to a measure on potential use of pharmacotherapy for opioid use disorder for Medicaid beneficiaries under development by CMS, leading us to question the value of funding what appears to be similar if not competing measures. While addressing patient-reported outcomes for patients with a diagnosis of cancer, one project with two measures is narrowly focused on chemotherapy rather than the broader spectrum of the treatment options available to these patients including immunotherapy and radiation therapy. Another project involves de novo development or the re-tooling of three measures that are currently labeled as hospital level measures with the assumption that it is appropriate to measure each at the physician level. Given that the language in MACRA references measures applicable under the Merit-based Incentive Payment System and Advanced Alternative Payment Models, it is unclear how retrofitting hospital-level measures meets the overall goal of MACRA.

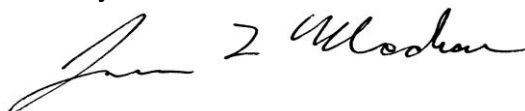
We request that CMS ensure that current and future projects are coordinated with specialty societies and that practicing physicians are actively involved during the development, specification and testing of the measures, which follows the intent of the law. We also request that CMS require that the relevant specialty societies have a seat at the table during the measure development process. This involvement is critical across the majority of funded projects, as it is not clear the degree to which these academic institutions and others can leverage clinical expertise available to specialty societies.

Additionally, the physician community is concerned with if and how CMS plans to fund future projects. We urge CMS to clarify how it plans to utilize the remaining \$45 million that was authorized under MACRA for measure development given authorized funding for transfer from the Federal Supplementary Medical Insurance Trust Fund expires in 2019, but once transferred, it is available through the end of fiscal year 2022. The announcement states that CMS is only awarded \$30 million out of the \$75 million.

We believe the key to achieving MACRA's goals is the availability of an adequate portfolio of appropriate quality measures that allows for all physicians, regardless of specialty or subspecialty to meaningfully participate in the program. This requires that the process for awarding contractors is transparent and includes extensive physician involvement. The AMA is happy to work with CMS and the specialty societies to assist in this process.

If you have any questions regarding this letter, please contact Koryn Rubin, Assistant Director, Federal Affairs, at [koryn.rubin@ama-assn.org](mailto:koryn.rubin@ama-assn.org) or 202-789-7408.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD