



PCPI

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Centers for Medicare & Medicaid Services  
Submitted via email: [Kate.Goodrich@cms.hhs.gov](mailto:Kate.Goodrich@cms.hhs.gov)

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Dear Dr. Goodrich:

The PCPI Foundation (PCPI®) is writing on behalf of the undersigned organizations to open a dialogue with CMS about how we can assist in measure harmonization, related alignment efforts, and to provide feedback on issues related to measure licensing. We are encouraged that CMS considered comments from the registry community in the proposed rule and revised several proposed provisions in the final rule accordingly.

We understand that the recent increase in measures has led to duplicative measures and this has placed an undue burden on CMS. The PCPI supports measure harmonization and believes it is vital to ensure each measure evaluates its own unique concept while being aligned in a way that reduces the burden of implementation. We look forward to working with CMS on methods to align similar measures.

PCPI® is a membership organization uniquely focused on improving health outcomes through the advancement of performance measurement, clinical registries and quality improvement initiatives. With 18 years of measure development experience, PCPI has gained knowledge and understanding of the essential processes necessary to create and maintain high-quality measures. Given our stakeholder base and broad experience, we feel that we are positioned to share potential solutions informed by discussion with our stakeholders. In the sections below, we share comments on measure harmonization and the specific CMS proposal regarding measure licensing.

### ***Measure Harmonization***

Together with our stakeholders, we are exploring opportunities to accomplish measure harmonization without jeopardizing measure and data integrity. Over the past year and a half, PCPI has internally gathered input from measure developers and PCPI members to define a step-by-step process for measure harmonization. This effort has resulted in the creation and near finalization of a guide to harmonization that is intended to enable new and experienced measure developers to apply a consistent approach to harmonization. We would like to better understand CMS' needs regarding measure harmonization so that we can work together to develop innovative answers to these complex issues.

### ***Measure Licensing Agreement Requirement***

We applaud the agency's decision to postpone finalizing the measure license agreement requirement in the 2019 rule. We understand that a requirement for a measure license agreement between QCDR measure owners and CMS could help address the proliferation of measures and improve the reliability of benchmarking data. However, the potential unintended consequences that impact the QCDR measure owners must be considered. We expand upon these considerations below.

QCDR measure owners invest significant resources in measure development and implementation. As such, we would like to focus on solutions that together address CMS challenges and sustain the value that QCDRs bring to quality measurement.

Requiring QCDR owners to sign license agreements with CMS may impact measure and data integrity that are critical to measure harmonization efforts. Other unintended consequences that negatively impact QCDR owners include 1) the ability to provide high quality benchmark data to members, 2) constraints on the development and implementation of new measures, 3) limits on the revenue stream that is important to maintain QCDRs, and 4) loss of control in maintenance of the measures and associated specifications. Primarily, we are concerned that the measure owner would be unable to provide guidance and training to the measure implementer and that the data collected by the implementer would not be shared with the measure owner. Anecdotally, we have learned that when a QCDR steward enters into an agreement with another vendor to implement a measure, it is difficult to ensure adherence to measure specifications. As a result, the full intent of the measure is not reflected in measure calculation and reporting results.

Additionally, collecting data on the same measures across QCDRs will require aggregation of that data. This aggregation component will introduce added complexity in data management and could lead to benchmarking based on incomplete data sets. Considering that organizations have invested significant resources developing and implementing measures within their QCDRs to support their members in reporting quality measure results, ensuring accurate results and benchmarking must be the primary focus of harmonization and data collection. Should this recommendation be made final in future rule making, we would like to discuss ways in which CMS could ensure that measures are implemented within QCDRs as the initial measure owner intended. It is imperative that there are systems in place to ensure that data output is accurate and reliable. Additionally, a process to maintain specifications on an annual basis is essential.

Thank you for your attention to the above comments. PCPI is committed to working with CMS and the QCDR community to improve the quality measure development process. As a follow up to this letter, we appreciate the planning that is currently underway to meet with representatives from CMS. We look forward to the opportunity to talk with you further. Please contact Kerri Fei ([kerri.fe@thepcpi.org](mailto:kerri.fe@thepcpi.org)) with any questions.

Sincerely,

American Academy of Physical Medicine and Rehabilitation

American College of Cardiology

American College of Emergency Physicians

American College of Physicians

American College of Radiology

American Geriatrics Society

American Medical Association

American Physical Therapy Association

American Psychiatric Association

American Society for Radiation Oncology

American Urological Association

Council of Medical Specialty Societies

Pharmacy Quality Alliance

Pulse Inframe, Inc.

Renal Physicians Association

Society of Interventional Radiology

Society of Thoracic Surgeons