



PCPI

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The PCPI Foundation (PCPI) is writing on behalf of the undersigned organizations to express our concern and seek improvements in the process of approval of Qualified Clinical Data Registries (QCDR) measures for use in QCDRs by the Centers for Medicare and Medicaid Services (CMS). PCPI® is a membership organization uniquely focused on improving health outcomes through the advancement of performance measurement, clinical registries and quality improvement initiatives.

While we can appreciate the regulatory nature of this process, we share CMS's interest in the development and implementation of meaningful quality measures that drive toward value-based care, with the understanding that many specialties are in various phases in their quality measurement journey. It is from this perspective that we share the comments outlined below.

Criteria Used to Review QCDR Measures as Part of the QCDR Self-Nomination Application

The use of QCDR's and the allowance of QCDR measures to be used as a reporting mechanism has opened an important avenue for physician specialties that otherwise might have a challenging time finding meaningful measures to use and report. While it is understood that CMS must review and approve these measures as part of the yearly self-nomination application process, we find that the criteria by which the measures are evaluated are not consistently or objectively applied. This leads to measures being routinely denied for inclusion in a QCDR. Based on the stated reasons for these denials, there seems to be an interest in applying a one-size-fits-all approach to measurement which fails to appreciate the science-based measurement approach many QCDR stewards have adopted. For example, CMS has indicated that they are rejecting a measure as it appears to address a standard of care. When developing measures, many developers aim to reflect the most rigorous clinical evidence and address the most pronounced gaps and variations in care and therefore can often provide literature and other sources of data to highlight the opportunity the measure has to improve practice and patient outcomes. The resulting measures are based on the best available evidence-based clinical practice guidelines when the recommendations have not been broadly implemented. These are the measures that are most needed to address important gaps to improve quality of care and ultimately patient outcomes. It seems that data and other information provided to support measures are not closely reviewed nor are they effective in changing the initial perspective of the reviewer. Often, the denied measures have been newly developed. Once they are denied by CMS, specialties have a challenging

time implementing the measures into their QCDR as there is no credit in the MIPS program for a physician to report on them. This leads to the potential for some newly developed measures to never get any experience in implementation. **We seek clarification regarding the criteria and vetting process, so that we may better understand how these decisions are made.**

CMS Requests to Change Measures

While the review and feedback on new QCDR measures is appreciated, the requests to make changes to the measures is often premature. Many of the measures are new and have yet to be implemented. Before making drastic changes to measures, it is important to understand how they function as initially conceived. Most specialties have followed a rigorous measure development process to get the measures to this point. It is usually too early to decide to make changes to measures that have not yet even been used. However, this request is all too common in this process. Specialties feel compelled to comply with the modification to move the measure forward, even if they believe it is not in the best interest of their physicians or the measures themselves. This type of undue pressure is not what is needed to move the measurement landscape forward and could end up potentially stifling innovation. **We would like to work with CMS in order share specialty feedback regarding the processes they go through to develop their measures, and perhaps come to a better understanding as to why certain types of measures would be appealing to specialties who are only now developing their first measure sets.**

Timelines to Respond to Change Requests and Provide Additional Information

The extremely brief time frames in which to respond to requests to either change measures or provide information are very challenging to manage. More specifically, it is very difficult to thoughtfully consider the ramifications of making a drastic change to a measure, draft a revised version of the measure, test the revised version of the measure, and seek review and approval from the technical expert panel or work group that developed the measure in what is often less than two working days. Either decisions must be made without the broad expert input that led the measures to be developed in the first place or the measure gets rejected. This seems to be an unfair trade off for groups to make and leads to the destruction of the rigorous measure development process that so many follow and could potentially lead to incomplete information being provided back to CMS. We understand that CMS is planning on engaging with QCDR vendors to discuss improvements to the process this year. **As part of that process, we urge CMS to re-evaluate the time allowed to respond to these types of requests to help ensure they are receiving the best response possible.**

Thank you for your attention to the above comments. We are always ready to work with CMS and other stakeholders to improve the quality measure development process and the way measures are approved for use and implemented within QCDRs. As a follow up to this letter, we respectfully request the opportunity to meet with CMS. Please contact Kerri Fei (kerri.fe@thepcpi.org) with any questions and to arrange a meeting.

Sincerely,

American Academy of Physical Medicine & Rehabilitation

American College of Cardiology

American College of Emergency Physicians

American College of Physicians

American College of Radiology

American Medical Association

American Optometric Association

American Physical Therapy Association

American Society of Clinical Oncology

American Society for Radiation Oncology

American Society of Plastic Surgeons

American Podiatric Medical Association

American Psychiatric Association

College of American Pathologists

Heart Rhythm Society

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Renal Physicians Association

Society for Interventional Radiology