February 17, 2016

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

RE: CMS Quality Measure Development Plan

Dear Acting Administrator Slavitt:

The American Academy of Neurology (AAN) appreciates the opportunity to provide comment on the Centers for Medicare and Medicaid Services (CMS) Quality Measure Development Plan. The AAN is the premier national medical specialty society representing more than 30,000 neurologists and clinical neuroscience professionals and is dedicated to promoting the highest quality, patient-centered, neurologic care. The AAN is committed to preparing its members for changes in healthcare delivery and payment and is a strong advocate for improving care for patients with neurologic disease. We are a national leader in clinical practice guideline development, lead development of quality measurement sets for neurologists, are implementing a quality improvement clinical data registry, and are developing value-based payment models specific to neurology.

The AAN supports the tenets of the CMS Quality Measure Development Plan (“Plan”). We agree with the overarching principles of better collaboration and coordination, engaging providers across the healthcare continuum, and ensuring meaningful quality measurement. We value our role as a stakeholder with CMS to improve health care outcomes across the country.

The AAN Recommends Continued Efforts to Improve Quality Programs for All Stakeholders

CMS’s internal efforts to improve and align measures across quality reporting programs has resulted in reduced burden and complexity. The AAN supports efforts to streamline measures across public and private payers but not at the expense of specialty-specific and meaningful measures. Specialists are often left reporting on cross cutting measures (e.g., smoking, BMI, medication management) rather than measures that are relevant to their patients and their internal quality improvement efforts.
The AAN cautions CMS that efforts to align measures must not create a “one-size-fits-all” approach to quality measurement and improvement; specialty physicians should be judged on measures that have the highest relevance to their specialty practice.

In addition to the multi-stakeholder groups such as the Measures Application Partnership, the Core Quality Measures Collaborative, and the Health Care Payment Learning and Action Network, the AAN advises more efforts to work directly with specialty groups on the development and/or selection of quality measures. Specialty societies are often not included in these multi-stakeholder efforts despite the fact that specialty societies are a natural locus for deciding what constitutes good care.

The AAN strongly recommends CMS engage specialty societies as they determine measures for quality-related programs, and that CMS establish specialty-specific advisory groups to ensure the voice of specialty providers is heard. Specifically, the AAN wishes to partner with CMS in further defining quality measures for neurologists.

Additionally, MACRA specifies areas for clinical practice improvement activities (CPIAs). While these are worthy areas for improvement, the AAN believes the categories do not offer meaning for some providers. This is due to the lack of relevant data to support the need for improvement. CPIAs should be based on quality improvement science, use data to inform gaps in care, be directed at the needs of the practice, and remain consistent over time.

The AAN recommends that CMS evaluate whether these programs are rooted in the science of quality improvement and whether their implementation as proposed will lead to real change. We urge CMS to consider adopting valid quality improvement models (e.g., Plan-Do-Study-Act [PDSA]).

The AAN Recommends Continued Efforts to Increase Transparency

The Plan acknowledges a “lack of measures” for specialties. Yet CMS contractor requirements and processes, such as those implemented at the NQF, often do not support CMS’s desire to increase the number of specialty–relevant measures. The AAN has found that contractor requirements are sometimes not clear and processes change without appropriate warning. We also find the prerequisites are not well articulated. Examples include 1) the Measure Application Partnership (MAP) criteria for measures under consideration, which are ambiguous and 2) the requirements for NQF endorsement, which have become onerous and impossible to achieve.

The AAN recommends that CMS investigate and remedy the unintended consequences of their contractors’ processes and minimize any impact these processes and requirements have on the number of measures relevant to all providers.
Additionally, e-Measure development is complex and time-consuming while adding significant resource demands and time delays to measure development projects.

*The AAN supports any effort on the part of CMS to streamline, simplify, and reduce the burden of the e-measure development process. The AAN further supports CMS efforts to address standards, tools and processes. As requirements for e-measure development advance, the AAN encourages CMS to continue to engage measure developers, including specialty societies, in sharing of best practices, knowledge, tools, and resources through existing forums as well as new forums (e.g., National Testing Collaborative).*

**The AAN Recommends Reducing Complexity and Delay to the Measure Development Process**

The Plan states that CMS will “use the rating criteria established by the NQF to evaluate the quality, quantity and consistency of the evidence for the development of measures” and for non-consensus endorsed measures will “ensure that each measure is evidence-based and in alignment with NQF requirements.” The AAN cautions that this is duplicative of measure developers’ current processes. Quality measure development can take 18 months or more. The process includes a rigorous review of the literature and existing guidelines as well as rating evidence. To have CMS re-evaluate the evidence would only add substantial time to the process and delay implementation of the measures.

*The AAN recommends CMS reconsider duplicating any part of the existing, labor-intensive, measure development process.*

In addition to the 18 months that quality measures can take to develop, publication in most specialty society peer-reviewed journals can take up to six months. Despite the call for more measures in an expedited timeline, the Plan will increase the timeline for measure development and limit the number of measures developed.

*The AAN recommends that CMS consider the timeline requirements associated with journal publication and coordinate with specialty societies to implement requirements to publish in specialty-relevant, peer-reviewed journals.*

Thank you this opportunity to comment on the Measure Development Plan. The AAN encourages CMS to recognize and directly engage specialty societies in quality efforts. There are several opportunities to improve and encourage productive and meaningful collaboration. As health care evolves into a value-based system for all providers, quality measures will need to target specific patient populations and must be relevant to specialty providers. We urge stronger and more deliberate efforts to work with specialty groups, like the AAN, when specialty-relevant quality measures are discussed, developed and vetted for CMS programs.
Sincerely,

Terrence L. Cascino, MD, FAAN
President, American Academy of Neurology