January 13, 2017

George Isham, M.D.
Elizabeth McGlynn, Ph.D., M.P.P.
Co-Chairs, Measure Applications Partnership
C/O National Quality Forum
1030 15th St NW, Suite 800
Washington, DC 20005

RE: January 2017 Measure Applications Partnership Pre-Rulemaking Draft Report

Dear Drs. Isham and McGlynn:

The Association of American Medical Colleges (AAMC or Association) welcomes this opportunity to comment on the National Quality Forum (NQF) Measure Applications Partnership (MAP)'s 2017 Considerations for Implementing Measures in Federal Programs draft report. The AAMC is a not-for-profit association representing all 147 accredited U.S. medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic and scientific societies. Through these institutions and organizations, the AAMC represents 160,000 faculty members, 83,000 medical students, and 115,000 resident physicians.

The AAMC appreciates the MAP Workgroups' thoughtful review and discussion of the measures under consideration (MUC). The following are the AAMC's high-level comments on the MAP recommendations and the MAP review process for both hospitals and clinicians:

- **All Hospital Measures Reviewed by the MAP Hospital Workgroup Should be NQF Endorsed**
  NQF endorsement demonstrates that a measure has been tested, is reliable, and can be used in a specific setting. With the volume of measures the MAP has to review, the Workgroups and Coordinating Committee rely heavily on NQF endorsement to ensure the measure is sound. Since hospital measures are typically not re-reviewed by the Workgroup, it is essential that these measures be NQF-endorsed at the time of consideration so that members are fully informed as to the measure's appropriateness for the Medicare reporting and performance programs. The AAMC recommends that the NQF staff clearly state whether a measure is NQF endorsed in its materials to the Workgroup before the start of the discussion. The Association also strongly supports the Workgroup's recommendation that "measures in the IQR set [particularly the episode payment measures] that have not been reviewed by NQF be submitted for endorsement review."

- **Support Continued Development for PRO-PMs; Measures Should Not Be Used in Accountability Programs at this Time**
  AAMC supports continued development and further MAP discussion of patient reported outcome performance measures (PRO-PMs). PROs are a critical tool for patients and providers to assess patient-reported health status for physical, mental, and social well-being. That being said, PRO-PMs are still in the early stages of development and therefore should not be included in reporting or accountability programs at this time. As noted by the Workgroup, there are significant

concerns regarding how the tools and scoring methodologies will be standardized across patient populations, how the tools will be risk-adjusted, and the considerable burden of administering these instruments for patients and providers.

- **Providers Should Not be Held Accountable for Activities Outside Their Control**
The AAMC agrees with the Workgroups' preliminary recommendation that the Patient Panel Smoking Prevalence measure should not move forward for CMS consideration. While we support reduction in smoking prevalence, we question whether it is appropriate to hold providers accountable for activity that is largely outside of their control. In addition, it is unclear as to how this measure would be applied and adjusted to account for factors, such as age, race/ethnicity, education, socioeconomic status, and geographic region. Before any new measure is submitted for inclusion in quality programs, CMS and the MAP should ensure that the measure's value added is greater than the burden required to collect and submit such data.

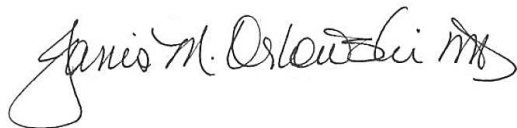- **Accountability Measures Must be Adjusted for Sociodemographic Status**
The AAMC has long advocated for appropriate adjustment for sociodemographic status (SDS) factors for certain outcome measures The AAMC strongly supports a robust and transparent SDS trial period. The Association is very concerned that the issues and concerns regarding SDS raised by relevant steering committees, who are tasked with reviewing these measures, are not being sufficiently addressed. We ask that the SDS trial period be a priority for the MAP, NQF, and CMS in 2017. The AAMC also notes that there are several measures in the current performance programs which have not been SDS adjusted. We ask that MAP include a recommendation regarding the need to adjust the existing measures, and have the opportunity to review all measures for appropriateness in the performance programs after the SDS trial period has concluded.

- **Review New and Existing Measures in the Medicare Programs to Ensure Metrics Add Value**
The AAMC strongly supports the hospital Workgroup's recommendation that "hospital measures that are topped out, have unintended consequences, have lost NQF endorsement, or are no longer aligned with the current evidence or the program's goals be removed." The AAMC believes that the MAP should ensure that new and existing measures add value, are useful for consumers, and promote alignment, while also considering the burden to reporting these measures for providers. The Association supports extending this criteria to electronic clinical quality measures (eCQMs), which should not be used in place of a chart abstracted measure that is topped-out.

Thank you for consideration of these comments. For questions regarding the Clinician MAP comments, please contact Gayle Lee (galee@aamc.org, 202-741-6429), and for questions regarding the Hospital MAP comments, please contact Scott Wetzel (swetzel@aamc.org, 202-828-0495).

Sincerely,

Janis M. Orlowski, M.D., M.A.C.P.
Chief Health Care Officer

cc: Gayle Lee, AAMC
        Scott Wetzel, AAMC