American Academy of Physical Medicine and Rehabilitation

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Andrew M. Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

February 29, 2016

Dear Acting Administrator Slavitt:

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) is the national medical specialty organization representing more than 9,000 physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability, and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life. On behalf of the more than 9,000 members of the Academy, we appreciate the opportunity to submit comments on the *Draft CMS Quality Measure Development Plan (MDP).*

AAPM&R supports the development of methodologies that promote and support quality improvement in health care. In the comments below AAPM&R provides input on their support and concerns with the MDP.

Strategic Vision of the MDP

- While the Academy supports the portfolio CMS laid out in the MDP, especially following patients across the continuum of care, there are still major concerns in regards to a lack of quality reporting measures for physiatrists. CMS must continue to address measurement gaps and improve the existing set of measures.
- The greatest barriers to success for many physicians are not having a sufficient set of relevant measures to choose from, or having too few patients to meet minimum standards for a statistically-significant sample. While QCDRs have allowed for the development of more diverse measures, this reporting mechanism is not yet accessible to everyone.

Clinical Practice Guidelines

- AAPM&R supports the recommendations CMS made in the MDP, however we would like to add that when using clinical guidelines to align with quality measures, CMS should set a threshold at which the guideline can be used.

Clinical Care/Safety/Care Coordination/Patient and Caregiver Experience

- We applaud the approach CMS intends to use by collaborating with specialty groups and associations to develop measures where there are important gaps in performance and for topics that are significant to both patients and providers. However, the Academy urges caution when it comes to measure applicability, risk adjustment and disparity.
- AAPM&R believes there are currently too many unresolved problems related to risk adjustment, attribution, appropriate sample sizes, and even the ongoing lack of relevant measures for certain specialties. While the development of many of the measures recommended are aimed at filling the gap identified for specific specialties, the issue of risk adjustment has not been solved. AAPM&R urges CMS to continue researching risk adjustment and working with rule makers to understand the importance of understanding risk adjustment before making sweeping payment reforms tied to data from measures in their infancy.
- Disparities represent a significant quality problem; and current data collection efforts are inadequate to identify and address disparities; quality performance measures should be stratified by demographic factors such as race, ethnicity, education, and gender. Data stratification is important because adjustment for demographic factors should be considered to reflect the known effects on morbidity and mortality and to ensure equivalent quality and access to care among diverse patient populations. For example, physiatrists practice in large urban areas as well as in small rural areas where the population of patients may be similar but the amount of resources available may vary. Making comparisons across these practice settings without risk adjusting for factors not in the provider's control is inappropriate.
- Measure development that is agnostic to patient populations on functional improvement over time will be imperative to study the true impact of interventions on individual outcomes. While stratifying patients will be necessary to predict expected outcomes, general measures to assess function across patient populations has yet to be developed. AAPM&R encourages CMS to develop measures that can be used across patient populations to assess functional improvement.

This data should then allow for further stratification of individuals to determine best practices for providing care to specific patient populations.

Shortening the Time Frame for Measure Development

- While AAPM&R agrees that the time frame for measure development should be shortened to allow for more readily available and applicable measures for specialty societies, we do have concerns that shortening the time frame could leave to the development of measures that are not fully vetted. It is imperative that CMS looks for quality over quantity when it comes to measure development.
- While we understand that new measures now have to be published in peer-reviewed medical journals prior to acceptance, we again would like to state our hesitation with the time frame and unknown processes of integrating this step into current workflow. A CMS-mandated process for journals to follow to publish measures will cause undue burden on medical journals. On the other hand, without a standard process for medical journals to follow, the approval process of publishing measures will be inconsistent with a lack of scientific clarity on publication of measures. AAPM&R encourages CMS to further evaluate this requirement prior to making it a requirement. Perhaps systematically evaluating the current standards for publishing clinical practice guidelines in journals and the scientific clarity in doing so is a start.

As a final comment, AAPM&R fully supports the detailed letter The American Medical Association (AMA) sent to you in regards to this matter.

We appreciate the opportunity to offer these comments and look forward to working with CMS as these plans become finalized.

Sincerely,

Thiru Annaswamy, MD
Chair, Evidence Based Practice Committee
American Academy of Physical Medicine and Rehabilitation