

While we recognize the importance of working to improve affordability and efficiency, as well as the statutory requirement for cost measurement, the proposed cost measures for the MIPS program continue to concern the AAFP as they are currently designed. Before any of these measures is implemented, we believe they should go through a rigorous endorsement process and further testing and refinement. Given the continuous and comprehensive nature of care delivered by family physicians, the AAFP does not believe that episode-based measurement adds value or improves patient outcomes in a primary care context. As designed, the current and proposed cost measures hold primary care physicians accountable for costs they cannot control. They may penalize physicians for increasing utilization of recommended preventive health services, and they fail to capture long-term cost savings generated by high-quality, longitudinal primary care.

More specific concerns include but are not limited to the following:

- The measure calculations are incredibly complex and difficult even for the most sophisticated physicians to understand.
- The lack of interoperability and transparency across care settings makes these measures difficult for clinicians to impact. Eligible clinicians have no way of knowing how they are performing throughout the performance period, and that hinders their ability to maximize their performance.
- The inability of clinicians to improve their performance on cost-related measures because of the lack of visibility into the cost of care outside their direct care setting, as well as many cost-related factors fall outside their sphere of control.
- Risk adjustment methodologies that do not fully recognize the social and economic context of the patient are insufficient to reflect the variance in cost that can result.
- Evidence-based cost measures (EBCMs) are likely to consider the impact of specific condition-related costs at least twice (and sometimes more) in multiple EBCMs. We are concerned this may have a bigger impact on primary care. Given the breadth of care provided by primary care physicians, they are likely to be attributed multiple episode-based cost measures.

The AAFP also reiterates its strong belief that population health measures, such as per capita patient cost, are best measured at the system level and not at the individual physician or other clinician level.

One possible solution could be a slow, phased implementation of these cost measures. This could entail pay-for-reporting at the outset (or perhaps a zero percent weight) for a few years until the measure has been more thoroughly tested, the specifications have been further refined, and the measure as gained endorsement from a CBE.