

December 19, 2024

Re: The American College of Radiology's comment letter to the Battelle-convened Partnership for Quality Measurement on the CMS-released 2024 Centers for Medicare and Medicaid Services Measures Under Consideration List's *Breast Cancer Screening* cost measure (ID: MUC2024-049)

Dear Partnership for Quality Measurement-convened PRMR Clinician Committee,

The American College of Radiology (ACR), representing over 40,000 diagnostic, interventional radiologists, radiation oncologists, nuclear medicine physicians, and medical physicists, appreciates the opportunity to submit comments on the *Breast Cancer Screening* cost measure (ID: MUC2024-049) included in the 2024 Centers for Medicare and Medicaid Services (CMS) Measures Under Consideration List. ACR is committed to high-quality breast cancer screening quality and safety, demonstrating positive patient outcomes, and low costs. As a former recipient of the Gordon and Betty Moore Foundation's Diagnostic Excellence Initiative and an experienced measure developer and steward, ACR knows the intense effort required to develop measures that demonstrate the ability to close gaps in care, reduce diagnostic errors, and show the value of services provided.

ACR thinks it is notable CMS included the radiology-specific cost measure in the 2024 MUC List while excluding related breast cancer screening 'balancing' quality measures, despite their being developed and submitted together for consideration. Proposing the cost measure for rulemaking without the quality measures prevents CMS from assessing the value of breast cancer screening in the Merit-based Incentive Payment System.

During the measure developer's public comment period, ACR voiced concerns and questioned the rigor of the cost measure's validity testing, data sets used for testing, and its ability to calculate true cost variation. Given the limited measurement information in the MUC list, it is unclear if the measure developer addressed ACR's questions or concerns. As such, we request that PQM recommend that CMS thoroughly analyze the *Breast Cancer Screening* cost measure to ensure it is scientifically sound and useful in MIPs before proposing its adoption during the 2026 rulemaking process.

- We questioned the worth of exclusively using claims data in the measure's testing and how well the findings represent practice data across settings and patient populations for which the measure would show more value.
- ACR expressed concerns with the completeness of the cost measure's validity testing, given the small incidence of cancers detected in the test sample, even if treatment costs are captured in the episode. We inquired whether the measure would capture enough patients to demonstrate actual cost variation.



- ACR was uncertain if risk adjustment was applied for geographic factors using the Geographic Practice Cost Index, so we questioned the measure's utility and fairness for assessing value in an accountability program.
- We were troubled this measure could influence practices to attempt to reduce costs without considering if there was a negative impact on quality and patient care.
- Since this measure includes treatment for individuals diagnosed with cancer, we questioned whether there should be a more significant cost variation. As such, we must assume this limited variation is due to the limitations of using only the Medicare FFS data set.

ACR looks forward to joining the PRMR Clinician Committee Meeting in January to hear its recommendation to CMS on the *Breast Cancer Screening* cost measure (ID: MUC2024-049).

Thank you for your consideration.

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