



Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: 2024 MUC List
P.O. Box 8016,
Baltimore, MD 21244-8016

12/23/2024

RE: 2024 List of Measures Under Consideration (MUC)

Dear Administrator Brooks-LaSure,

On behalf of the Alliance for Person-Centered Care (the Alliance), we want to thank you for providing the opportunity to comment on the 2024 MUC List, in which CMS notes its inclusion of many outcomes measures, including Patient-Reported Outcome Performance Measures (PRO-PMs).

The Alliance is a coalition of organizations that are laser-focused on one goal: to expand the use of patient-reported data in our health care system. The evidence is clear—using patient-reported data puts the patient at the center of their care and improves satisfaction, lowers costs, and leads to better outcomes. For example, using patient-reported data to facilitate continuous symptom monitoring can notify clinicians of symptoms that require interventions sooner, potentially leading to less costly interventions than if patients waited until symptoms necessitated a more urgent visit.^{i,ii,iii,iv} Additionally, patient-reported data can cut out inefficient spending by demonstrating to doctors what patient priorities are and potentially avoiding treatment options that are costly but not ultimately beneficial to a patient's unique situation.^v

The Alliance *applauds* the inclusion of five PRO-PMs in the 2024 MUC List. We are pleased to see CMS continue its leadership in supporting the use of patient-reported data, including through PRO-PMs, in its quality programs, which it has expressed in the [Universal Foundation](#), the [National Quality Strategy](#), and the [quality pathway](#) for the Innovation Center. Through its work, patients and families will have opportunities to offer information on topics that are meaningful to them and use this information to support discussions with their clinicians. In addition, performance measures based on patient-reported data can become the next generation of quality measures.

However, more work is needed to continue to spread patient-reported data through our health care system, which is a prerequisite for achieving truly person-centered and value-based care. To that end, we have recommendations for CMS's consideration for future MUC Lists and other actions:

- 1) **Publicly recognize that the adoption of new measures, such as PRO-PMs, will inherently involve additional work.** Many who are impacted by CMS's decisions in its quality programs, including clinicians and payers, are understandably concerned about additional burden of *any* new measures—and these concerns are magnified when measures using a newer paradigm, such as PRO-PMs, are introduced. While these concerns make CMS understandably hesitant to introduce PRO-PMs in its quality programs, the fact of the matter is that *any new requirement will carry some degree of additional work*,

or “burden”. CMS should be open that using new measures will indeed require additional work, but use data and evidence to justify the additional work required by the new measures.

- 2) **Aggressively pursue ways to mitigate the burden of new measures, including the removal of old measures, and communicate these efforts.** Recognizing that new measures will involve new work, and recognizing that the additional work is justified for the benefit that PRO-PMs, CMS should pursue ways to **define and remove** “low value” measures *while at the same time* introducing high value measures, including PRO-PMs. This strategy would acknowledge the reality that the issue is not the burden of new measures—rather, the issue is the **overall burden** of measures that makes it difficult for clinicians to implement new measures, even when they are high value. CMS should communicate these efforts in venues such as future MUC Lists so that stakeholders understand that, while CMS is moving towards PRO-PMs and other newer measures, it is cognizant that such measures will require work and that it is taking steps to *remove* work in other areas.
- 3) **To the extent possible, ensure that stakeholders have time for learning and implementation when adopting PRO-PMs.** Any measures that utilize new paradigms, such as PRO-PMs, will inherently require infrastructure development and investment in areas such as technology and staff training. CMS should strive to mimic what some Innovation Center (CMMI) models have done in its other quality programs, and gradually increase reporting requirements for new measures in order to allow time for organizations to implement new measures, including PRO-PMs.

Again, we applaud and thank CMS for its work in this space and for including PRO-PMs in its MUC List. We look forward to supporting CMS as it works to make PRO-PMs a growing component of the national quality measures portfolio.

Sincerely,

Sarah Hudson Scholle

Principal, Leavitt Partners

On behalf of the Alliance for Person-Centered Care

ⁱ Basch, E., Schrag, D., Henson, S., Jansen, J., Ginos, B., Stover, A. M., Carr, P., Spears, P. A., Jonsson, M., Deal, A. M., Bennett, A. V., Thanarajasingam, G., Rogak, L. J., Reeve, B. B., Snyder, C., Bruner, D., Cella, D., Kottschade, L. A., Perlmutter, J., Geoghegan, C., ... Dueck, A. C. (2022). Effect of Electronic Symptom Monitoring on Patient-Reported Outcomes Among Patients With Metastatic Cancer: A Randomized Clinical Trial. *JAMA*, 327(24), 2413–2422. <https://doi.org/10.1001/jama.2022.9265>

ⁱⁱ Basch, E., Deal, A. M., Dueck, A. C., Scher, H. I., Kris, M. G., Hudis, C., & Schrag, D. (2017). Overall Survival Results of a Trial Assessing Patient-Reported Outcomes for Symptom Monitoring During Routine Cancer Treatment. *JAMA*, 318(2), 197–198. <https://doi.org/10.1001/jama.2017.7156>

ⁱⁱⁱ Lizée, T., Basch, E., Trémolières, P., Voog, E., Domont, J., Peyraga, G., Urban, T., Bennouna, J., Septans, A.-L., Balavoine, M., Detournay, B., & Denis, F. (2019). Cost-Effectiveness of Web-Based Patient-Reported Outcome Surveillance in Patients With Lung Cancer. *Journal of Thoracic Oncology*, 14(6), 1012–1020. <https://doi.org/10.1016/j.jtho.2019.02.005>

^{iv} Lewis, C. C., Boyd, M., Puspitasari, A., Navarro, E., Howard, J., Kassab, H., Hoffman, M., Scott, K., Lyon, A., Douglas, S., Simon, G., & Kroenke, K. (2019). Implementing Measurement-Based Care in Behavioral Health: A Review. *JAMA psychiatry*, 76(3), 324–335. <https://doi.org/10.1001/jamapsychiatry.2018.3329>

^v Blaum, C., et al. “Impact of Goal-Directed Care in Patients with Functional Disabilities: A Quality Improvement Outcomes Study.” *Journal of the American Geriatrics Society*, vol. 72, no. S1, Apr. 2024, pp. S12–S13, meeting.americangeriatrics.org/sites/default/files/media/files/2024%20Abstract%20Supplement.pdf, <https://doi.org/10.1111/jgs.18893>. Accessed 12 Dec. 2024.