National Indian
Health Board

Transmitted via e-mail: mailto:MACRA-MDP@hsag.com

March 18, 2016

Eric Gilbertson
Centers for Medicare & Medicaid Services (CMS) MACRA Team
Health Services Advisory Group, INC.
3133 East Camelback Road, Suite 240
Phoenix, AZ 85016-4545

Re: CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)

Dear Mr. Eric Gilbertson:

On behalf of the National Indian Health Board (NIHB), I write to submit comments on the Centers for Medicare & Medicaid Services (CMS) Quality Measure Development Plan (Draft): Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and the Alternative Payment Models (APMs).

Established in 1972, the NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/AN). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

Background

The Affordable Care Act (ACA) established a basis for the extension of consumer access to healthcare and incentives to connect provider payment to quality of care. The transformation of the U.S. healthcare delivery system is supported by the passage of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA). MACRA directs that the Secretary of Health and Human Services consolidate the three existing

performance incentive programs into a new Merit-based Incentive Payment System (MIPS) under which eligible professionals (EPs) receive annual payment increases or decreases based on their performance measured by specified standards. Beginning in 2019, CMS will apply a positive, negative, or neutral payment adjustment to each EP based on a performance score derived from quality; resource use; clinical practice improvement activities; and meaningful use of certified electronic health record (EHR) technology.

The Centers for Medicare and Medicaid Services (CMS) Quality Measure Development Plan (MDP) will define a strategic framework for future development of clinician quality measures in order to transition to value-based payment per the requirements of section 102 of MACRA. MACRA identifies five quality domains for measures developed, including: (1) clinical care; (2) safety; (3) care coordination; (4) patient and caregiver experience; and (5) population health and prevention. MACRA also establishes four outcome priorities for the types of measures to be developed, which include: (1) outcome; (2) patient experience; (3) care coordination; and (4) measures of appropriate use of services.

Measure Development Plan Tribal Consultation

NIHB is grateful for the opportunity to comment on the draft CMS Quality Measure Development Plan. The commitments put forth by CMS to work collaboratively with federal and state partners and private payers must also include Tribal partners to create a set of aligned measures that will reduce provider burden. All branches of the federal government have acknowledged the nation's obligations to the Tribes and its special trust relationship with them that was created through treaties, executive orders, statutes, and Supreme Court case law. CMS efforts to build a successful foundation of collaboration across measure developers through forums must include adequate Tribal representation who can speak to the unique needs of the Indian health care delivery system on the Measure Policy Council and eCQM Governance Group calls. This is also consistent with the President's commitment towards effective Tribal consultation and is reflected in the CMS Tribal consultation policy.[1]

CMS must seek early and frequent input from Tribes as it develops policies that will have a significant impact on Indian Country. Tribal consultation will assist CMS in its mission to improve healthcare outcomes, beneficiary experience of care, and population health while also reducing healthcare costs. There is a significant need to eliminate racial and ethnic health disparities that surround the Indian healthcare system. The uniqueness of the Indian healthcare system in relation to traditional healthcare sites must be taken into account for consideration of the gap analyses to enhance the number and utility of relevant reportable clinical quality measures.

[1] Executive Order 13175 of November 6, 2000 and as confirmed in the President's memorandum of November 5, 2009

Measures Discussion

The healthcare delivery system for American Indians and Alaska Natives (AI/ANs) is unique in comparison to traditional healthcare sites. There are demonstrable performance gaps within healthcare delivery throughout Indian Country, which need to be addressed when developing the quality measures used in MIPS. NIHB supports the 15 broad standardized measures outlined in the 2015 Institute of Medicine (IOM) *Vital Signs* report as a foundation for measure development to ensure healthcare delivery progresses through the vision of an aligned healthcare system that uses measures across varying settings (national, state, tribal, community, organization). The core measures must be tailored to the Tribal consumer and provider population in a coordinated fashion to utilize the most applicable quality measures and prevent underuse. Currently, quality measures include multiple measures for the same measure topic, some of which are redundant with similar specifications. The duplicative multi-payer measures create an administrative burden for the Indian healthcare system and Indian healthcare providers, which limits improved outcomes for AI/ANs. NIHB applauds CMS's efforts to create meaningful aligned core measures for patients and providers across payers for both the public and private sectors. Stakeholder groups including the Measure Applications Partnership (MAP), the Core Quality Measures Collaborative, and the Health Care Payment Learning and Action Network (HCPLAN) should include input and representation from AI/ANs and the Indian Health Service, Tribal, or urban Indian health programs (I/T/Us).

NIHB recommends that CMS apply the National Quality Forum (NQF) Rural Health Committee report on *Performance Measurement for Rural Low Volume Providers* to Indian Country measure development. Mandatory participation in CMS quality measurement and quality improvement program by rural providers should be flexible and phased into the rural healthcare delivery system. Rural Indian healthcare providers face constant challenges due to geographic isolation, small practice size, low case volume, and limited resources. NIHB supports the recommendation strategies from the NQF Rural Health Committee to reconsider exclusions for existing measures and development of new measures that are broadly applicable across rural providers.

NIHB recommends the development of new patient experience surveys for the CMS implementation of patient experience surveys across multiple programs and settings of care to understand and measure the patient and caregiver experience. There is a need to minimize the patient and provider burden in implementing and responding to the surveys. Currently, Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience surveys are lengthy NIHB supports the development and use of specialty-specific surveys in MIPS and APMs.

CMS must collaborate with American Indian and Alaska Native (AI/AN) groups and associations to develop quantifiable measures that are important to both patients and providers

within Indian Country in order to reflect the health of the AI/AN population. There is a need for measures to support a broader age range for the AI/AN population. Eight of the fifteen core measures outlined in the Institute of Medicine (IOM) *Vital Signs* report can be utilized for the development of measures geared towards the population health and prevention domain. The eight topics of core measures pertinent to AI/AN population health include: life expectancy, well-being, overweight and obesity, addictive behavior, unintended pregnancy, health communities, preventive services, and community engagement.

The CMS electronic health record (EHR) Incentive program quality measures for the electronic health record (EHR) within the domain of efficiency and cost reduction need to meet efforts to lower costs, reduce errors, and significantly improve outcomes. There is a large impact on I/T/U health care delivery system and CMS should take into consideration the differences of reporting clinical quality measures through the Government Performance and Results Act (GPRA) and the Common Reporting Standard (CRS) reporting. The Indian Health Service (IHS) has programmed some of the clinical quality measures into the Resource and Patient Management System (RPMS) reporting system. The GPRA and CRS report AI/AN measures only. The RPMS has the minimum number of the clinical quality measures active for meaningful use reporting at this time, however there is a need for measures that are the most applicable for I/T/U program services. The clinical quality measures for the MACRA MIPS and APM programs cannot solely apply to the universal population. It is a challenge for I/T/U programs to qualify for the EHR Incentive program because measures that are the most appropriate for their services are not active in the RPMS reporting system. AI/AN representatives have expressed concern about the ability to program clinical quality measures in a timely fashion to meet the MACRA schedule. There is also a need to allot time to build the EHR fields to support data elements used for performance measures that are not captured. The use of registries to report measures must reflect CMS funding in order to eliminate a cost prohibitive burden and decrease the electronic health record (EHR) incentive program data collection burden.

Thank you for the opportunity to comment on the draft CMS Quality Measure Development Plan. NIHB encourages CMS to fulfill its Tribal consultation policy to improve access and quality of healthcare delivery for American Indians and Alaska Natives (AI/ANs) through the development process of CMS quality measures. Thank you for this opportunity to comment. Please contact Devin Delrow, NIHB Federal Relations Director at ddelrow@nihb.org if you have any questions on the issues addressed in these comments.

Sincerely,

Lester Secatero
Chairman, National Indian Health Board

CC: Kitty Marx, Director, CMS Division of Tribal Affairs