



# COLLEGE of AMERICAN PATHOLOGISTS

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March 1, 2016

Mr. Andy Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Subject: Draft CMS Measure Development Plan

*Sent via Electronic Submission to MACRA-MDP@hsag.com*

Dear Acting Administrator Slavitt:

The College of American Pathologists (CAP) appreciates the opportunity to comment on the Draft CMS Measure Development Plan (MDP). The CAP is a national medical specialty society representing 18,000 physicians who practice anatomic and/or clinical pathology. CAP members practice their specialty in clinical laboratories, academic medical centers, research laboratories, community hospitals and federal and state health facilities.

The CAP is looking forward to working with CMS to determine how to design the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) to measure appropriately providers who typically do not furnish services that involve face-to-face interaction with patients, specifically pathologists. The CAP believes substantial accommodations or alternate measures will be necessary to meet this clause<sup>1</sup> in [MACRA](#). In addition to offering these comments, the CAP looks forward to further conversations with CMS prior to release of the proposed regulations for the implementation of MACRA.

The CAP encourages CMS to use the MDP to provide a strategic framework for the future of measure development for clinician quality reporting to support MIPS and APMs. Pathologists' activities support the infrastructure and provide essential elements that are an important part of the

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<sup>1</sup> In carrying out this paragraph, with respect to measures and activities specified in subparagraph (B) for performance categories described in subparagraph (A), the Secretary—

“(I) shall give consideration to the circumstances of professional types (or subcategories of those types determined by practice characteristics) who typically furnish services that do not involve face-to-face interaction with a patient; and  
“(II) may, to the extent feasible and appropriate, take into account such circumstances and apply under this subsection with respect to MIPS eligible professionals of such professional types or subcategories, alternative measures or activities that fulfill the goals of the applicable performance category.

In carrying out the previous sentence, the Secretary shall consult with professionals of such professional types or subcategories.



patient's health care delivery team. Pathologists, by virtue of their varied roles actively coordinate care and facilitate achievement of many of the objectives of MACRA and the draft MDP, in addition to other efforts that increase integration and improve patient care and the patient care experience overall. The CAP supports the MDP building on the existing set of clinician quality measures used in current CMS programs such as the Physician Quality Reporting System (PQRS) as well as prioritizing the development of new measures that are relevant for specialty providers such as pathologists. We ask that the CMS use funds allocated in MACRA over the next five years for the development of new measures to fill gap areas for non-patient facing providers.

As this MDP goes into effect, the CAP encourages CMS to note that the current measures list is already insufficient to cover all pathologists, and the challenge of participating would be exacerbated by requiring reporting on a minimum number of measures. The measure development process is difficult and requires resources many specialties do not have. In addition, the turnover of measures due to high performance rates or changing guidelines adds to the challenge of maintaining a selection of appropriate measures that can be used by pathology and many other sub-specialties. Further, the draft MDP emphasizes outcome measures; however, the current definitions of outcomes do not address outcomes for diagnostic specialties, for which the communication of timely and accurate diagnostic information is the essential "outcome". Since outcome measures as currently defined for non-patient facing diagnostic physicians who do not manage patients either before or after rendering a diagnosis effectively exclude these physicians, we believe that such diagnostic physicians should be excluded from any requirement for outcome measures, unless outcome measures are more broadly defined to address the essential activities of diagnostic specialties. Finally, the CAP encourages CMS to use MACRA authority to include evidence-based measures for MIPS that are not consensus-endorsed. We believe that any measure that is evidence-based is appropriate for inclusion in MIPS.

The CAP would also urge CMS to continue exclusion of pathologists from selection as providers about whom patient and caregiver experience surveys such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey inquire. While we believe that measuring patient and caregiver experience is important, since pathologists do not have an appointment-based practice and are generally non-patient facing providers, it would not be meaningful or appropriate for them to be included in this requirement.

The CAP is pleased the MDP contemplates measures that could also be used in APMs and concurs the integration of lessons learned, best practices, and viable measures is essential for the transition to APMs under MACRA. While using the existing measures as the starting point for MIPS and APMs under the MDP may work for a whole host of specialties as we indicated regarding MIPS, measures development under the historic program design has presented significant challenges for pathology. We are hopeful with the ongoing transformation of health care delivery under MACRA, including the



deployment of measures to APMs that are comparable to the MIPS program, that CMS will indeed take into account lessons learned and best practices in recognizing pathologists' contributions.

The CAP appreciates the opportunity to comment on this important draft MDP. We urge CMS to take non-patient facing providers such as pathologists into account as it finalizes the MDP. We also hope that CMS recognizes that pathologists facilitate the achievement of many objectives and functions CMS seeks to accomplish through the MDP and other efforts targeted at increasing integration to improve patient care and the patient care experience overall.

Please direct questions on these comments to:

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