



COLLEGE of AMERICAN PATHOLOGISTS

January 24th, 2025

Sent via email PIMMSMVPsupport@gdit.com.

Subject: 2026 MVP Candidate Feedback

Dear PIMMS,

The College of American Pathologists (CAP) is grateful for the opportunity to provide feedback regarding the proposed 2026 Pathology MVP candidate. We are supplying this feedback to communicate our concerns and suggestions for the MVP candidate for the Centers for Medicare and Medicaid Services (CMS) to consider. As the world's largest organization of board-certified pathologists and leading provider of laboratory accreditation and proficiency testing programs, the CAP serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide. As physicians specializing in the diagnosis of disease through laboratory methods, pathologists have a long track record of delivering high quality diagnostic services to patients and other physicians.

The CAP is appreciative of the CMS for the changes made to the proposed MVP's Improvement Activities based on our previously shared feedback. Single-specialty pathology practices will find the Improvement Activities actionable, and the selection of IA's is representative of pathology as a non-patient facing specialty. We continue to propose the addition of IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop and IA_CC_2: Implementation of improvements that contribute to more timely communication of test results to the Pathology MVP candidate. Both represent care coordination activities that pathologists can meaningfully participate in. As well as IA_PSPA_19: Implementation of formal quality improvement methods, practice changes, or other practice improvement processes, which is a patient-safety activity, but one more relevant to single-specialty pathology practices. Additionally, development of IAs more directly applicable to pathology is needed and we request future IAs to be developed more appropriately for pathology.

The CAP continues to request the inclusion of CAP22: Biopsy Reporting Time to Clinician and CAP38: Prostate Cancer Reporting Complete Analysis to the Pathology MVP candidate quality measure set. Both measures assess critical reporting elements used for clinical decision-making and promote quality and safety of patient care. CAP22 and CAP38 will maximize the number of pathologists who can report the MVP and ensure wide clinical coverage and choice of measures.

We remain adamant about our concerns regarding QMM21: Incorporating results of concurrent studies into Final Reports for Bone Marrow Aspirate of patients with Leukemia, Myelodysplastic syndrome, or Chronic Anemia, QMM22: Molecular Testing Recommended on Fine Needle Aspirations (FNA) of Thyroid Nodule(s) with Bethesda Category 3 or 4 Cytology Diagnosis, and QMM29: Use of Appropriate Classification System for Lymphoma Specimen. The CAP believes these measures will be difficult for pathologists in single specialty practices to collect and to meet the case minimum. The absence of a performance benchmark for these measures suggests practices are encountering difficulty with executing the quality action. Additionally, the CAP is concerned the quality action indicated by QMM21 and may not be supported by sufficient scientific evidence.

We thank you for the opportunity to provide input and for your consideration of our remarks. Please direct questions to Isabella Talavera, italave@cap.org.