

February 17, 2017

Attn: PQMM Measures Team
Signature Consulting Group
7108 Ambassador Road, #150
Windsor Mill, MD, 21244

Re: Comments on 2018 Merit-based Incentive Payment System (MIPS) Specialty Measure Sets

Submitted electronically via: PQMMMeasures@sghealthit.com

Dear PQMM Measures Team,

On behalf of the more than 52,000 members of the American Society of the Anesthesiologists® (ASA), I appreciate the opportunity to provide comment on the 2018 Merit-based Incentive Payment System (MIPS) Specialty Measure Sets issued by the Centers for Medicare & Medicaid Services (CMS). ASA looks forward to continued collaboration with CMS to ensure physician anesthesiologists meaningfully participate in federal quality payment programs.

ASA supports the continued designation of specialty measure sets.

ASA supports the designation of an anesthesia-specific measure set that allows our members to quickly learn and understand which measures are applicable for them to report. CMS should further emphasize that measures in Specialty Measure Sets are *suggested* for reporting and physician anesthesiologists may also choose to report MIPS and non-MIPS QCDR measures not in the Anesthesiology Specialty Measure Set.

ASA requests further guidance as to how CMS will determine physician anesthesiologists are reporting all measures applicable to their practice.

Physician anesthesiologists provide and facilitate anesthesia across diverse patient populations and settings. Due to the range of anesthesia care our members provide (e.g. ambulatory anesthesia, critical care), we anticipate some of our members will find it difficult to meet minimum requirements for reporting six quality measures. The Physician Quality Reporting System (PQRS) used the Measure Applicability Validation (MAV) process to validate physicians that were unable to report the minimum number of measures required in the program. We recognize data validation in MIPS will not be a separate process such as the MAV but rather one that balances the measures an individual or practices report with those that they should have reported. ASA requests further guidance related to the data validation process and methodology in which CMS will determine whether a physician reported all applicable measures in MIPS.

CMS should include anesthesia Measures Under Consideration (MUC) in the 2018 Anesthesiology Specialty Measure Set.

ASA recognizes the increasing demand for anesthesia-related measures for physician anesthesiologists to successfully participate in federal payment programs. ASA submitted the *Prevention of Post-Operative*

Vomiting (POV) – Combination Therapy (Pediatrics) for inclusion in MIPS in 2018. Given that most physician anesthesiologists eligible for MIPS must report for all payers, this measure would serve as a widely applicable addition to the Anesthesiology Specialty Measure Set. This measure focuses on a fairly common patient-centered complication related to anesthesia care and would be reportable by many of our members. Approval and inclusion of this measure in MIPS and the Anesthesiology Measure Set would expand the number of measures applicable to physician anesthesiologists.

CMS should remove measures not directly applicable to anesthesiology from the Anesthesiology Specialty Measure Set.

ASA requests CMS remove MIPS #317 from the Anesthesiology Specialty Measure Set. Although it was designated as a cross-cutting measure in the past, the inclusion of this measure has confused many practices and individual physician anesthesiologists as to whether they should, must or can report the measure. MIPS #317 is not relevant to physician anesthesiologists in the preanesthesia or perioperative settings. The Evaluation and Management (E/M) codes used to report this measure seldom apply to physician anesthesiologists and are rarely used for billing anesthesia procedures.

CMS should consider specialty sets with quality measures applicable to pain medicine physicians.

ASA has received a number of inquiries regarding applicable measures for physician anesthesiologists who specialize in pain medicine. ASA recommends CMS consider a Pain Medicine Specialty Measure Set for inclusion in MIPS in future years. While we recognize several measures in the Physical Medicine Specialty Measure Set may apply to certain physicians and eligible clinicians mostly in an office-based setting, we suggest CMS also solicit relevant stakeholder comments for developing potential measures that applies to pain medicine physicians who may also be anesthesiologists. The ASA welcomes the opportunity to work with CMS and other relevant stakeholders to determine which quality measures should be included in a specialty set related to pain medicine.

Thank you for your consideration of our comments. ASA looks forward to continuing to work with CMS to provide our members with every opportunity to successfully participate in MIPS. If you have any questions or would like to discuss any of our comments further, please contact Matthew Popovich, Ph.D., ASA Director of Quality and Regulatory Affairs at 202-591-3703 or Leslie Kociemba, M.P.H., ASA Quality Associate at 847-268-9266. They may also be reached at gra@asahq.org.

Sincerely,



Jeffrey Plagenhoef, M.D.
President
American Society of Anesthesiologists