



NATIONAL COALITION
FOR CANCER SURVIVORSHIP

The power of survivorship. The promise of quality care.

June 27, 2016

The Honorable Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-5517-P, Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models

Dear Mr. Slavitt:

The National Coalition for Cancer Survivorship (NCCS) is dedicated to improving the quality of cancer care for all people touched by cancer. We pursue this goal by empowering cancer survivors with information and tools for treatment decision-making, and we also seek to advance quality cancer care through public policy advocacy.

We appreciate the opportunity to comment on the proposed rule on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). As health care delivery and payment transition from a volume-based system, it is critically important that there be a constant focus on health care consumers. The transition to patient-centered care must be accomplished with the input of patients and caregivers.

NCCS supported the comments submitted to the docket by the Cancer Leadership Council, which focused on the role of patients and patient advocates in improving quality measurement, fostering clinical practice improvement efforts, and evaluating and advancing alternative payment models. Our comments below focus on the role of consumers in identification, development, and endorsement of quality measures. We also comment on the Oncology Care Model (OCM) and other alternative payment models.

Role of Consumers in Measure Development

We appreciate that MACRA includes specific provisions related to quality measures, permitting use in the Merit-based Incentive Payment System (MIPS) of either measures that have been endorsed by the National Quality Forum or measures that are evidence-based and submitted to a peer-reviewed journal. Moreover, the Centers for Medicare & Medicaid Services (CMS) is required, according to the terms of MACRA, to seek input from stakeholders regarding possible measures. We appreciate that these provisions of MACRA may have the impact of expanding the list of MIPS measures and could result in development and utilization of measures of importance to patients and patient advocates.



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However, the Quality Measure Development Plan and process for seeking stakeholder input regarding measures do not ensure the input of consumers in measure submission, development, or endorsement. We understand the difficulties associated with the National Quality Forum endorsement process, notably the time and expense required to take a measure through the endorsement process. Nonetheless, the National Quality Forum's consensus development process ensures the engagement of consumers. NCCS has participated in numerous NQF committees to represent the perspective of cancer patients and their families in the endorsement of quality measures and the application of those measures to public reporting and payment programs; as such, we see the value of patient input in the process.

We urge CMS to consider concrete and specific steps to seek input from consumers when the agency makes a call for stakeholder contributions to the list of quality measures. Patient and consumer organizations are strengthening their knowledge of and experience in the quality measurement process, focusing especially on articulating measures related to shared decision-making and others related to the care experience and patient satisfaction. Direct outreach from CMS to consumers will encourage strong contributions related to potential quality measures.

We note that the CMS Quality Measure Development Plan includes information about "Partnering with Patients in the Measure Development Process." This section of the plan focuses on evaluating best practices related to patient/caregiver involvement in measure development and requiring measure developers to include patients or caregivers in the measure development process. Some of the strategies identified by CMS for use by measure developers might be employed by the agency itself to facilitate patient and caregiver involvement in measure identification during the annual process it has defined.

We also encourage CMS to ensure that the non-MIPS measures that are utilized by Qualified Clinical Data Registries are not simply check-box measures. We are concerned that QCDRs may propose process measures related to the care experience that are not in fact meaningful to patients. The agency has identified the need to evaluate non-MIPS measures proposed by QCDRs; we are gratified that CMS has acknowledged this issue.

Oncology Care Model

We strongly support the Oncology Care Model as a demonstration program, as we think it will accurately test whether the episode of care model, coupled with relatively generous payment for each month of the episodes and quality assessment, will encourage the delivery of patient-centered care. We are heartened that the design of the model will permit practices to transform their processes and procedures to achieve patient-centered care, and we urge that CMS ensure that the appropriate quality measures are adopted to measure the quality improvement.

We understand that the Oncology Care Model will qualify as an advanced alternative care model in 2018. We also appreciate that additional oncology demonstration projects will likely be proposed and will possibly be accepted for testing. We look forward to the testing and evaluation of all of these



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potential models and urge only that principles of patient-centered care that influenced Oncology Care Model design also apply to additional oncology tests.

NCCS appreciates the opportunity to comment on the proposed rule implementing MACRA. We look forward to continued engagement in efforts to encourage patient-centered cancer care.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelley Fuld Nasso", is written in a cursive style.

Shelley Fuld Nasso, MPP
Chief Executive Officer