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The National Association of ACOs (NAACOS) Calls for a Moratorium on Proposed Changes to the ACO Quality Measures

In the 2015 Physician Fee Schedule Proposed Rule, CMS detailed substantial changes to the Medicare Shared Savings Program quality measures and performance benchmarks. Yesterday, NAACOS submitted its comments in response to the proposed rule. (Our comments can be found at: www.NAACOS.com.)

CMS proposed to add 12 new measures and delete eight, increasing the measure set from 33 to 37. CMS also proposed changes in the diabetes and coronary artery disease composite scores and sought comment on future measures in eight categories. Concerning the quality performance benchmarks, CMS proposed to update them every two years and proposed rewarding a modest number of bonus points for year-over-year improvement to help ACOs more readily meet their quality performance benchmarks.

Unfortunately, NAACOS finds the vast majority of the proposed new quality measures to be unnecessary, inadequately defined or tested, methodologically unsound, questionably related to improving care quality or patient outcomes, or beyond an ACO's control. Proposing to change 20 of the 33 measures would mean all ACOs would have to make substantial changes to their clinical practice, data collection and reporting schemes and all would have to do so while still in their first three-year contract period. “For the vast majority of ACOs, they would be facing even more measures before they were given an opportunity to achieve success under the current measure set,” commented Clif Gaus, NAACOS CEO, "and for those ACOs looking to renew their three year contract in 2016, they would be facing downside financial risk as well as new quality performance benchmarks”.

Concerning the proposed changes to include quality improvement in the benchmarking, Clif Gaus stated, "NAACOS applauds CMS for recognizing the importance of quality “improvement” not just attainment but the proposal needs to be strengthened." Since the science of comparing or evaluating physician performance is still evolving, "CMS should focus," Gaus stated, "on rewarding ACOs for improving their own quality from year to year. This would produce the best outcome for the patient”.

Finally, it is important to note CMS is asking the ACO provider community to comment on proposed changes to the quality measure set while it remains unknown what larger or broader reforms CMS will propose under a delayed, but still anticipated, ACO proposed rule.

For these reasons and others, NAACOS concludes in its 10-page comment letter that CMS place a near-term moratorium on implementing new ACO quality measures until at least the provider community can comment on CMS's proposed changes, in sum, to the ACO program. NAACOS is hopeful CMS will soon propose new ways to stabilize beneficiary attribution, improve financial benchmarking and risk adjustment particularly for more complex patients, reduce the Minimum Savings Rate, reconsider downside risk for ACOs entering a second contract and provide more timely data to help ACOs better care for their patients.

Because NAACOS is fundamentally in agreement with MedPAC and numerous others that CMS's quality measurement program is already too burdensome and too process measure oriented, NAACOS is inviting CMS to work NAACOS, other ACO stakeholders and the patient community to develop a more parsimonious list of quality measures that are more patient outcome and population based.

SOURCE- National Association of ACOs, Washington, DC

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