AMERICAN ACADEMY OF AUDIOLOGY

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VIA ELECTRONIC SUBMISSION: ttps://www.surveymonkey.com/r/26NYQRB

March 1, 2016

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-3321-NC
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Draft CMS Quality Measure Development Plan

Dear Acting Administrator Slavitt:

The American Academy of Audiology (the "Academy") is the world's largest professional organization of, by, and for audiologists, representing over 12,000 members. The Academy promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research. The Academy respectfully submits comments on the Draft CMS Quality Measure Development Plan (MDP). Those comments are provided below and address the different sections of the MDP.

I. Executive Summary

Operational Requirements of MACRA

Quality Domains and Priorities (Page 7)

The Academy is encouraged by CMS' commitment, through the MDP, to collaborate with specialty groups and associations to develop measures that are important to both patients and providers and that represent important performance gaps in the targeted quality domains. They Academy looks forward to opportunities for collaboration with the Agency and offers its audiologist experts and resources to assist CMS with the measure development process.

Addressing Challenges in Quality Measure Development (Page 8)

CMS has identified a number of challenges that may arise in implementing the MDP, including developing measures that promote shared accountability across settings and providers. The Academy strongly advocates for the inclusion and meaningful representation of all providers, including non-physician providers, such as audiologists, in the framework described by the MDP. Because the measures developed under the MDP will hold clinicians accountable for care, we support CMS' efforts to work directly with these stakeholders to provide input and feedback in the development of applicable quality measures.

CMS also specifically addresses the inclusion of different providers in the MDP, citing that the quality measure portfolio will evolve over time to include multiple types of providers, such as non-physician providers. As noted

above, the Academy asks that the Agency seek input directly from these different types of providers as the portfolio expands and evolves. Audiologists, as well as other non-physician providers, face a number of challenges with regard to participation opportunities in current quality reporting programs and we request the opportunity to work with CMS to ensure appropriate and applicable inclusion in these programs.

III. CMS Strategic Vision –Measure Development Priorities (Page 16)

CMS Quality Strategy (Page 17)

The Academy urges CMS to prioritize the inclusion of multiple types of providers. Inclusion of all providers strongly aligns with the goals articulated in the CMS Quality Strategy. More specifically, inclusion of audiologists in quality reporting programs promotes effective communication and coordination of care as well as effective prevention and treatment of diseases. Audiologists also play an important role in working with patients and the community to promote healthy living. Additionally, allowing patients to directly access audiology services furthers the goal to make care more affordable for both patients and payers.

Outreach to and Inclusion of Non-physician providers

The MDP provides a strategic framework for the future of clinician quality measure development to support MIPS and APMs. As previously noted, the Academy strongly advocates that CMS continue its outreach to non-physician providers, such as audiologists. Though most non-physician provider specialties will not be included in MIPS until 2021, the policies and performance metrics determined for the initial implementation of MIPS in 2019 will greatly impact these individuals. The Academy urges CMS to consider the critical role that non-physician providers play in the health care delivery model and include them in the quality performance category development process. At this time, audiologists have limited measures within the Physician Quality Reporting System (PQRS) program, will not have the Value-based Payment Modifier (VM) applied to them for CY2018, and were statutorily excluded from Meaningful Use of EHR. During the process of finalizing the MDP, the Academy asks the Agency to consider the challenges of providers such as audiologists in the development and refinement of the quality performance category.

Consideration of Recent Publications and Recommendations (Page 20)

In the MDP, CMS solicits comments with respect to how to use the measures identified by the Institute of Medicine (IOM), and approaches to develop remaining measures within the broad IOM categories that could be used in MIPS and in APMs to support the transformation of the healthcare delivery system from fee-for-service to population-based accountability systems.

The Academy believes that audiologists play a key role in many of the specific measures listed within the core measure set identified by the IOM report released in 2015, *Vital Signs: Core Metrics for Health and Health Care Progress*[1] . Specifically, audiologists and the services they provide, affect the core measures related to 2) Well-being, 8) Care access, 10) Evidence-based care, 13) Population-spending burden, 14) Individual Engagement and

[1] http://iom.nationalacademies.org/~/media/Files/Report%20Files/2015/Vital_Signs/VitalSigns_RB.pdf

15) Community Engagement. Hearing loss is a serious chronic condition, that left untreated, can lead to more serious conditions such as isolation, depression, inability to participate in the workforce or other community activities, and overall quality of life issues for patients, especially Medicare beneficiaries. Research also suggests a link between untreated hearing loss and dementia.[2] Access to high quality, low cost audiologic care can critically impact the core measures described in the IOM core metrics, yet existing policies make patient access to audiology services a challenge for many patients. For example, currently, a Medicare beneficiary cannot directly access audiology services and must obtain a physician referral prior to seeing an audiologist for hearing and balance testing. Current trends also demonstrate that audiologist diagnosis and management of patients reporting dizziness, falls, and/or instability can present opportunities for cost savings by reducing emergency room visits and costly neuro-imaging for these patients.

Measure Integration to Support MIPS and APMs (Page 21)

As the CMS measures portfolio evolves, the Academy understands that CMS will seek to develop new measures funded under MACRA that will begin to address gaps in the measure portfolio. In the MDP, there is a strong focus on addressing gaps related to outcomes measures, including global outcome and population-based measures. CMS proposes to balance this with process measures that are proximal to outcomes, and the application of measures to multiple providers, including clinical specialists, non-physician professionals, and non-patient-facing professionals.

The current Medicare regulatory definition places audiologists in the "Other Diagnostic Procedures" benefit classification, which is limited to the exclusive diagnostic only areas of hearing and balance healthcare. Though audiologists are recognized by Medicare for only providing diagnostic testing, an audiologist's scope of practice also includes treatment of individuals with impairment of auditory and vestibular function.[3] Developing measures of quality and outcomes for this narrowly defined benefit classification, as well as participating in interdisciplinary measures that require outcomes or treatment management of the patient has been challenging within these regulatory confines. Audiologists are now included in measures for which their services are not recognized or reimbursed by Medicare. As CMS refines the MDP and looks to further address outcomes measures, the Academy asks the Agency to consider new policies beyond quality measure development that would allow all professions to appropriately participate in quality reporting.

IV. Operational Requirements of the Quality Measure Development Plan (Page 22)

MACRA requires CMS to consult with "relevant eligible professional organizations and other relevant stakeholders" for the selection of measures for MIPS. CMS has expressed that they will build upon existing relationships to begin this dialogue, using the example of engaging stakeholder groups, such as professional organizations, state and national medical societies, clinical registries, and payers (e.g., health plans) that are currently engaged in the CMS measure development process. The Academy, as a relevant stakeholder, looks forward to the opportunity to consult with CMS on the selection of measures for MIPS. We did offer comments in response to the Request for Information (RFI) released by CMS in the fall of 2015, and continue to look for opportunities for comment and participation in this process.

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[2] http://www.hopkinsmedicine.org/news/media/releases/hearing_loss_and_dementia_linked_in_study
[3] http://www.audiology.org/publications-resources/document-library/scope-practice

Incorporating MACRA Analysis

Gap Analysis (Page 35)

The Academy supports CMS' efforts to increase the number of reportable clinical quality measures relevant to all specialties. Audiologists currently have limited access to PQRS measures, and would welcome the opportunity to have access to a broader range of measures that can demonstrate the value of audiologists in the delivery of high quality, low cost health care.

Applicability of Measures across Health Care Settings (Page 37)

CMS also seeks comments from the public regarding which measures in use in other healthcare settings may be appropriate for modification at the physician or other healthcare professional level and what types of measures would be most appropriate for use across a health system that spans multiple settings of care.

The Academy recommends the CMS consider including more cross-cutting measure that can be modified to include more disciplines.

Clinical Practice Improvement Activities (Page 38)

The Academy is interested to learn that CMS will review clinical practice improvement activity submissions to evaluate whether the activity submitted can be further developed into quality measures within the defined clinical practice improvement activity subcategories. The example provided by CMS (for illustrative purposes only) was providers who use patient-reported tools (e.g., *PHQ-9* for depression) for improvement purposes could submit data to CMS from the use of these tools, and this could inform patient-reported outcome measure development. The Academy interprets this to mean that outcome measures could be developed and based on patient-reported outcomes. This is particularly relevant to the profession of audiology, as audiologists are eligible to report on a number of measures that incorporate patient-reported screening tools, including depression and tinnitus screening tools, like the one mentioned in the example. We also envision these types of clinical practice improvement activities to apply to quality reporting for patients with balance issues. The Academy believes that such clinical practice improvement activities, such as using patient-reported tools, could provide an opportunity for meaningful participation by audiologists and broaden our participation in quality reporting.

Identifying and Developing Meaningful Outcome Measures (Page 49)

The MDP addresses two key challenges to outcome measure development. These challenges include the identification of meaningful outcomes and the development of valid risk-adjustment models. The MDP also states that equitably evaluating provider performance for outcome measures requires careful consideration and evaluation of associated patient risk factors (e.g., age, comorbidities).

Again, the Academy acknowledges the importance of outcome measure development as a key tenet of MACRA, yet professions like audiology, are significantly limited by current statute to a small number of procedures within their scope of practice, which limits the outcomes measures that they will be able reasonably to report. The

Academy would like to collaborate with the Agency to pursue opportunities for participation in appropriate outcome measure development. The Academy also supports the emphasis on patient-centered care, and believes that improved access to audiology services can play a key role in improving patient outcomes.

Conclusion:

The MDP states that as payment systems evolve toward population-based payments that hold multiple provider types accountable for the health of populations, CMS must adapt and use measures that reflect this shared accountability. The Academy agrees with this statement and encourages CMS to examine and revise current limiting statutes to include multiple provider types, including audiologists, in reaching their quality measure development goals. Audiologists are valued health care providers, and willing participants and facilitators of coordinated, patient-focused care, yet the ability to fully participate in quality improvement programs has been stymied by statutory and regulatory classifications that do not reflect or complement contemporary health care delivery models.

The Academy also applauds CMS in its commitment to reducing provider burden and to engage specialty societies and multi-provider types. We look forward to taking part in this important process.

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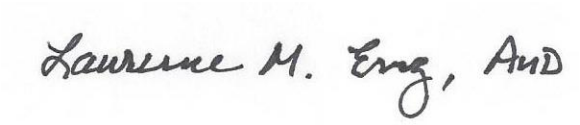
The Academy appreciates the opportunity to comment on the draft MDP. Please contact Kate Thomas, director of payment policy and legislative affairs, by phone 703-226-1029 or via email at kthomas@audiology.org should you have any questions regarding the Academy's comments.

Sincerely,



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