The University of Iowa
College of Public Health

rupri
rural policy research institute

College of Public Health – N232A
105 River Street
Iowa City, IA 52242
(319)-384-3832
http://www.rupri.org/panelandnetworkviewer.php?id=9
Keith-mueller@uiowa.edu

Rural Health Panel
Keith J. Mueller, PhD., Chair
Andrew F. Coburn, Ph.D.
Jennifer P. Lundblad, Ph.D., M.B.A.
A. Clinton MacKinney, M.D., M.S.
Timothy D. McBride, Ph.D.
Charlie Alfero

December 14th, 2016
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-5517-FC
P.O. Box 8013
Baltimore, MD 21244-8013
By electronic submission at http://www.regulations.gov

RE: 42 CFR 414 and 495. Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models.

To Whom It May Concern:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policy makers. The Panel is pleased to offer comments in response to questions posed by CMS in the Finalized rule with comment period regarding MACRA and the Quality Payment Program. Our comments are limited to rural-specific issues and are structured to parallel general questions posed, or issues stated, by CMS (not technical comments regarding specific sections of the proposed rule).

Though MACRA will be influential in continued efforts to enhance access to care and population health for patients living in rural areas, rural hospitals, physicians, and patients face an ongoing number of distinct challenges that can interrupt or preclude access to essential medical services. Therefore, we think the following comments below should be fully considered before implementation of the new approach to payment.

Implementation of cross-cutting measures in the MIPS program

Although we applaud CMS for their continued and dedicated efforts in improving population health, additional measures requiring reporting may preferentially burden rural providers with fewer performance measuring and reporting resources in an already economically challenged system of providing healthcare in

rural areas. Therefore, cross-cutting measures selected should be germane for primary care which often provide the majority of population health-related care and tend to reflect rural provider care.

CEHRT and the advancement of health IT measurements

Although it is commendable that CMS is encouraging continued innovation in health IT by providing bonuses in the advancing care information performance category when physicians use functions included in CEHRT, rural healthcare providers continue to struggle with health IT challenges. Since rural providers may lag in CEHRT adoption due to, for example, a lack of dependable access to broadband internet that is necessary for timely and reliable health information exchange, achieving clinical practice improvement bonuses should not be dependent on CEHRT use.

Virtual groups and EHR platforms

We are in agreement with CMS that virtual groups encounter health IT challenges in reporting and submitting data. Although, virtual groups may be more common in rural areas, the measuring and reporting resources may be fewer. Consequently, CMS should encourage provider collaboration through ensuring common EHR platforms. Furthermore, as with APM thresholds, provider participation percent thresholds in virtual groups should increase over time.

Sincerely,

The Rural Policy Research Institute Health Panel

Keith J. Mueller, PhD – Chair

Andrew F. Coburn, PhD

Jennifer P. Lundblad, PhD, MBA

A. Clinton MacKinney, MD, MS

Timothy D. McBride, PhD

Charlie Alfero