September 14, 2017

Shantanu Agrawal, MD President and CEO National Quality Forum 1030 13th St, NW Suite 800, Washington, DC 20005

Kate Goodrich, MD Director and Chief Medical Officer Center for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

Dear Drs. Agrawal and Goodrich,

The undersigned organizations are writing to share our concerns with the timelines the National Quality Forum (NQF) has laid out for the revised consensus development process (CDP) and request that NQF and CMS revisit the timelines before moving forward with the changes. We support the ongoing efforts of NQF to continuously improve the CDP process and are encouraged by the possibility of submitting measures more frequently. However, the timelines discussed at the July 2017 NQF Board of Directors (BOD) meeting directly conflict with the Medicare physician rulemaking cycle, and we do not believe NQF or CMS considered this conflict when finalizing the new measure review cycles.

Under the revised CDP, organizations will have biannual measure submission opportunities for each topic area, instead of one opportunity for a select few topic areas each year. As part of the revisions, NQF will also move to more static endorsement timelines, which will potentially allow for measures to be reviewed and/or revised for use in federal programs more routinely and consistently. The revised CDP approach uses a "batching" methodology that will force decisions to be made on measures within a certain timeframe and project. At the July 2017 NQF BOD, NQF staff presented on the revised CDP, and based on the presentation, we are specifically concerned with the cycle two timeline. The cycle two comment period will occur from about mid-June until mid-September and committee evaluations will occur from July until mid-September. The committee deliberations and comment period will directly conflict with the statutorily mandated release of the QPP proposed rule, leaving organizations limited time and stretched resources to actively engage in NQF activities.

Consensus Development Process: Two Cycles Every Contract Year



MACRA statutorily requires the QPP rule to be finalized and released by November 1, prior to the reporting period and the proposed rule must allow for a 60-day comment period prior to the publication of the final rule. As stated by CMS in the 2018 QPP proposed rule, they intend to move the QPP rule from a standalone rule into the Physician Fee Schedule (PFS) rule in future years. The PFS final rule is also statutorily mandated to be released by November 1. While the CDP commenting period spans 12 weeks, and may last until after the QPP comment period closes, based on our experience with the CDP the most impactful time to comment on measures to ensure that meaningful stakeholder feedback is available to committees is prior to and during deliberations, not after the committee completes evaluations. Therefore, these proposed cycle times leave organizations with an extremely limited window to actively participate in NQF activities and potentially only allow two weeks for stakeholders to develop comments.

Due to the direct correlation between NQF activities and QPP, we are concerned that the integrity of the new CDP will be compromised due to the finalized timelines. Organizations will not have the bandwidth to follow, submit, and comment simultaneously on measures under review at NQF and the QPP proposed rule. Under the batching approach organizations may be forced to review up to 180 measures (12 measures per the 15 topic areas) during a given cycle, which will further limit an organization's ability to provide feedback and comment. Furthermore, physician organizations may also struggle with identifying members to volunteer their time to participate on NQF committees because many of the same members that volunteer on NQF committees or assist with reviewing measures also assist with QPP comments. NQF and CMS only have to look to the NQF MAP as a cautionary tale of setting deadlines around rulemaking cycles. Due to MAP deliberations coinciding with the release of the PFS final rule there has been low engagement by the physician community. Therefore, we request NQF and CMS revisit the new CDP cycle timelines to ensure committee evaluations and commenting periods do not conflict with the Medicare rulemaking cycle.

Thank you for your attention to our concerns. We stand ready to work with NQF and CMS to improve the current quality measure endorsement process and ensure stakeholders have a sufficient opportunity to participate.

Sincerely,