



One Prince Street
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Dear Members of Congress,

On behalf of AMGA, I would like to present a list of 14 value measures that AMGA has endorsed that we believe will improve quality of care for Medicare and indeed all patients and reduce the undue regulatory burden that is contributing to provider burnout. This list of value measures directly supports your efforts to reduce Medicare's regulatory burden. Medicare is a market leader in the payment of care, which means that reform to this system will encourage all payers to improve their quality measurement reporting systems and reduce the burden on providers.

AMGA is a trade association leading the transformation of healthcare in America. Representing multispecialty medical groups and integrated systems of care, we advocate, educate, innovate, and empower our members to deliver the next level of high performance health. More than 175,000 physicians practice in our member organizations, delivering care to one in three Americans. In response to your desire to reduce the burdens that impede the doctor-patient relationship, AMGA has developed a smaller set of measures based on key principles, such as clinical relevancy. We ask that you consider our set of 14 value measures as you look to improve the current Medicare system.

Quality measurement is intended to aid providers in improving health care, both from a provider and patient perspective. AMGA members strive to offer the highest level of care that is effective, safe, efficient, patient-centered, equitable, and timely. Quality measures should align with this goal; but, unfortunately, they often do not. Measures sets vary among Medicare and commercial payers and are too numerous. In addition, research has indicated that annually US physician practices in four common specialties spend more than \$15.4 billion and on average, 785 hours per physician to report quality measures. Our own members have reported the cost of and burden associated with measure reporting. For example, a 2017 AMGA survey found that for every 100 physicians our members employ, 17 information technology professionals are needed to support them. These costs are much better spent on caring for patients, not maintaining an expensive IT infrastructure. Beyond Medicare, our member groups submit data to different insurance companies in different formats, creating a massive administrative burden and further diverting resources away from providing critical care to our patients.



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To address such concerns and improve the measurement system, AMGA created a Quality Measure Task Force (QMTF), comprised of AMGA members, which developed a consensus measure set that is: clinically relevant; risk-adjusted; evidence-based; has demonstrated results and improvement; consider patient experience; and should have sufficient sample sizes to ensure statistical validity. The use of this set of 14 core measures will ultimately save providers' time and reduce costs while improving care. Using a standard set of value measures for public reporting purposes will reduce the variation in the measures that are reported and help eliminate unnecessary confusion and administrative burden.

AMGA and our members are dedicated to improving our nation's healthcare system and believe our value measurement set can help lead the way in innovation and improvement, as we move away from the fee-for-service model. It is in this spirit that we offer this measure set as an example of how appropriate value measurement can reduce the burden and costs for providers, improve the doctor-patient relationship, and provide data that will drive quality improvement in our health care system.

The measures selected are included below for your consideration. AMGA and its membership stand ready to serve as a resource to you as you evaluate and consider reforms to Medicare's quality measurement reporting system and requirements. This process will improve the way healthcare is provided beyond the Medicare program.

Sincerely,

Jerry Penso, M.D., M.B.A.
President and Chief Executive Officer
AMGA



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	Measure
1	Emergency Department use per 1000
2	SNF Admissions per 1000
3	30-day all cause hospital readmission
4	Admissions for acute ambulatory sensitive conditions composite
5	HbA1C poor control >9%
6	Depression Screening
7	Diabetes eye exam
8	Hypertension (HTN)/High Blood Pressure Control
9	CAHPS/health status/functional status
10	Breast Cancer Screening
11	Colorectal Cancer Screening
12	Cervical Cancer Screening
13	Pneumonia vaccination rate
14	Pediatric well child visits (0-15 months)