

Gary R. Feldman, MD, FACR
President

Madelaine A. Feldman, MD, FACR
VP, Advocacy & Government Affairs

Michael Saitta, MD, MBA
Treasurer

Aaron Broadwell, MD
Secretary

Erin Arnold, MD
Director

Leyka M. Barbosa, MD, FACR
Director

Kostas Botsoglou, MD
Director

Michael S. Brooks, MD, FACP, FACR
Director

Amish J. Dave, MD, MPH
Director

Harry Gewanter, MD, FAAP, MACR
Director

Adrienne R. Hollander, MD
Director

Firas Kassab, MD, FACR
Director

Robert W. Levin, MD
Director

Amar Majjhoo, MD
Director

Gregory W. Niemer, MD
Director

Joshua Stolor, MD
Director

HEADQUARTER OFFICE

Ann Marie Moss
Executive Director

555 E. Wells Street, Suite 1100
Milwaukee, WI 53202-3823
Phone: 414-918-9825
Email: info@csro.info
Website: www.csro.info

February 14, 2023

Acumen, LLC.

Contractor for the Centers for Medicare and Medicaid Services (CMS)

MACRA Episode-Based Cost Measures

Submitted via email to: macra-episode-based-cost-measures-info@acumenllc.com and Qualtrics upload

RE: Feedback on Field Testing of the Rheumatoid Arthritis Episode Based Cost Measure

The Coalition of State Rheumatology Organizations (CSRO) is comprised of over 40 state and regional professional rheumatology societies whose mission is to advocate for excellence in the field of rheumatology, ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease. Our coalition serves practicing rheumatologists and their patients.

Today, we write to share feedback from rheumatologists and practice administrators who downloaded their field test report for the episode-based cost measure for rheumatoid arthritis (RA). Generally, these comments are *in addition to* our prior feedback CSRO provided during Wave 4 and 5.

Feedback from Clinicians

Rheumatologists that reviewed their field test report raised a number of concerns. First, rheumatologists believe the measure is too complicated for a typical physician to understand, and as a result, most will not be able to take meaningful action or change their behavior. One rheumatologist said,

“Once we get the results of this measure, what are we supposed to do? Do we look at the results and say, ‘Hmm... I guess I’m ordering too many orthotics on this patient.’ How are we supposed to change our treatment plan based on the results we get from this?”

Second, rheumatologists commented that the costliest aspect of RA treatment is the medication – medications that are now the standard of care – and raised similar concerns about how the measure results could be used to change how they treat RA patients using these medications. One rheumatologist said,

“We don’t need the measure to tell us that our drugs are expensive. But if we get a ‘high cost’ attributed to the individual physician and the results don’t tell us what changes impact treatment, the only obvious thing to do would be to withhold medication from patients when we do not control the cost of the drug. Withholding care is not good for the patient or society.”

Third, rheumatologists felt the reports did not separate patients who have a treatment which is directly related to rheumatoid arthritis vs. another diagnosis. One rheumatologist said,

“For example, under “Service Assignment” the clinically related costs attributed to the rheumatology measure include “Surgery, hospitalization, ER care.” How does the measure separate someone who was admitted to the

hospital for gastric bypass surgery but also has a diagnosis of rheumatoid arthritis? Would that hospitalization and surgery be attributed to the rheumatologist even though it is unrelated to the patient's RA?"

Feedback from Practice Administrators

Practice administrator recommended that CMS provide a snapshot not less than two times during the year of the cost data they have received. Normally the cost data is provided when the results posted on the QPP website. This would be extremely helpful for practices to know where they stand during the year.

CSRO Recommendation

Clinical tools to help guide treatment decisions are emerging and have real potential to change rheumatologists' behavior in clinical practice. Administrative tools that focus exclusively on cost-of-care may create more confusion for rheumatologists, particularly since most of the attributed costs are outside their control and fail to balance meaningful clinical factors. Because of this, **CSRO encourages CMS to delay use of this episode-based cost measure in the Quality Payment Program (QPP).**

Thank you for considering our comments, and we look forward to working with you as you continue your work on cost-of-care measures. Please do not hesitate to contact us at info@csro.info should you require additional information.

Sincerely,



Gary Feldman, MD FACR
President, Board of Directors
Coalition of State Rheumatology Organizations