



February 9, 2018

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Herbert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Submitted via email to: PIMMSQualityMeasuresSupport@gdit.com

RE: Stakeholder Recommendations for Potential Consideration of New Specialty Measure Sets and/or Revisions to the Existing Specialty Measure Sets for the 2019 Program Year of Merit-based Incentive Payment System

Dear Administrator Verma:

The College of Urgent Care Medicine (CUCM) and the Urgent Care Association of America (UCAOA), are pleased to offer for consideration for program year 2019 of the Merit-based Incentive Payment System (MIPS) program a new specialty measure set for practicing urgent care clinicians.

While physicians who practice in the urgent care center setting may specialize in family practice, internal, pediatric or emergency medicine, the current specialty measure sets for these disciplines do not specifically relate to urgent care medicine. Delineation of a specialty measure set for urgent care medicine will assist physicians and other health care providers who practice in urgent care centers with measure selection, compliance with MIPS requirements, and, most importantly, practice improvement in a setting where tens of millions of patient visits occur annually.

The measures proposed below relate to the daily clinical activities of all urgent care medicine clinicians. The lists of established 2018 quality measures and potential new MIPS measures have been thoroughly reviewed, and no additional measures beyond those listed below have been determined to be reasonably applicable to the discipline of urgent care medicine. Many of the

measures that we have identified for an urgent care medicine specialty measure set are high-priority measures and relate to the increasingly important concept of antibiotic stewardship – the appropriate use of antibiotics to avoid harm to patients and increasing antimicrobial resistance. We would like to highlight that one of these measures — #116: Avoidance of antibiotic treatment in adults with acute bronchitis — was categorized as “topped out” in the most recent MIPS benchmark results. This measure is critically important to quality of care provided in the urgent care center setting because the diagnosis of bronchitis has been consistently identified as a common diagnosis leading to inappropriate antibiotic prescribing in urgent care and many other specialties. Continued inclusion of this measure in MIPS and its eligibility for the maximum 10 points would appropriately reflect the importance of ongoing vigilance and stewardship.

Recommended Urgent Care Medicine Specialty Measure Set:

Measure # 65: Appropriate treatment for children with upper respiratory infection

Measure # 66: Appropriate testing for children with pharyngitis

Measure # 91: Acute otitis media externa topical therapy

Measure # 116: Avoidance of antibiotic treatment in adults with acute bronchitis

Measure # 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Measure #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Measure # 312: Percentage of patients age 18-50 years old with a diagnosis of low back pain who do not have an imaging study (plain films, MRI, CT) within 28 days of diagnosis

Measure # 331: Adult sinusitis - antibiotic prescribed within 10 days after onset of symptoms

Measure # 332: Adult sinusitis, appropriate choice of antibiotic - amoxicillin with or without clavulanic acid prescribed for patients with acute bacterial sinusitis

Measure #402: Tobacco Use and Help with Quitting Among Adolescents

Measure #431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Measure # 464: Otitis Media with Effusion: Systemic Antimicrobials – Avoidance of Inappropriate Use

The CUCM and the UCAOA appreciates your consideration of our request to create a specialty measure set for urgent care medicine. Should have any questions or require additional information, please contact Camille Bonta, UCAOA policy consultant, at cbonta@summithealthconsulting.com or (202) 320-3658.

Sincerely,



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