

February 6, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert Humphrey Building
200 Independence Ave, SW
Washington, DC 20201

Submitted electronically via email

RE: APTA Private Practice MSK MVP Comment

Dear CMS MVP Team:

On behalf of the almost 4,000 members of APTA Private Practice, a Section of the 100,000+ member American Physical Therapy Association (APTA), thank you for the opportunity to comment on the [Musculoskeletal Care and Rehabilitative Support MVP Candidate](#). CMS's recognition of the primacy of musculoskeletal (MSK) care for Medicare beneficiaries, both in the number of Medicare beneficiaries who suffer from MSK issues, and the overall cost of treating MSK conditions in the Medicare population, is deeply important for the country and the US health system.

APTA Private Practice is an organization of physical therapists who use their expertise to restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities in patients with injury or disease. The rehabilitative and habilitative care that they provide restores, maintains, and promotes overall fitness and health across the age span to a range of patient types. Representing physical therapists who are also independent small business owners, APTA Private Practice encourages and supports policies that enable our members to focus on providing high-quality, cost-effective, and clinically appropriate outpatient physical therapy. Our members are proud of the quality of care they provide, but as small business owners are quick to realize the impact of drastic and unreasonable reductions to the payment they would receive for providing clinically appropriate care. They are also keenly aware of burdensome and duplicative administrative tasks; time they spend on these unnecessary tasks is time

APTA Private Practice

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they are pulled away from caring for their patients. This wasted time could instead be used to improve overall health and prevent the need for avoidable health care services.

APTA Private Practice members have been frustrated by their experience with MIPS. No practice has reported to APTA Private Practice that the investment required to succeed in the program has been offset by more reasonable Medicare payments. We see the MSK MVP candidate as a possible way out of this conundrum for private practices: it represents a partial solution both to the challenges of low payment as well as decreased administrative burden.

As a substantive response to the MSK MVP candidate, APTA Private Practice respectfully urges CMS to consider the following additions to the list of quality measures that may be reported by the practice as part the MVP:

- MIPS CQM 130 (Documentation of Current Medications in the Medical Record)
- MIPS CQM 134 (Preventive Care and Screening: Screening for Depression and Follow-Up Plan)
- MIPS CQM 182 (Functional Outcome Assessment)
- MIPS CQM 226 (Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention)
- MIPS CQM 318 (Falls: Screening for Future Fall Risk)
- MIPS CQM 402 (Tobacco Use and Help with Quitting Among Adolescents)
- MIPS CQM 431 (Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling)
- MIPS CQM 459 (Back Pain after Lumbar Discectomy/Laminectomy)
- MIPS CQM 460 (Back Pain After Lumbar Fusion)
- MIPS CQM 469 (Functional Status After Lumbar Fusion)
- MIPS CQM 487 (Screening for Social Drivers of Health)
- IROMS 17 (Low Back Pain Functional Improvement)

The existing measures included in the MSK MVP limit the Patient Reported Outcome Measures (PROM) Collection to certain tools: FOTO surveys for Physical Function, and the NPRS Pain Scale for pain. PROMIS has been developed by NIH to help reduce barriers in patient reported outcome measure collection. PROMIS advantages include: reduced floor & ceiling effects, widespread applicability across many different specialties & injuries, use of outcome scores to change therapy regimens, ease and speed of administration, prevention of duplicative measures, and better objectivity than other legacy measures. Further, PROMIS allows for functional goal setting and real-time risk stratification to determine a patient's immediate functional levels. Utilizing these

crosswalks allows for a continuation of care with no interruptions to patients and allows providers to choose the measurement tool most appropriate for the patient.

Within the Physical Medicine & Rehabilitation Specialty and the Physical Therapy Category, the Limber-supported QCDR measures provide our specialty with the opportunity to leverage this tool. With this context, we strongly encourage CMS to allow the use of PROMIS via Limber. In addition to the attributes referenced above, this tool contains validated crosswalks in the pain & physical function improvement measures listed in the draft MSK Care and Rehabilitative Support MVP. We respectfully urge CMS to consider the following additions to the list of quality measures that may be reported by the practice as part the MVP:

- LMBR1 (Patients Suffering From a Knee Injury who Improve Physical Function)
- LMBR2 (Patients Suffering From a Lumbar Spine (Low Back) Injury who Improve Physical Function)
- LMBR3 (Patients Suffering From a Cervical Spine (Neck) Injury who Improve Physical Function)
- LMBR4 (Patients Suffering From a Lower Extremity Injury who Improve Physical Function)
- LMBR5 (Patients Suffering From an Upper Extremity Injury who Improve Physical Function)
- LMBR6 (Patients Suffering From a Knee Injury who Demonstrate Improved Pain)
- LMBR7 (Patients Suffering From a Lumbar Spine (Low Back) Injury who Demonstrate Improved Pain)
- LMBR8 (Patients Suffering From a Cervical Spine (Neck) Injury who Demonstrate Improved Pain)
- LMBR9 (Patients Suffering From a Lower Extremity Injury who Demonstrate Improved Pain)
- LMBR10 (Patients Suffering From an Upper Extremity Injury who Demonstrate Improved Pain)

We believe that the inclusion of these measures as options for reporting under the MSK MVP reflects the breadth of services provided in Medicare by physical therapists and will also benefit the health and well-being of Medicare patients

Upon review of this MVP, we have identified several Improvement Activity measures which we would recommend for inclusion. We recommend the inclusion of IA_PSPA_21, which identifies patients at risk for falls and includes the integration of a falls program as a foundational element. These programs are standard elements within physical therapy, regardless of practice setting. We also recommend the inclusion of

IA_EPA_3 due to its impact on the patient experience, IA_BMH_12 due to its impact on clinician well-being, and IA_CC_1 due to its role in coordinating care between providers, and its impact on the referral loop. For this reason, and by virtue of their alignment with our practice setting, APTA Private Practice also urges CMS to consider the following addition to the list of improvement activities that may be included in the program:

- IA-PSPA21 (Patient Safety and Practice Assessment Activity: Implementation of Fall Screening and Assessment Programs.)
- IA_EPA_3 (Collection and Use of Patient Experience and Satisfaction Data on Access)
- IA_CC_1 (Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop)
- IA_BMH_12 (Promoting Clinician Well-Being)

Thank you for your attention to the recommendations and feedback informed by the experiences of private practice physical therapists.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Horsfield". The signature is fluid and cursive, with the first name "Mike" and last name "Horsfield" clearly distinguishable.

Mike Horsfield, PT, MBA
President, Private Practice Section of the
American Physical Therapy Association