CDC begins the process of updating 2016 opioid prescribing guidelines

The Centers for Disease Control and Prevention (CDC) is in the process of updating its guidelines for prescribing opioids for treatment of chronic pain, which were issued in 2016.

An initial step in this process was a draft evidence review by the Agency for Healthcare Research and Quality, to which the AMA provided comments in November. Now the CDC has turned to its Board of Scientific Counselors to form a new Opioid Workgroup to provide expert input on an update to the guidelines.

The Opioid Workgroup will be tasked with:

- Reviewing the quality and implications of clinical and contextual evidence reviews
- Reviewing each guideline recommendation statement and accompanying rationale
- Considering specific aspects of each recommendation
- Developing a summary, including points of agreement and disagreement, regarding the Opioid Workgroup’s observations.

More information about the medical specialists and others who the CDC is seeking to have represented on the workgroup is available here. Persons who wish to be considered for nomination to the Opioid Workgroup should email a current curriculum vitae and contact information to NCIPCBSC@cdc.gov by or before Feb. 4.

MIPS eligible clinicians can start submitting data for 2019 through March 31

CMS has opened the data submission period for Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2019 performance period of the Quality Payment Program (QPP). Data can be submitted until 8:00 p.m. EDT on March 31.
The data submission period through CMS Web Interface for accountable care organizations (ACO) and pre-registered groups and virtual groups also opened on Jan. 2 and closes on March 31. Quality measures reported via Medicare Part B claims have been submitted throughout the 2019 performance period. Sign in to qpp.cms.gov for your preliminary feedback on Part B claims measure data processed to-date.

Clinicians in small practices (including those in rural locations), health professional shortage areas, and medically underserved areas may request technical assistance from organizations that can provide no-cost support. To learn more about this support, or to connect with your local technical assistance organization, please visit the Small, Underserved, and Rural Practices page on the QPP website.

Clinicians will follow the steps outlined below to submit their data:

- Go to the QPP website
- Sign in using your QPP access credentials
- Submit your MIPS data for the 2019 performance period or review the data reported on your behalf by a third party.

To sign in and submit data, clinicians will need to register in the HCQIS Authorization Roles and Profile (HARP) system. For clinicians who need help enrolling with HARP, please refer to the QPP Access User Guide.

For questions please contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: QPP@cms.hhs.gov.

**Check your initial 2020 MIPS eligibility on the QPP website**

You can now use the updated CMS Quality Payment Program Participation Status Lookup Tool to check on your initial 2020 eligibility for MIPS. Just enter your National Provider Identifier, or NPI, to find out whether you need to participate in MIPS during the 2020 performance period.

The 2020 Eligibility Tool Update for QPs/APMs will be updated in late 2020 to indicate final MIPS eligibility.

For more information:

- Visit the How MIPS Eligibility is Determined webpage on the QPP website.
- View the 2020 QPP Final Rule Overview Fact Sheet.
CMS issues 2018 results: 98% earn MIPS bonus

98% of eligible clinicians who participated in MIPS in 2018 will receive a positive payment adjustment in 2020, up from 93% in 2017. In response to AMA’s strong advocacy for increasing the low-volume threshold and ensuring a level playing field for independent and small practices, participation rates among small and rural practices increased. 84% of small practices and 97% of rural practices will earn a bonus payment, up from 74% and 93% in 2017. Eligible clinicians earning a bonus will receive a payment adjustment ranging from 0.2% to 1.68% on their Medicare Part B covered professional services in 2020.

In addition, 183,306 clinicians participated in an Advanced Alternative Payment Model in 2018 and qualify for a 5% bonus payment in 2020, up from 99,076 in 2017. CMS provides more details about the 2018 results in a blog post and infographic.

Administration releases draft principles for regulation of artificial intelligence

On Jan. 7, the White House Office of Science and Technology Policy (OSTP) released a draft memorandum outlining ten principles the administration intends to use to guide the regulation of artificial intelligence (AI) applications. These draft principles follow the White House’s executive order “Maintaining American Leadership in Artificial Intelligence” issued in 2019. The principles, which are not health care-specific, aim to ensure “fairness, non-discrimination, openness, transparency, safety and security” of AI applications. The principles also appear to encourage restraint by regulators when it comes to AI, urging agencies to carefully weigh the costs and benefits of new regulation prior to implementing new oversight structures. The memo, which seeks to encourage continued innovation and development in this space, is open for public comment for 60 days. The AMA is carefully monitoring health care AI regulatory activity and is committed to ensuring that regulation of AI deployed into clinical practice is appropriate to ensure patient safety. More information on AMA policy on health care augmented intelligence is available here.
FTC seeks comment on impact of non-compete clauses

On Jan. 9, the Federal Trade Commission (FTC) held a public workshop examining the impact of non-compete clauses in employment contracts. The workshop featured presentations by a number of FTC staff and legal scholars, with the aim of facilitating discussion around the impacts of these clauses on competition and consumer protection. During the workshop, FTC staff put forth a number of ideas around how best to approach enforcement of these types of employment restrictions. In conjunction with the workshop, the FTC is seeking comment from the public on how best to approach enforcement and the impact these clauses have on employees and the public.

Comments are due to the FTC by Feb.10 and can be submitted here.

CMS clarifies 2020 is an Appropriate Use Criteria testing period

In response to a letter from the AMA outlining concerns regarding the Appropriate Use Criteria (AUC) program testing year, CMS has added a notice on its AUC webpage explicitly stating that 2020 is a testing period. The AMA had heard there was confusion and misinformation about whether AUC consultation was mandatory in 2020 and urged CMS to specify that this year is an Education and Operations Testing Period for the program. CMS clarified that there are no payment consequences associated with AUC during 2020. In addition to clearing up this confusion, AMA is urging CMS to increase its outreach and education to help physicians prepare for the AUC program.

More articles in this issue

- Jan. 17, 2020: State Advocacy Update
- Jan. 17, 2020: Judicial Advocacy Update