**In Reply** We agree with Dr Rathi’s main observation about our recent article that the financial incentives were small in the MIPS 2019 performance year, and the performance threshold for avoiding a payment penalty was low. In fact, the performance threshold was so low in 2019 that only clinicians who did not comply with the MIPS (did not report any performance measures to the CMS) received payment penalties.²

We also agree with Rathi that performance measures will change in future years as the CMS reacts to program results and clinician behavior. Given the importance of the MIPS as the largest outpatient value-based purchasing program in the US, it was nonetheless important to assess it during the first year. More research will be needed in future years as the program changes and evolves.

It is important to note that both the financial incentives and performance thresholds of the MIPS will increase over time. Thus, clinicians must obtain a MIPS performance score of at least 15 to avoid a payment penalty in the 2020 performance year, although the score threshold of 70 for an exceptional performance bonus remains the same.³ In addition, by 2022, clinicians are scheduled to receive financial penalties or bonuses under the MIPS of up to 9% of their total Medicare reimbursement.⁴

Due to the planned increases in performance thresholds and financial incentives, we believe that our findings for the 2019 performance year provide evidence of a competitive advantage of health system affiliation for clinicians participating in administratively complex value-based payment programs. This raises a concerning possibility that the MIPS may end up rewarding clinicians for obtaining the organizational infrastructure and administrative sophistication that reflects better reporting of existing activities rather than spurring change that improves the quality of patient care.

Policy makers at the CMS should also rethink the broad inclusiveness of quality-related activities from the array of nearly 400 measures included in the MIPS. The current performance measurement system appears to reward physicians more for suffering through administrative complexity rather than actually improving patient care.⁵ If a reconsideration of the MIPS measures is not taken, savvy reporting behavior on the part of large group practices will render the current measures indiscriminate on performance and simply further concentrate the physician group market, which could have substantial economic consequences.⁶

Clinicians will continue to make their own decisions about where they practice medicine based on their value systems and priorities. However, if the shift to value-based payment requires clinicians to possess a sophisticated management and information infrastructure to navigate the system successfully, then it is likely to lead to further consolidation of clinicians within health systems in the future. More research is needed to assess the consequences of the MIPS and other value-based payments systems on US clinician practices and market consolidation.

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**CORRECTION**

**Table Inversion Error:** In the Research Letter entitled “Pediatric Magnet Injuries After Federal Rule Changes, 2009-2019,” published in the November 24, 2020, issue of *JAMA,*¹ the percentages and P values were inverted between the rows for the age groups of 6 through 11 years and 12 through 17 years in the Table. This article was corrected online.