

June 3, 2016

Karen B. DeSalvo, MD, MPH
National Coordinator for Health Information
Technology
Office of the National Coordinator for
Health Information Technology
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Suite 729D
200 Independence Avenue, SW
Washington, DC 20201

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human
Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. DeSalvo and Acting Administrator Slavitt:

The undersigned medical societies are writing in response to your request for information (RFI) assessing interoperability for the Medicare Access and CHIP Reauthorization Act (MACRA), which directs the Secretary of the U.S. Department of Health and Human Services (HHS) to establish metrics to determine if and to what extent interoperability has been achieved.¹

The physician community appreciates HHS' evaluation efforts and agrees that wide-spread interoperability among health information technologies (health IT) is critical to improving health care delivery. Despite claims by many health IT vendors that their products are interoperable, the vast majority only exchange static documents in a manner that satisfies minimum Meaningful Use (MU) requirements. Many in health care view this level of exchange as little more than digital faxing. **We are therefore concerned that both the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator (ONC) are misinterpreting the current use of health IT as a benchmark for successful interoperability.**

A lack of interoperability continues to limit the benefits of electronic health records (EHRs) due in large part to the MU measures related to data exchange. **These measures are a poor metric for interoperability, being too focused on the quantity of information moved and not the relevance of these exchanges or the underlying business case for transmitting data.** Greater exchange of patient data does not mean that we are achieving interoperability and better coordinated care. For medical professionals and patients alike, interoperability means the usefulness, timeliness, correctness, and completeness of data, as well as the ease and cost of information access. This requires measures that do more than count how many times voluminous documents are sent back and forth. More robust metrics and standards could also help to promote greater competition in the health IT market, which would help to avoid data blocking and other barriers to interoperability.²

¹ Request for Information Regarding Assessing Interoperability for MACRA, 81 Fed. Reg. 20,651 (April 8, 2016). Available at <https://www.federalregister.gov/articles/2016/04/08/2016-08134/office-of-the-national-coordinator-for-health-information-technology-medicare-access-and-chip>.

² See Federal Trade Commission comments on the Interoperability Roadmap. Available at <https://www.ftc.gov/policy/policy-actions/advocacy-filings/2015/04/ftc-staff-comment-office-national-coordinator-health>.

Karen B. DeSalvo, MD, MPH
Andrew M. Slavitt
June 3, 2016

Yet, existing MU measures take an overly broad approach in trying to achieve interoperability as a concept rather than solving more concrete data exchange and technology problems. Indeed, ONC recognizes in the RFI that data derived from the MU program “might not be sufficient to fully measure and determine whether the goal of widespread exchange of health information through interoperable certified EHR technology has been achieved.”³ We agree and believe that the answer is not to find other data sources but to improve the current measures being used to define interoperability.

Unfortunately, rather than directly addressing this problem, CMS has proposed to carry over these deficient measures in the recently proposed MACRA regulations in the Advancing Care Information (ACI) category. Continuing a policy of “counting physician clicks” will not adequately measure interoperability or incentivize health IT developers to make significant changes. Rather, it will further propel developers to build EHRs that simply meet federal reporting requirements that focus solely on data exchange. **The ACI category is an opportunity for CMS and ONC to move away from this construct and develop true metrics for promoting and improving interoperability.**

Instead of developing a list of proxy measures or metrics, ONC should work with CMS to identify ACI objectives in which interoperability measurement is inherent. There should be a natural fit between the use of health IT and the achievement of certain interoperability goals. Such an approach could be done by focusing on specialty-specific interoperability use cases rather than the quantity of data exchanged. This would also serve to reduce physician burden and relieve ONC from needing to identify additional data sources for interoperability evaluation. If physicians are asked to shoulder additional tasks or evaluation activities they should receive credit for such activities in the ACI category of MACRA.

The ultimate goal of using health IT should be to enhance the overall care and wellness of patients. We are committed to working with CMS and ONC to improve the underlying data captured within the EHR and other health IT, including registries. In doing so, however, we strongly believe that moving forward with measuring interoperability in its current form, without changing the objectives themselves, will undermine advances in health care and will hinder a successful implementation of MACRA.

Sincerely,

American Medical Association
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Dermatology Association
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons
American College of Cardiology
American College of Emergency Physicians
American College of Mohs Surgery
American College of Osteopathic Internists

³ 81 Fed. Reg. at 20,653.

Karen B. DeSalvo, MD, MPH
Andrew M. Slavitt
June 3, 2016

American College of Physicians
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Congress of Obstetricians and Gynecologists
American Gastroenterological Association
American Medical Group Association
American Society for Clinical Pathology
American Society for Radiation Oncology
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Plastic Surgeons
American Society of Retina Specialists
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Heart Rhythm Society
Infectious Diseases Society of America
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
Society of Hospital Medicine