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
200 Independence Avenue, SW
Washington, DC 20201

RE: RFI Regarding Assessing Interoperability for MACRA (ONC 2016-08134)

VIA E-MAIL

Dear Dr. DeSalvo:

Thank you for the opportunity to provide comments on the Office of the National Coordinator's (ONC) request for information regarding assessing interoperability under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

AHIMA is the national non-profit association of health information management (HIM) professionals. Serving 52 affiliated component state associations including the District of Columbia and Puerto Rico, AHIMA represents over 103,000 health information management professionals dedicated to effective health information management, information governance, and applied informatics. AHIMA's credentialed and certified HIM members can be found in more than 40 different employer settings in 120 different job functions—consistently ensuring that health information is accurate, timely, complete, and available to patients and providers. AHIMA provides leadership through education and workforce development, as well as thought leadership in continuing HIM research and applied management for health information analytics.

We appreciate the work ONC has done to advance nationwide exchange of electronic health information. The discussion below provides AHIMA's responses to several of ONC's questions.

Scope of Measurement: Defining Interoperability and Population

Should the focus of measurement be limited to "meaningful EHR users" and their exchange partners? Alternatively, should the populations and measures be consistent with how ONC plans to measure interoperability for assessing progress related to the Interoperability Roadmap?

In general, AHIMA believes that the focus of measurement should include exchange and use outside of certified EHR technologies and be consistent with ONC's Interoperability Roadmap as the industry increasingly focuses on population health and care management. Furthermore, as we continue to shift toward value-based care payment models, the ability to include stakeholders beyond "meaningful EHR users" will become increasingly more important. That said, we acknowledge that broadening the scope of measurement at this point may be challenging because we currently lack the tools to adequately measure the exchange and use of electronic health information with stakeholders who are not "meaningful EHR users."

Does ONC's operationalization of exchange and use (e.g., electronically sending, receiving, finding and integrating data from outside sources, and subsequent use of information electronically receive from outside sources) adequately address MACRA's definition of interoperability?

Yes, AHIMA believes that ONC's operationalization of exchange and use adequately addresses the MACRA definition of interoperability.

However, while ONC is limited in its ability to modify the definition of interoperability set forth under section 106(b) of MACRA, AHIMA is concerned that the definition lacks clarity on whether the ability of two or more health information systems or components to exchange and use electronic health information includes activities within a health system and/or activities between two or more separate health systems or entities. A number of our members have noted that in general, electronic health information exchange occurs within a health system. However, the ability to exchange and use such information when the information travels outside of the health system or entity to different providers and payers that are not within a system's integrated delivery network remains a challenge.

ONC's Available Data Sources and Potential Measures

In general, AHIMA believes that to successfully measure the exchange and use of electronic health information through survey-based measures, there must be well-defined data elements. Should ONC adopt additional data sources and measures beyond existing national data surveys from key stakeholder organizations, federal entities, and CMS's Medicare and Medicaid EHR Incentive Program, AHIMA recommends that these measures and data sources be well defined, comparable, and pervasive to enable stakeholders to have a clear understanding of what ONC is measuring and to allow meaningful data to be extracted to measure the exchange and use of electronic health information.

A number of our members have expressed concern that additional data sources could lead to a new reporting regime which could generate additional complexities and strain for providers and hospital systems, particularly as providers begin to transition into the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). Therefore, we respectfully seek clarification from ONC as to whether the inclusion of additional data sources

would create a new reporting regime or whether these data sources would be integrated into existing nationwide surveys or the Medicare and Medicaid EHR Incentive Program.

CMS Medicare and Medicaid EHR Incentive Programs Measures

Do the reconciliation-related measures serve as adequate proxies to assess the subsequent use of exchanged information? What alternative, national-level measures (e.g., clinical quality measures) should ONC consider for assessing this specific aspect of interoperability?

AHIMA believes that the reconciliation-related measures can serve as adequate proxies to assess the subsequent use of exchanged information because it encourages a clinician to engage in a meaningful way with the health data and the patient to reconcile their health information. Our members strongly believe that these measures, including reconciliation for medications, medication allergies, and problems lists are often the "nuts and bolts" that every healthcare entity should be able to exchange and use to successfully provide patient care and to advance interoperability.

Identifying Other Data Sources to Measure Interoperability

Should ONC select measures from a single data source for consistency, or should ONC leverage a variety of data sources? If the latter, would a combination of measures from CMS EHR Incentive Programs and national survey data of hospitals and physicians be appropriate?

In general, AHIMA believes that ONC should begin with a few data sources where quality, usable data can be reasonably compared and extracted to measure interoperability. As ONC's ability to collect such survey information becomes more sophisticated, AHIMA could envision ONC integrating additional data sources to collect more granular data including data submitted by eligible clinicians under the Merit-Based Incentive Payment System (MIPS) or Qualifying Participants (QPs) under the Advanced Alternative Payment Models (APMs).

What, if any other measures should ONC consider that are based upon the data sources that have been described in the RFI?

AHIMA is concerned that ONC is considering the use of log-audit data from certified EHR technologies. A number of our members have noted that in practice, trying to reconcile collected log-audit data is extremely difficult. Furthermore, log-audit data, while part of certified EHR technology, is transactional-based, often unrelated to direct patient care, and does not provide data necessarily related to interoperability functionality.

How should ONC define "widespread" in quantifiable terms across these measures? Would this be a simple majority, over 50 percent, or should the threshold be set higher across these measures to be considered "widespread"?

AHIMA believes that ONC should initially consider defining "widespread" in quantifiable terms by a simple majority because vendor products vary widely with respect to interoperability functionality. However, as we move toward improved interoperability between systems and vendors, it may be advisable to further define and quantify "widespread."

We thank you for the opportunity to submit comments on ONC's request for information regarding assessing interoperability under MACRA. We look forward to working with ONC to advance nationwide electronic health information exchange. Should you or your staff have any additional questions or comments, please contact Lauren Riplinger, Senior Director, Federal Relations, at lauren.riplinger@ahima.org and (202) 839-1218, or Pamela Lane, Vice President, Policy and Government Relations, at pamela.lane@ahima.org and (312) 233-1511.

Sincerely,

Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA
Chief Executive Officer