

June 30, 2017

The Honorable Seema Verma
Administrator
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Call for New Advancing Care Information Measures

Dear Administrator Verma:

The American Medical Association (AMA) is pleased to submit proposals for new Advancing Care Information (ACI) measures for inclusion in the Quality Payment Program (QPP). In previous [letters](#), the AMA has highlighted the narrowness of the current ACI measures, which are based on the old Meaningful Use program and stymie innovative uses of technology. Accordingly, we applaud the Centers for Medicare & Medicaid Services' (CMS) solicitation of new measures and urge CMS to transition away from the QPP's prescriptive use of technology and reorient the program towards use cases and outcomes-focused benefits of technology.

To improve the ACI component, we believe new ACI measures should: 1) bridge the gaps across the currently siloed components of the QPP; and 2) allow physicians and patients to test innovative uses of technology. Specific ways CMS can accomplish these goals are outlined below.

- **CMS should continue to provide ACI credit to QPP participants who utilize Certified Electronic Health Record Technology (CEHRT) as they undertake Improvement Activities.**

CMS recognized in the 2017 QPP final rule and 2018 QPP proposed rule that physicians should be rewarded in the ACI category for using CEHRT to accomplish Improvement Activities (IAs).¹ This approach helps physicians earn credit for the use of health IT not simply for measurement's sake, but also as part of an activity that improves clinical outcomes and patient care. We strongly urge CMS to continue this innovative approach, which aligns the two categories of the QPP and ensures more physicians will regard health IT as a useful tool that they can leverage to accomplish patient care goals.

¹ Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, 81 Fed. Reg. 77008, 77202 (Nov. 4, 2016); See also Medicare Program; CY 2018 Updates to the Quality Payment Program [2018 QPP Proposed Rule].

CMS has continued to adopt this approach by including additional bonus opportunities in the 2018 QPP proposed rule for participants who use CEHRT functionality when completing the IA.² We have attached a chart listing additional IA/ACI bonus opportunities that we believe CMS should adopt.

- **CMS should broaden current ACI measures to promote health IT innovation.**

CMS should focus on its existing ACI objectives as opposed to its current measures. This change will allow CMS to identify the functions that physicians find useful rather than narrowly outlining how certain technology must be used. For example, CMS could create a measure called, “Co-manage care with patient” in which the physician could utilize the view, download, transmit; secure messaging; and/or patient-generated health data (PGHD) functionalities in any combination. This less prescriptive method allows EHR development to be more responsive to real-world patient and physician needs, rather than only measuring/tracking/reporting, and could help prioritize and identify both existing and future gaps in health IT functionality.

In addition, given that technology continues to evolve, ACI measures are likely to become quickly outdated or fail to include more innovative uses. Creating broader categories of ACI measures allows patients and physicians to test new uses of technology by adopting “proving ground” measures. Such measures would allow flexibility to test new tools and permit the physician to tailor the technology within their practice. These measures should utilize not only CEHRT but health IT that “builds on” CEHRT—a concept taken directly from one of CMS’ priorities for new ACI measures. For example, CMS could create a measure called, “Chronic disease management enabled by digital medicine.” This measure would allow a physician to use not only emerging CEHRT functionalities, like application programming interfaces and PGHD, but could also promote the use of digital health tools, such as remote patient monitoring services.

We have attached specific measures proposals that directly address these two goals for the ACI category. Overall, CMS has acknowledged that a holistic approach to the use of health IT would “move MIPS beyond the measurement of EHR adoption and process measurement and into a more patient-focused health IT program.”³ For this, it is necessary for CMS to further lead with examples of how health IT can play a supportive role in patient care. The AMA stands ready to work with CMS to accomplish this goal, and believes our new measure proposals will allow physicians to receive ACI credit as they use technology to achieve patient-centered outcomes. If you have any questions about our proposed measures, please contact Laura Hoffman, Assistant Director of Federal Affairs, at 202-789-7414 or laura.hoffman@ama-assn.org.

Sincerely,

James L. Madara, MD

Attachment

² See 2018 QPP Proposed Rule at Table 6.

³ Id.