

August 20, 2018

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

Re: Call for New Promoting Interoperability Measures

Dear Administrator Verma:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am pleased to submit proposals for new Promoting Interoperability (PI) measures for inclusion in the Quality Payment Program (QPP) (enclosed). We appreciate the Centers for Medicare & Medicaid Services' (CMS) recent proposal for the 2019 QPP performance year to focus the PI program on interoperability and improved patient access. We continue to urge CMS to reduce physicians' reporting burden by: 1) moving to an attestation-based approach to reporting measures; 2) scoring physicians at an objective level; and 3) considering new PI measures that can bridge the gaps across the currently siloed components of the QPP. Such policy would fit squarely within CMS' Patients Over Paperwork initiative, which the AMA appreciates and strongly supports, and would contribute to CMS' efforts to offer flexible options that help physicians actively participate in the QPP.

- **Simplify PI and reduce physician burden through attestation**

As we have written in previous letters to CMS, the **AMA urges the agency to only require physicians to attest to meeting the program's measures—essentially reporting a “yes” or “no” on whether they had at least one patient counted for each measure.** Each “yes” response would receive a certain number of points towards the physician's PI score. Beyond that, the physician can focus on delivering patient care and not worry about how often a particular function is used or action performed—the electronic health record (EHR) will capture that for the physician and the health information technology (IT) vendor can supply the information directly to CMS and The Office of the National Coordinator for Health Information Technology (ONC). **This approach provides physicians with more opportunities to succeed, reduces administrative burden, and places patient care over paperwork, while simultaneously**

identifying for CMS and ONC which types of measures are truly useful to the physician and patient.

An attestation-based approach also frees health IT vendors to respond to real-world patient and physician needs, rather than creating a tool to measure, track, and report. Instead of developing EHRs to meet baseline federal requirements, health IT vendors need more insight into what is actually useful to physicians in real-world practice settings. An attestation-based approach provides vendors with the opportunity to gather and focus on that data to inform future development decisions. **Since EHRs already track which features are used and for what, CMS will receive specific information about how often each feature is used.** Further, because EHRs capture what functionalities are used to perform tasks, EHR vendors can easily provide such information to CMS and ONC. This data capture mechanism also provides an audit trail for CMS to ensure that a reporting physician did indeed have at least one patient in the numerator of each “yes” attestation. **CMS should look to the vendor community to appropriately and correctly capture such data and report it back to CMS.**

The PI program must pivot away from linking a physician’s successful participation to the prescribed use of an EHR. Instead, by having an attestation-based approach, physicians should have more freedom to choose the technology they want to use, and how they want to use it, as long as it helps them support patient care and long-term wellness. CMS and ONC would benefit from receiving more information on the real-world use of technology. Fortunately, health IT vendors can and should provide that.

- **CMS should focus on objective-level scoring**

The AMA supports CMS’ alternative proposal to scoring the PI category that CMS proposed in its QPP rule. The AMA believes that **the PI program should be scored at the objective level—that is, scored based on reporting one measure from each objective and receiving bonus points for any additional reported measures.** Participants should be able to select among the measures within an objective on which they wish to report. While we have heard concerns that allowing physicians flexibility to select the measures they report under each objective could lead to cherry picking, instead, this flexibility would allow physicians to choose measures that are most relevant to their patient population.

CMS should do more to allow physicians to focus on meeting the PI program’s goals rather than worry about measurement, documentation, and measure reporting. For example, **CMS should focus on scoring physicians based on providing patients with access to their protected health information in a number of ways rather than scoring physicians on how patients specifically access their information.** Physicians should be scored at the objective-level, meaning that they would be scored by reporting “yes” on one measure from each objective and receiving bonus points for any additional reported measures.

- **CMS should consider new health information exchange measures**

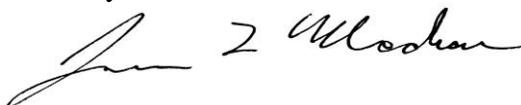
The proposed “Health Information Exchange” (HIE) objective includes two measures, “Support electronic referral loops by sending health information,” and “Support electronic referral loops by receiving and incorporating health information.” As described above, we believe that physicians should get credit for attesting to “yes” for one or both of these measures, meaning that at least one patient was in the numerator for either measure. Note that a physician would not need to attest “yes” to both of the objective’s measures to receive credit in the objective.

The AMA submitted two proposals for new PI measures that fall under the HIE objective: (1) Participate in an HIE and (2) Search for or Directly Request Patient information from an HIE. **Each of these measures would contribute significantly to the PI program’s goal of interoperability and greater health information exchange. By its very nature, participation in an HIE advances CMS’ goal of decreasing information blocking.** It also reduces the burden on both the clinician and the patient of relying on paper exchange and use of the fax machine. Further, while significant efforts are underway to improve the usefulness of HIEs, participation in an HIE has the potential to improve program efficiency. It also helps to improve patient safety and outcomes by offering clinicians a more complete picture of the patient’s health. Again, an EHR can automatically track and the vendor can report to CMS when an HIE is used.

Taken together with what is described above, a physician would have four measures through which it could meet a certain objective score, based on a yes/no attestation. Each of the newly proposed measures will encourage greater HIE participation by clinicians, both by adopting an HIE and using it to search for or request patient records. It may help physicians become more familiar with HIEs—whether regional, EHR-based, or—perhaps—through the Trusted Exchange Framework and Common Agreement. More specific rationale for inclusion of each measure in the PI program is included in the enclosed measure proposal form. **We stress, however, that absent an attestation approach, any new objectives and associated measures should be optional to provide additional opportunities for physicians to be successful in the PI program.**

We urge CMS to adopt these two additional, optional measures for the HIE objective. We further urge CMS to score PI through yes/no attestation and on the objective level. We would be happy to discuss these proposals with you in further detail at your convenience. For additional information, questions, or concerns, please feel free to contact Laura Hoffman, Assistant Director of Federal Affairs, at 202-789-7414 or laura.hoffman@ama-assn.org.

Sincerely,



James L. Madara, MD

Promoting Interoperability Performance Category

Call for Measures Submission Form

Submission Period February 1 through June 29, 2018 for 2020 Measures

Stakeholders must use this form to propose new measures under the Promoting Interoperability (PI, formerly Advancing Care Information) Performance Category for the Merit-based Incentive Payment System (MIPS) in 2020. The submission deadline is June 29, 2018.

Proposals must be sent to CMSCallforACIMeasures@gdit.com. Stakeholders will receive email confirmations for their submission.

SECTION 1: STAKEHOLDER INFORMATION

Provide the following information for the individual, group or association proposing a new measure for the PI Performance Category under MIPS. All required fields are indicated with an asterisk (*). This information will be used to contact the stakeholder(s) if necessary, and apprise them of determinations made for their proposed measure(s).

Submitter First Name*	Middle Initial	Submitter Last Name*	Credentials (MD, DO, etc.) JD
Laura	G	Hoffman	JD
Name of Organization (if applicable)*			
American Medical Association (AMA)			
Address Line 1 (Street Name and Number – <u>Not</u> a Post Office Box or Practice Name)*			
25 Massachusetts Ave, NW			
Address Line 2 (Suite, Room, etc.)			
Suite 600			
City/Town*	State (2 character code)*	Zip Code (5 digits)*	
Washington	DC	20001	



Email Address* (This is how we will communicate with you.)

Laura.hoffman@ama-assn.org

Business Telephone Number (include Area Code)

202-789-7417

Extension

N/A

SECTION 2: CONSIDERATIONS WHEN PROPOSING MEASURES

CMS priorities for proposals on PI Performance Category measures include those that: (1) build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Standards and Certification Criteria to increase health information exchange and interoperability, (2) continue improving program efficiency, effectiveness, and flexibility, (3) measure patient outcomes and emphasize patient safety and (4) support improvement activities and quality performance categories of MIPS. Proposals submitted by June 29, 2018 will be considered for inclusion in rulemaking effective for 2020.

When preparing proposals, please consider whether the new measure:

1. Measures patient outcomes and are patient focused
2. Promotes interoperability and health information exchange
3. Emphasizes patient safety
4. Supports improvement activities and quality performance categories of MIPS
5. Builds on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Standards and Certification Criteria
6. Does not duplicate existing objectives and measures;
7. Is feasible to implement; and
8. Is able to be validated by CMS.

SECTION 3 (page 3): REQUIRED INFORMATION FOR MEASURE PROPOSALS

Proposals that do not provide information for every field/section will not be evaluated for consideration. Any information/field not applicable to the measure proposal must state "N/A" or "not applicable" or the proposal will not be considered, as the application will be judged incomplete.

1. MEASURE DESCRIPTION (Provide a description of the measure to be considered and relevance to the PI performance category):

The AMA is proposing a PI measure entitled, "Participate in a health information exchange (HIE)." This measure would provide credit to eligible clinicians who participate in an HIE, regardless of the type of HIE (for example, the HIE could be regional or EHR-based, or-- potentially--participation in the Trusted Exchange Framework and Common Agreement (TEFCA)).

This measure would contribute significantly to the PI program's goals. It is laser-focused on promoting interoperability and health information exchange by facilitating access to and exchange of patient information. By its very nature, participation in an HIE advances CMS and ONC's stated goal of decreasing information blocking among clinicians. It also reduces the burden on both the clinician and the patient of relying on paper exchange and use of the fax machine.

Further, participation in an HIE has the potential to exponentially improve program efficiency in that clinicians would not need to duplicate documentation or order unnecessary tests. It also helps to improve patient safety and outcomes by offering clinicians a fuller picture of the patient's health. While participation in public health registries and clinical data registries are current measures, this measure would encourage exchange of a broad swath of clinical information as opposed to specific quality measures.

Program Relevance:

Included above.

2. MEASURE TYPE (Please indicate which category your measure description fits):

- Patient Outcome Measure
- Process Measure
- Patient Safety Measure
- Other (please indicate the type of measure):

3. REPORTING REQUIREMENT (Yes/No Statement or Numerator and Denominator Description):

Indicate whether the measure should include as a reporting requirement: 1) a yes/no statement and exclusion criteria (if applicable) or 2) the numerator and denominator, threshold (if applicable) and exclusion criteria (if applicable).

- YES/NO STATEMENT

Exclusion Criteria:

If applicable and rational for exclusion proposal, otherwise use N/A

Please see the "Optional" box at the end of this form.

OR

Denominator Language:

N/A

Numerator Language:

N/A

Threshold:

(For example: at least one (clinical action or patient) or a percentage - at least 5 percent). The clinical action must be tied to the numerator proposed language. For example: *Secure Messaging Measure*: For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent. Include a rationale for recommendation:

- At least one (ex., Patient or clinical action)
- Recommended percentage (please state –for example: at least 5 percent):

Rationale:

N/A

Exclusion Criteria:

If applicable and rationale for exclusion proposal; otherwise use N/A N/A

4. CEHRT FUNCTIONALITIES REQUIRED FOR PROPOSED MEASURE:

Describe CEHRT functionalities that are needed to attest successfully to this proposed measure, if applicable. If you do not believe certain functionalities are required (such as an application programming interface, or API) please use N/A.

<input checked="" type="checkbox"/> Functionality type (ex. API):	A number of CEHRT functions may be used to attest successfully to this measure. To be clear, only one functionality--not all--need to be utilized to demonstrate success.
	<ol style="list-style-type: none">1) 45 CFR § 170.315(h)(2) Direct Project, Edge Protocol, and XDR/XDM,2) 45 CFR § 170.315(h)(1) Direct Project,3) 45 CFR § 170.315(g)(6) Consolidated CDA Creation Performance,4) 45 CFR § 170.315(b)(2) Clinical Information Reconciliation and Incorporation
	The the security criteria that are listed for HIE/API participation include the following:
	<ol style="list-style-type: none">1) 45 CFR § 170.315(d)(1)) Authentication, access control, and authorization2) 45 CFR § 170.315(d)(2)) Auditable events and tamper-resistance3) 45 CFR § 170.315(d)(3)) Audit reports
<input type="checkbox"/> N/A	If an API is used to participate in an HIE, these may be used: <ol style="list-style-type: none">1) 45 CFR § 170.315(g)(9) Application Access – All Data Request,2) 45 CFR § 170.315(g)(8) Application Access – Data Category Request,3) 45 CFR § 170.315(g)(7) Application Access – Patient Selection

Optional:

Additional Information, suggestions and/or comments related to the Call for Measures

The AMA urges CMS to only require eligible clinicians to attest to meeting the program's measures--i.e., eligible clinicians should only be required to report "yes" or "no" on whether they had at least one patient in the numerator of each measure. Each "yes" would be worth a certain amount of points. In addition to reducing reporting burden--a stated goal of CMS in its call for measures--an attestation-based approach would help facilitate EHR development to be more responsive to real-world patient and physicians needs, rather than designed simply to measure, track, and report, and could help prioritize both existing and future gaps in health IT functionality. Because EHRs capture what functionalities are used to perform tasks, EHR vendors can easily provide such information to CMS and ONC. This data capture mechanism also provides an audit trail for CMS to ensure that clinicians actually did have at least one patient in the numerator of each "yes" attestation. Eligible clinicians should focus on meeting the PI program's objectives rather than worry about measurement and documentation. Absent CMS' implementation of an attestation-based approach, this measure should be optional to provide additional opportunities for eligible physicians to be successful in the PI program.

In its Proposed Rule for the Hospital Inpatient Prospective Payment System for Acute Care Hospitals (IPPS) for FY 2019, CMS noted that it is beyond a clinician's control to require patients to access their health information in a particular manner. CMS should further recognize that clinicians cannot require other clinicians or hospitals to send information to them. This measure would reward clinicians for actions within their control as opposed to relying on others to help them be successful in the QPP.

Promoting Interoperability Performance Category

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Submitter First Name*	Middle Initial	Submitter Last Name*	Credentials (MD, DO, etc.) JD
Laura	G	Hoffman	JD
Name of Organization (if applicable)*			
American Medical Association (AMA)			
Address Line 1 (Street Name and Number – <u>Not</u> a Post Office Box or Practice Name)*			
25 Massachusetts Ave, NW			
Address Line 2 (Suite, Room, etc.)			
Suite 600			
City/Town*	State (2 character code)*	Zip Code (5 digits)*	
Washington	DC	20001	



Email Address* (This is how we will communicate with you.)

Laura.hoffman@ama-assn.org

Business Telephone Number (include Area Code)

202-789-7417

Extension

N/A

SECTION 2: CONSIDERATIONS WHEN PROPOSING MEASURES

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When preparing proposals, please consider whether the new measure:

1. Measures patient outcomes and are patient focused
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1. MEASURE DESCRIPTION (Provide a description of the measure to be considered and relevance to the PI performance category):

The AMA is proposing a PI measure entitled, "Search for or Directly Request Patient Information from a health information exchange (HIE)." This measure would provide credit to eligible clinicians who search for or directly request patient information from an HIE, regardless of the type of HIE (for example, the HIE could be regional or EHR-based, or--potentially--through participation in the Trusted Exchange Framework and Common Agreement (TEFCA)).

This measure would contribute significantly to the PI program's goals. It is laser-focused on promoting interoperability and health information exchange by facilitating access to and exchange of patient information. Querying an HIE has the potential to exponentially improve program efficiency in that clinicians would not need to duplicate documentation or order unnecessary tests. It also helps to improve patient safety and outcomes by offering clinicians a fuller picture of the patient's health.

Program Relevance:

Included above.

2. MEASURE TYPE (Please indicate which category your measure description fits):

- Patient Outcome Measure
- Process Measure
- Patient Safety Measure
- Other (please indicate the type of measure):

3. REPORTING REQUIREMENT (Yes/No Statement or Numerator and Denominator Description):

Indicate whether the measure should include as a reporting requirement: 1) a yes/no statement and exclusion criteria (if applicable) or 2) the numerator and denominator, threshold (if applicable) and exclusion criteria (if applicable).

- YES/NO STATEMENT

Exclusion Criteria:

If applicable and rational for exclusion proposal, otherwise use N/A

Please see the "Optional" box at the end of this form.

OR

Denominator Language:

N/A

Numerator Language:

N/A

Threshold:

(For example: at least one (clinical action or patient) or a percentage - at least 5 percent). The clinical action must be tied to the numerator proposed language. For example: *Secure Messaging Measure*: For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent. Include a rationale for recommendation:

- At least one (ex., Patient or clinical action)
- Recommended percentage (please state –for example: at least 5 percent):

Rationale:

N/A

Exclusion Criteria:

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Describe CEHRT functionalities that are needed to attest successfully to this proposed measure, if applicable. If you do not believe certain functionalities are required (such as an application programming interface, or API) please use N/A.

<input checked="" type="checkbox"/> Functionality type (ex. API):	A number of CEHRT functions may be used to attest successfully to this measure. To be clear, only one functionality--not all--need to be utilized to demonstrate success.
	1) 45 CFR §170.315(b)(1) Transitions of care
	2) If an API is used to participate in an HIE, these may be used:
	a) 45 CFR § 170.315(g)(9) Application Access – All Data Request
	b) 45 CFR § 170.315(g)(8) Application Access – Data Category Request
	c) 45 CFR § 170.315(g)(7) Application Access – Patient Selection
<input type="checkbox"/> N/A	

Optional:

Additional Information, suggestions and/or comments related to the Call for Measures

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In its Proposed Rule for the Hospital Inpatient Prospective Payment System for Acute Care Hospitals (IPPS) for FY 2019, CMS noted that it is beyond a clinician's control to require patients to access their health information in a particular manner. CMS should further recognize that clinicians cannot require other clinicians or hospitals to send information to them. This measure would reward clinicians for actions within their control as opposed to relying on others to help them be successful in the QPP.