

June 3, 2016

Dr. Karen DeSalvo, M.D., M.P.H., M.Sc.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW
Washington, D.C. 20024

**Re: Request for Information on Assessing Interoperability for MACRA
(HHS-ONC-2016-0008)**

Dear National Coordinator DeSalvo:

The Consumer Partnership for eHealth (CPeH) appreciates this opportunity to comment on the Request for Information regarding Assessing Interoperability for MACRA, or the Medicare Access and CHIP Reauthorization Act.¹ The Consumer Partnership is a coalition of more than 50 consumer, patient and labor organizations working at the national, state and local levels to advance health information technology (health IT) and private and secure electronic health information exchange in ways that measurably improve the lives of individuals and families. Led by the National Partnership for Women & Families, CPeH's combined membership represents more than 127 million Americans. Consumers are eager to work with the Office of the National Coordinator for Health Information Technology (ONC) to establish metrics that assess interoperability fully – including interoperability with patients and family caregivers, not just interoperability among doctors.²

We support the goal of achieving widespread electronic exchange of health information as a prerequisite for reimbursing value-based care and improving health outcomes. However, just looking at interoperability among certified electronic health record (EHR) systems and meaningful EHR users does not capture the spectrum of core populations and uses under MACRA. **Patient and family caregivers, too, are key exchange partners** when receiving, using and contributing new information that helps provide a complete picture of their health. There is also great need to measure information exchange and use **throughout the health care spectrum, particularly with long-term**

¹ The 14 organizations and members of the Consumer Partnership for eHealth who sign this letter do so jointly in one letter rather than send 14 separate letters. If ONC counts responses for any particular purpose, please count them as 14 responses rather than a single response.

² For brevity, we refer throughout our comments to “patient” and “care,” given that many federal programs and initiatives are rooted in the medical model. To some, these terms could imply a focus on episodes of illness and exclusive dependency on professionals. Any effort to improve patient and family engagement must include the use of terminology that also resonates with the numerous consumer perspectives not adequately reflected by medical model terminology. For example, people with disabilities frequently refer to themselves as “consumers” or merely “persons” (rather than patients). Similarly, the health care community uses the terminology “caregivers” and “care plans,” while the independent living movement may refer to “peer support” and “integrated person-centered planning.”

care facilities and community-based organizations, to understand how information exchange is and is not occurring across the care continuum.

Including these populations in metrics of interoperability does not just reflect the full spectrum of health; it also reflects and better aligns with MACRA itself. MACRA's goals to achieve a higher quality, value-based health care system and significantly better patient outcomes are impossible without meaningful patient and family engagement and interoperability with individuals so they can access and use their health information for better care and value.

Patients as exchange partners

Individuals cannot possibly be active partners in care, effectively achieve health goals and treatment plans, or make informed decisions without accessible, electronic information about their health and health care, and a corresponding ability to share such information. For instance, equipped with online access, individuals can download and share their health information with other doctors and trusted caregivers in case of emergency or when seeking second opinions. Providers in turn cannot succeed under new models of care without activated and engaged patients.

Individuals likewise play a significant role in accelerating efforts and innovations to build an interoperable health care ecosystem. Efforts to achieve interoperability cannot simply be done *for* individuals and families, but rather *with* individuals and families. Accordingly, ONC's Interoperability Roadmap recognizes that full interoperability includes patients and their caregivers as equal partners in the continuum of care and in electronic access to and use of health information.

The Request discusses whether section 106 of MACRA is limited to measuring interoperability among meaningful EHR users. We caution against compartmentalizing efforts to evaluate and improve interoperability – integrating the spectrum of health in the Roadmap, while narrowly limiting interoperability to meaningful EHR users and providers under MACRA. On the contrary, interoperability with patients is a core requirement of being a meaningful EHR user, since patients' electronic access to their health information and coordination of care through patient engagement are two key objectives. Similarly, interoperability with patients is critical in performing certain clinical practice improvement activities such as "care coordination" – including timely exchange of clinical information with patients – and "beneficiary engagement" – including shared decision making with patients and beneficiary self-management. So **measuring interoperability with patients is critical for both MACRA and the Interoperability Roadmap.**

Other exchange partners

MACRA's delivery system reforms depend upon information exchange across the spectrum of health – including long-term care facilities and community-based organizations providing important health services – and ONC should measure that exchange and use, too. An immediate, actionable step is measuring health information exchange with long-term care facilities.

We suggest a measure of whether appropriate nursing home staff can access records at their common hospitals, and whether the hospital staff at those hospitals can access the nursing home's record – at least for a summary of care record and discharge instructions. Ultimately, we must measure whether any treating clinician in any setting can access, use and update an individual's care profile. For example, ONC could partner with CMS to report interoperability with long-term care facilities in its Annual Report and make this information publicly available on the Nursing Home Compare website.

Metrics of exchange and use of information by individuals

We recommend that ONC consider measures from the Merit-Based Incentive Payment System (MIPS) and other initiatives of the Department of Health and Human Services in order to evaluate exchange and use of information by individuals and their family caregivers (as appropriate), including:

- *View, Download, and Transmit (VDT)*
- *Secure Messaging*
- *Patient-Generated Health Data*
- *Health Information National Trends Survey (HINTS) (relevant questions)*
- *Third-Party Applications Connected to Open Application Programming Interfaces (APIs)*

In its proposed rule on MIPS and Alternative Payment Model (APM) incentives, CMS prioritizes performance on some measures listed above because these activities emphasize patient care and information exchange. We strongly agree and suggest that they be used to measure interoperability. For example, the measure of integrating patient-generated health data (PGHD) can include the electronic receipt and incorporation of patient-submitted corrections to their record, which may be essential to improving accuracy of electronic health information. Furthermore, the measure includes sharing and incorporation of various data from non-traditional sources, including community-based organizations, and thus can incentivize interoperability efforts that connect the clinical care setting with other health professionals and social services that influence patients' ability to get and stay healthy.

In addition to measures proposed for MIPS, we also recommend metrics that leverage initiatives in which the Department of Health and Human Services is already engaged, such as assessments of information exchange with patients through the Health Information National Trends Survey.

Additionally, as federal initiatives like MIPS and the Meaningful Use program continue to encourage the use of application programming interfaces (APIs) to facilitate the exchange of information with consumer-facing third-party applications, we propose another method to evaluate health information exchange with patients that takes this mode of transmission into account. For instance, ONC, in conjunction with other federal agencies, could develop a mechanism to allow patients to provide feedback on the information sharing (or blocking) with consumer-facing applications. As part of these efforts, ONC should also collaborate with federal partners to educate individuals regarding the privacy and security implications, and the steps individuals should take to protect their data, if they choose to download their data (through a portal or API) or upload them into applications of their choice.

Finally, **just as there are health disparities, there are interoperability disparities.** We urge ONC to measure disparities in interoperability by stratifying metrics of individuals' exchange and use of information by demographic variables, including race and ethnicity, gender, sexual orientation and gender identity, language and disability. Doing so would allow ONC to determine whether there are gaps in information exchange among populations, and ultimately ensure equal interoperability and information exchange and use across patient populations.

Metrics of exchange and use by providers

For providers, we support the proposed metrics of data integration and information reconciliation measures as proxies for data exchange and use. In particular, we support ONC's proposal to measure the *incorporation* of summary of care records, which will help both to close the referral loop and coordinate care, and to increase interoperability among different eligible providers and EHR systems. Additionally, reconciling clinical information, especially information likely to change between encounters with the health care system, is a critical component of successful health information exchange, and thus a useful metric of interoperability. By utilizing these measures to evaluate interoperability among providers, ONC appropriately places its focus on structured data to maximize the utility and usability of data for all exchange partners.

Importance of implementing Meaningful Use Stage 3 measures on time, as finalized

Because the metrics we suggest above – many of which the Request also proposes – are derived from data from the Meaningful Use program, continuing the Meaningful Use program’s trajectory under the final regulations in October 2015 is critical to collecting the data necessary to assess interoperability.

We are pleased to see that the proposed rule implementing MIPS and APM incentives calls for timely implementation of these policies, particularly the requirement that eligible providers in MIPS fulfill measures aligned with Stage 3 by 2018. Not only is this necessary to prepare for an effective transition into new models of payment and delivery in 2018, but it is also essential to achieve widespread interoperability.

Report to Congress on barriers to widespread information exchange

Lastly, we propose that any report to Congress on barriers to widespread information exchange include information on complaints filed with the Office of Civil Rights regarding violations of HIPAA’s Right of Individual Access. Hindering individuals in accessing and getting a copy of their health records is a prime example of information blocking.

Thank you once again for this opportunity to provide input on metrics to assess interoperability for MACRA. If you have any thoughts or questions about these comments, please contact Mark Savage at (202) 986-2600 or msavage@nationalpartnership.org.

Sincerely,

AARP
American Association on Health and Disability
American Cancer Society Cancer Action Network
Asian & Pacific Islander American Health Forum
California Pan-Ethnic Health Network
Center for Medical Consumers
Consumers' Checkbook/Center for the Study of Services
Consumers Union
Disability Rights Education and Defense Fund
Family Caregiver Advocacy
Healthwise
Informed Medical Decisions Foundation
National Partnership for Women & Families
The Children’s Partnership