



The Office of the National Coordinator for
Health Information Technology

Interoperability Measurement for the MACRA Section 106(b)

ONC Briefing for HIT Policy and Standards Committee

April 19, 2016



Agenda

1. Overview of the MACRA section 106(b)
2. Describe the purpose and key components of ONC's request for information (RFI)
3. Discuss next steps to ensure the development of the next generation interoperability measures

Overview of MACRA Section 106(b)(1)(A-D)

- Congress declares it a national objective to achieve widespread exchange of health information through interoperable certified EHR technology.
- Not later than **July 1, 2016**, and **in consultation with stakeholders**, the Secretary of HHS shall establish metrics to be used to determine if and to the extent that the objective has been achieved.
- If the Secretary of HHS determines that the objective has not been achieved by **December 31, 2018**, then the Secretary shall submit to Congress a report, by not later than **December 31, 2019**, that identifies barriers to such objective and recommends actions that the Federal Government can take to achieve such objective.

ONC Issued an RFI to Solicit Input on...

1. Who and what aspects of interoperability should be measured?
2. How can currently available data sources and potential metrics be used?
3. What other data sources and metrics should ONC consider to fulfill the MACRA mandate and interoperability measurement more broadly?

How does section 106(b) of the MACRA define “interoperability”?



According to MACRA 106(b) Interoperability is...

- The ability of two or more health information systems or components to:
 - » **exchange** clinical and other information; **AND**
 - » **use** the information that has been exchanged using common standards to provide access to longitudinal information for health care providers to facilitate coordinated care and improve patient outcomes.
- Between certified EHR technology systems employed by:
 - » **meaningful EHR users** under the Medicare and Medicaid EHR Incentive Programs; **AND**
 - » **other clinicians and health care providers** on a nationwide basis.

How Do We Measure Interoperability as Defined in the MACRA 106(b)?

- **Exchange and Use**
 - » Electronically sending, receiving, and finding (e.g., request or querying);
 - » Integrating (e.g., incorporating) information received into a patient's medical record; and the subsequent use of that information.
- **Population**
 - » “Meaningful EHR users” under the CMS Medicare and Medicaid EHR Incentive Programs and their exchange partners

Scope of Measurement

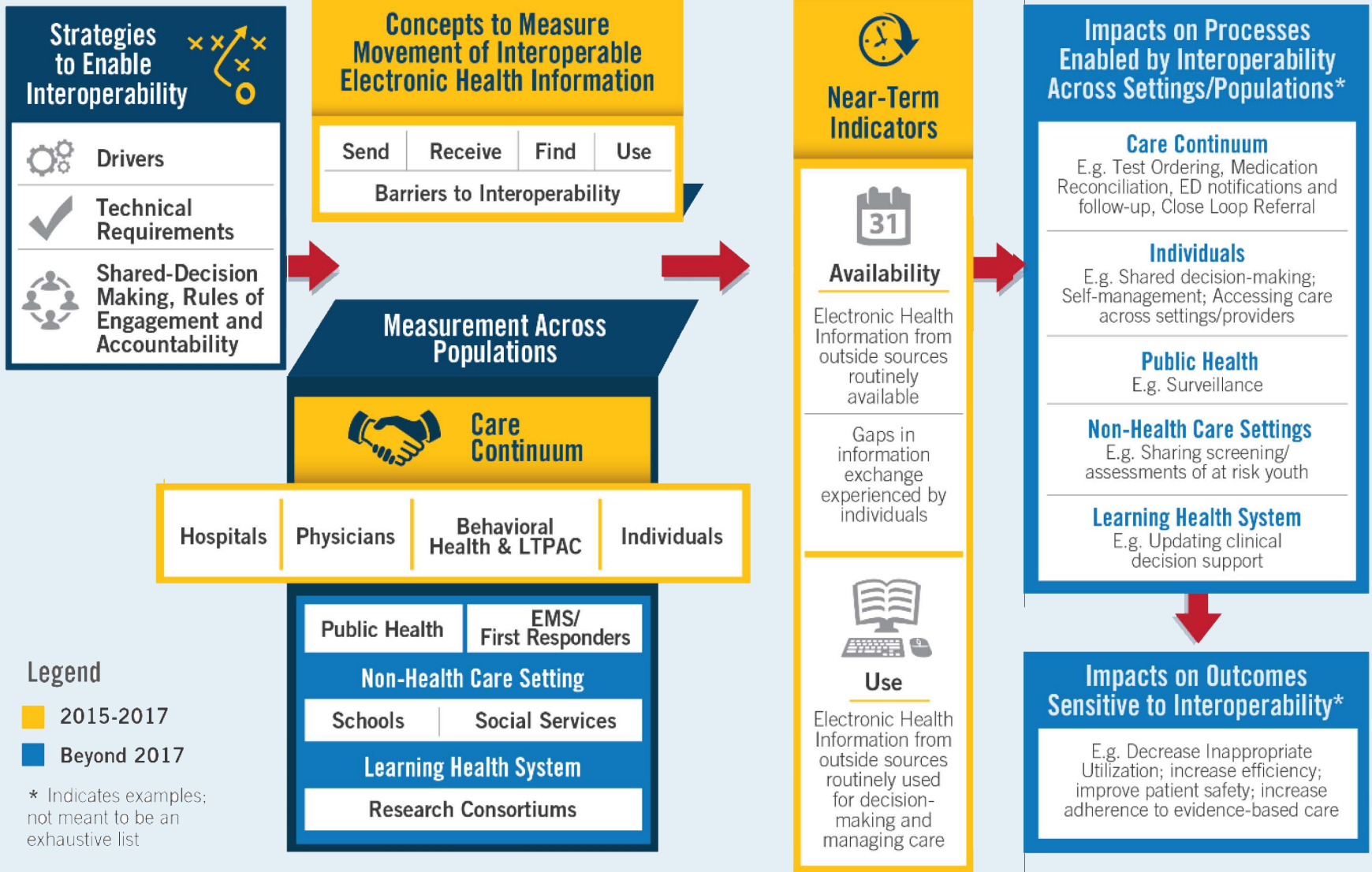
The extent to which “meaningful EHR users” are electronically sending; receiving; finding; integrating information that has been received; and subsequently using that information.

Wait a Minute...

- **Shouldn't the scope include populations other than "meaningful EHR users"?**
- **How does this relate to the measurement efforts outlined in the Interoperability Roadmap?**



NEAR TERM AND LONG-TERM MEASUREMENT FRAMEWORK



Near-Term Interoperability Measures Success (2015-2017)

Near-Term Success

An increase in the proportion of individuals, office-based physicians, hospitals and behavioral health, long-term care and post-acute care providers that:

- Send, receive, find and use electronic health information;
- Have electronic health information available from outside sources and make electronic health information available to outside sources; and
- Use electronic health information to inform decision-making.

Source: Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (version 1.0)

Long-Term Interoperability Measures of Success (2018 and Beyond)

Long-Term Success

An increase in the proportion of individuals and entities across the broader ecosystem that:

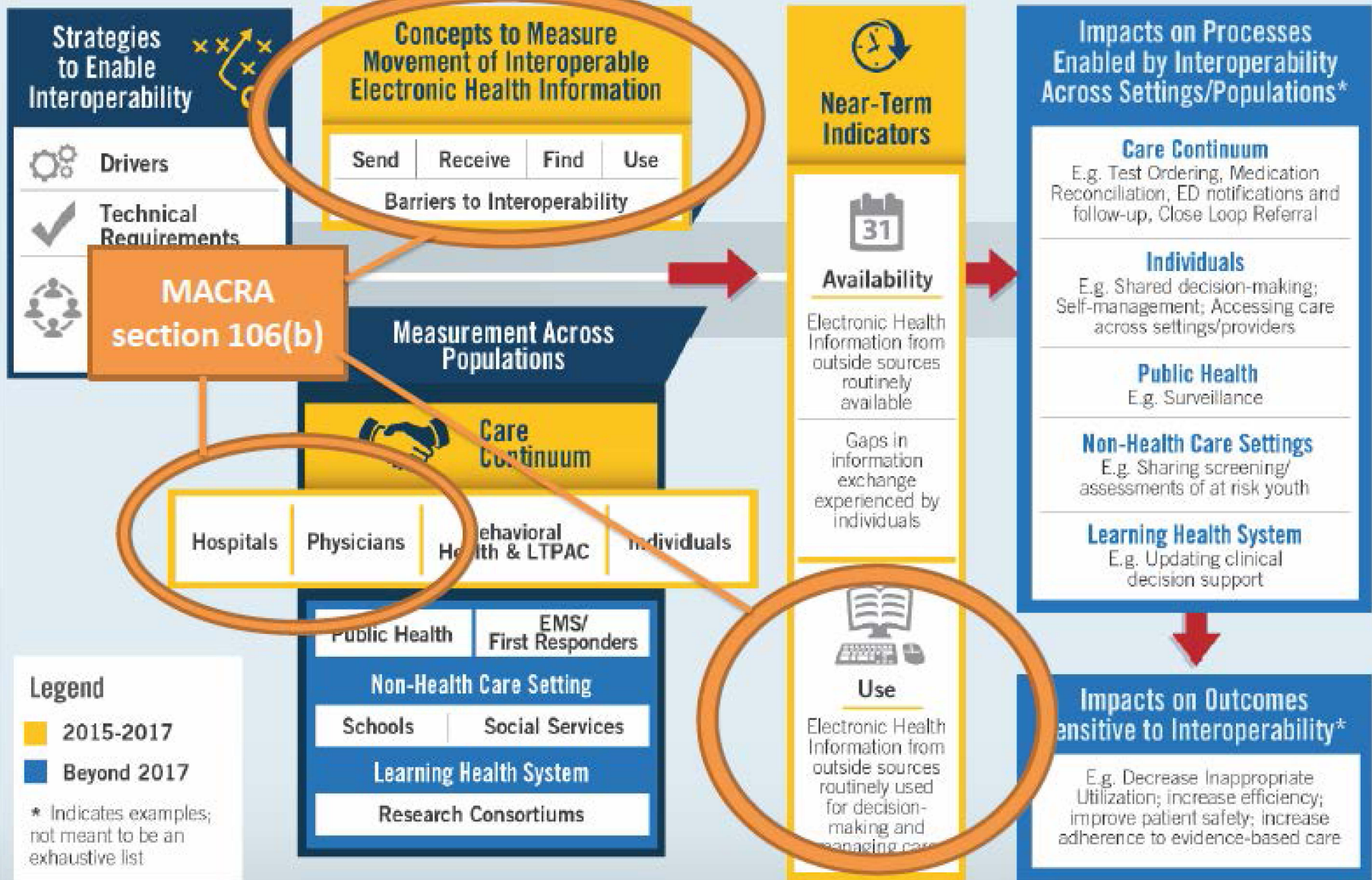
- Send, receive, find and use electronic health information;
- Have electronic health information available from outside sources and make electronic health information available to outside sources; and
- Use electronic health information to inform decision-making.

Resulting in:

- Positive impacts on outcomes sensitive to interoperability (i.e., better health, lower cost and improved processes enabled by interoperability).

Source: Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap (version 1.0)

NEAR TERM AND LONG-TERM MEASUREMENT FRAMEWORK



Discussion Point #1: Scope of Measurement

- Definition of Interoperability
 - » Does ONC's operationalization of exchange and use (e.g., send, receive, find, integrate & subsequent use) adequately address MACRA's definition of interoperability?
 - » Should the focus of measurement be limited to use of certified EHR technology?
- Population of Focus
 - » Should the focus of measurement be limited to "meaningful EHR users," and their exchange partners, or be consistent with the Roadmap?

Current Data Sources and Potential Metrics that Address Section 106(b)(1) of the MACRA

Current Primary Data Sources

1. National survey data from key stakeholder organizations and federal entities, such as:
 1. American Hospital Association's Health IT Supplement Survey
 2. National Center for Health Statistics' National Electronic Health Record Survey
2. CMS's Medicare and Medicaid EHR Incentive Programs data

Potential National Survey Measures

- **Exchange and Integrate**

- » Proportion of health care providers who are electronically sending, receiving, finding, and easily integrating key health information, such as summary of care records.

- **Use**

- » Proportion of health care providers who use the information that they electronically receive from outside providers and sources for clinical decision-making.
- » Proportion of health care providers who electronically perform reconciliation of clinical information (e.g. medications).

Strengths and Limitations of National Survey Measures

- Nationally representative with relatively high response rates
- Can conduct longitudinal analysis
- Interoperability as experienced by providers
- However....
 - » Self-reported data are subject to potential biases
 - » Does not represent all eligible professionals under the CMS Medicare and Medicaid EHR Incentive Programs
 - » Does not report on transaction volume

Discussion Point #2: National Surveys as a Potential Data Source

- Definition of Interoperability
 - » Do the survey-based measures adequately address the exchange and use components of interoperability per MACRA section 106(b)?
- Population of focus
 - » Could office-based physicians serve as adequate proxies for eligible professionals who are “meaningful EHR users” under the Medicare and Medicaid EHR Incentive Programs?

Potential CMS Medicare and Medicaid EHR Incentive Program Measures

- **Send**

- » Proportion of transitions of care or referrals where a summary of care record was created using certified EHR technology and exchanged or transmitted electronically.

- **Integrate**

- » For 2017 and subsequent years, the proportion of electronic summary of care records received¹ that are incorporated by the provider into certified EHR technology.

- **Use**

- » Proportion of transitions of care where medication reconciliation is performed.
- » For 2017 and subsequent years, the proportion of transitions or referrals received ¹ where the health care provider performs clinical information reconciliation for medications, medication allergies, and problem lists.

¹For encounters in which the health care provider is the recipient of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available

Strengths and Limitations of CMS Medicare and Medicaid EHR Incentive Program Measures

- Addresses the population specified MACRA
- Enables reporting on extent to which exchange activity occurring
- However...
 - » Medicaid EHR Incentive program performance data is not available at the individual provider level
 - » Not all aspects of exchange are measured
 - » Program participants may not represent all providers

Discussion Point #3: CMS EHR Incentive Program Data a Potential Data Source

- **Definition of Interoperability**
 - » Do these potential measures adequately address the “exchange” component of interoperability per MACRA?
 - » Do the reconciliation-related measures serve as adequate proxies to assess the subsequent use of exchanged information?
- **Population of focus**
 - » The proposed measures evaluate interoperability by examining the exchange and subsequent use of that information across encounters or transitions of care rather than across health care providers.
 - » Should we develop measures to evaluate progress related to interoperability across health care providers, even if this data source may only be available for eligible professionals under the Medicare EHR Incentive Program?

What Other Data Sources and Measures Should ONC Consider for Section 106(b)(1) of the MACRA or Interoperability Measurement More Broadly?

What are We Missing?

We need your feedback on possible measures based on other data sources for MACRA and beyond. Examples include,

- Claims-based measures
- Performance data from future programs
- Other surveys
- Electronically-generated data from certified EHR technology or other systems

Provide Input: RFI Comments are Due June 3, 2016



This document is scheduled to be published in the Federal Register on 04/08/2016 and available online at <http://federalregister.gov/a/2016-08134>, and on FDsys.gov

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; Medicare Access and CHIP Reauthorization Act of 2015; Request for Information Regarding Assessing Interoperability for MACRA

AGENCY: Office of the National Coordinator for Health IT (ONC), HHS.

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-08134.pdf>



The Office of the National Coordinator for
Health Information Technology



Questions/Comments?

CONTACT INFORMATION

Talisha Searcy, talisha.searcy@hhs.gov

Vaishali Patel, vaishali.patel@hhs.gov



@ONC_HealthIT



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