CPeH Talking Points
Health IT Provisions in the MACRA Final Rule

Agency: Centers for Medicare & Medicaid Services (CMS)
Action: Final rule with comment period.
Summary: The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repeals the Medicare sustainable growth rate (SGR) methodology for updates to the physician fee schedule (PFS) and replaces it with a new approach to payment called the Quality Payment Program that rewards the delivery of high-quality patient care through two avenues: Advanced Alternative Payment Models (Advanced APMs) and the Merit-based Incentive Payment System (MIPS) for eligible clinicians or groups under the PFS.
Effective Date: The provisions of this final rule with comment period are effective on January 1, 2017.
Comment Deadline: To be assured consideration, comments must be received no later than **5 p.m. on December 19, 2016**.
Addresses: File comments online at: https://www.regulations.gov. In commenting, please refer to file code CMS-5517-FC.

Health Information Technology in the Quality Payment Program (QPP):

- The robust use of health IT and health information exchange is fundamental to achieving the foundational goals of MIPS and Advanced APMs to incentivize high-quality, efficient practices, coordinated care and improved health outcomes.
- Arc of the QPP remains directionally positive in driving advanced, person-centered uses of health IT:
  - Advancing Care Information performance category is structured to promote interoperability, care coordination, and patient and family engagement.
  - Some Improvement Activities leverage certified EHR technology (CEHRT) to achieve these goals, too.
- Strongly support the same definition and alignment of CEHRT for MIPS and APMs with the definition already in use in other programs by Medicaid eligible professionals and hospitals and Medicare hospitals under the EHR "Meaningful Use" Incentive Program. This promotes interoperability and health information exchange.

MIPS - Advancing Care Information (ACI) Performance Category

- Appreciate the base and performance score categories and urge CMS to maintain this structure.
  - **Base score** continues expectation of CEHRT adoption and use but allows clinicians new to CEHRT time to become comfortable using basic functionalities of EHRs.
    - We strongly support maintaining the *Provide Patient Access* measure in the base score so patients have access to their health information through both patient portals (via View/Download/Transmit) as well as more innovative and useful APIs.
    - We also appreciate that clinicians must fulfill the *Security Risk Analysis* measure and protect patient health information in order to receive any base

score, and ultimately any score in the ACI category. This focus on protecting the privacy and security of critical health information is appropriate to engender consumer trust and maximize the benefits of CEHRT and electronic health information exchange.
        - Support keeping the base score at no more than 50 percent of ACI score and thus giving appropriate weight to performance on innovative, patient-facing uses of health IT.
    - **Performance score** rewards clinicians for exceptional performance on measures that promote interoperability, care coordination, and engagement with patients and family caregivers.
        - The performance score structure allows clinicians to invest and focus on measures that are applicable to their practice and relevant to their patient population, while prioritizing measures that offer critical functionality to patients and families, such as view/download/transmitting their health information, exchanging secure emails with their providers, and sharing relevant and meaningful patient-generated health data with their care teams.
    - **Bonus points** are given to clinicians for reporting to public health or clinical data registries and attesting to certain improvement activities using CEHRT.
        - We encourage CMS to consider continuing the bonus points beyond the transition year(s).
- We continue to believe, however, that more stringent measures of health IT use are necessary to move towards the substantial, person-centered uses of health IT that support health system transformation and the nation's health imperatives. We believe that CMS should signal now the timing and strategies for increasing the stringency of the ACI performance category measures. We recognize CMS's assessment that providers need more time to incorporate patient-facing advancing care information measures (such as view/download/transmit and patient-generated health data) into their workflows, but believe it is important to appropriately set clinicians' expectations for future required uses of CEHRT. We encourage CMS to consider the following:
    - Increasing the weight of the performance score relative to the base score;
    - Establishing thresholds for performance measures; and/or
    - Over time, adding additional patient-facing measures to the base score.

Other Areas of Support:

- The definition of Meaningful EHR User will have an important effect on health IT adoption and robust use. We are pleased that CMS finalized its primary proposal to use a 75-point threshold (rather than the alternate proposal of 50 points) to determine Meaningful EHR Users.
    - Prematurely reducing the ACI category's weight could have a chilling effect on progress towards robust, person-centered use of health IT.
- Strongly support retaining full calendar-year reporting in 2019.
- Strong support for required attestation to patients' timely access to their electronic health information as a component of information blocking.

MIPS - Improvement Activities

- Support the addition of new improvement categories on health equity and behavioral/mental health integration, as well as beneficiary engagement and care coordination.
- We remain concerned that the Improvement Activity category still lacks sufficient structure and detail to ensure that these activities have a positive impact on patients' experience and health outcomes.
    - We look forward to sub-regulatory guidance outlining what data clinicians will have to submit in the attestation process.
- Support CMS's attempt to integrate improvement activities and technology use, via the bonus points available for attesting to improvement activities using CEHRT.
- In the next iteration of the regulations, recommend that CMS strengthen this inventory of improvement activities by:
    - Adding additional activities that encourage innovative health IT uses (and include those activities as eligible for receiving bonus points);
    - Develop more improvement activities – especially high-weighted activities – in the area of beneficiary engagement.

Advanced Alternative Payment Models (APMs)

- Support continued consumer and stakeholder input into design and evaluation of new models of care, particularly with regard to required patient/consumer-facing uses of CEHRT.
- Support requirement that an Advanced APM must require at least 50% of eligible clinicians to use the certified health IT functions.