meet the dual purpose of both patient-facing and clinician-facing needs. Technology developers should invest in deployment of e-tools that allow efficient aggregation, reconciliation, sharing and use of compiled health information to support more timely and effective decision-making. Therefore, while theoretically reconciliation-related measures could, at some point in the future, serve as proxies to assess incorporation and use of exchanged information, it is inappropriate at this stage, given the dearth of available technology that is successfully enabling efficient reconciliation and use of combined or integrated data, to focus on or expand requirements for the use of exchanged information.

10. These 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. Would it also be valuable to 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?
If ONC were to develop measures to evaluate the progress of interoperability across health care providers, the AAFP recommends that the measures be focused on care coordination. These are measures which would be welcomed, because clinicians are already accountable for coordinating care with other clinicians, but are struggling with expectations to use health IT to coordinate care with clinicians outside of their own practices, and within the greater community. Assessing the capabilities of health IT and health information exchange to facilitate care coordination among clinicians is a useful measure. Ongoing monitoring of progress toward interoperable exchange of information for the purpose of care coordination will inform government agencies and health IT developers as to resource investments required for this purpose.

However, measures outlined for this purpose must not create administrative burdens for clinicians which divert efforts that should be focused on coordination of care. Health IT adoption is well underway, and utilization of health IT is the only means of achieving, efficiently and effectively, the desired outcomes which value-based payment rewards. Therefore, it is time to move forward and drop health IT utilization measures. Because of current law, we understand that CMS cannot completely abandon health IT utilization measures. However, we do believe that CMS can significantly reduce administrative complexity and burden while complying with current law. The AAFP recommends a new construct for addressing interoperability issues and the advancement of care information that is a desired outcome of interoperability.

- First, we recommend that the certification process be improved to:
  1. Increase the testing requirements for interoperability; namely, care transitions, secure messaging, and APIs,
  2. Increase the testing around support of the common core clinical data set and its integration in the EHR technology, and
  3. Perform both bench and field testing of CEHRT to ensure these capabilities are available in the market place and can be deployed at the practice/hospital site.

- Second, ensure all the data associated with interoperability measures is reportable via EHR submission or other electronic submission mechanism and does not require physician or clinician documentation and burden to report.