Yet, existing MU measures take an overly broad approach in trying to achieve interoperability as a concept rather than solving more concrete data exchange and technology problems. Indeed, ONC recognizes in the RFI that data derived from the MU program "might not be sufficient to fully measure and determine whether the goal of widespread exchange of health information through interoperable certified EHR technology has been achieved."[3] We agree and believe that the answer is not to find other data sources but to improve the current measures being used to define interoperability.

Unfortunately, rather than directly addressing this problem, CMS has proposed to carry over these deficient measures in the recently proposed MACRA regulations in the Advancing Care Information (ACI) category. Continuing a policy of "counting physician clicks" will not adequately measure interoperability or incentivize health IT developers to make significant changes. Rather, it will further propel developers to build EHRs that simply meet federal reporting requirements that focus solely on data exchange. **The ACI category is an opportunity for CMS and ONC to move away from this construct and develop true metrics for promoting and improving interoperability.**

Instead of developing a list of proxy measures or metrics, ONC should work with CMS to identify ACI objectives in which interoperability measurement is inherent. There should be a natural fit between the use of health IT and the achievement of certain interoperability goals. Such an approach could be done by focusing on specialty-specific interoperability use cases rather than the quantity of data exchanged. This would also serve to reduce physician burden and relieve ONC from needing to identify additional data sources for interoperability evaluation. If physicians are asked to shoulder additional tasks or evaluation activities they should receive credit for such activities in the ACI category of MACRA.

The ultimate goal of using health IT should be to enhance the overall care and wellness of patients. We are committed to working with CMS and ONC to improve the underlying data captured within the EHR and other health IT, including registries. In doing so, however, we strongly believe that moving forward with measuring interoperability in its current form, without changing the objectives themselves, will undermine advances in health care and will hinder a successful implementation of MACRA.

Sincerely,

American Medical Association
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American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
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American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons
American College of Cardiology
American College of Emergency Physicians
American College of Mohs Surgery
American College of Osteopathic Internists

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[3] 81 Fed. Reg. at 20,653.