

Incentive Payment System (MIPS) or an Alternative Payment Model (APM). For this reason, it does not make sense to limit the focus of measurement to only those who are meaningful EHR users. A calculated measurement of the achieved percentage of interoperability across the U.S. which does not include many long-term care facilities that are not yet meaningful EHR users does not reflect an accurate view of the status of interoperability within the health care ecosystem.

Rather than to propose various measures and means of measuring “widespread interoperability” among different user groups (like meaningful EHR users, non-meaningful EHR users, and long-term care facilities), the AAFP would instead recommend that measuring interoperability be harmonized into a single process to reduce administrative burden.

Measuring interoperability is highly complex and challenging. It is crucial to understand what the focus of measures should be. As with all endeavors in health care, patients should lie at the heart of all efforts. Thus, interoperability measures should be patient-centric, with continuity of care and care coordination as the focus of measures identified to enable measurement of interoperability. Even with a focus on measures tied to continuity of care and care coordination, measuring interoperability is a complex task for which a few guiding principles should be adopted:

- Measures should be patient centric and promote coordination of care
- The measures should not add administrative burden to clinicians or their practices, and
- Multiple data sources should be utilized to measure interoperability.

*2. How should eligible professionals under the Merit-Based Incentive Payment System (MIPS) and eligible professionals who participate in the alternative payment models (APMs) be addressed? Section 1848(q) of the Social Security Act, as added by section 101(c) of the MACRA, requires the establishment of a Merit-Based Incentive Payment System for MIPS eligible professionals (MIPS eligible professionals).*

Appropriately so, it does not appear that interoperability requirements are grossly different for eligible professionals within MIPS versus APM payment models. If this is the case, we would recommend that the measurement process for interoperability be consistent across both programs.

*3. ONC seeks to measure various aspects of interoperability (electronically sending, receiving, finding and integrating data from outside sources, and subsequent use of information electronically received from outside sources). Do these aspects of interoperability adequately address both the exchange and use components of section 106(b)(1) of the MACRA?*

To adequately answer this question, it is important first to articulate clearly the goals of interoperability in order to gauge how to measure it (i.e., which aspects should be measured). The AAFP believes there are at least three key goals that interoperability needs to enable efficiently and effectively:

- Improved continuity of care
- Improved care coordination
- The ability to change out or substitute health IT systems

For the goal of improving continuity of care, the identified various components of interoperability ONC intends to measure (i.e., electronic sending, receiving, finding and integrating data from outside sources, and subsequent use of information electronically received from outside sources) seem appropriate.