For the goal of improving care coordination, those identified components are needed; however, additional components are needed, including: verifying and managing identities, and ensuring appropriate authentication and authorization of entities (i.e., individuals and health information systems).

For the goal of enabling change out or substitution of health IT systems, a more global measure is likely required because of the complexity and variability in interoperability requirements to successfully change health IT systems.

4. Should the focus of measurement be limited to use of certified EHR technology? Alternatively, should we consider measurement of exchange and use outside of certified EHR technology?
The AAFP believes that to achieve "widespread interoperability," we need a consistent and uniform measurement process in health care for interoperability. For that reason, it does not make sense to limit the focus of measurement to certified EHR technology only.

While we believe the measurement should include all health IT, we are not suggesting that all health IT must go through the same level of certification.

Measures Based upon National Survey Data
5. Do the survey-based measures described in this section, which focus on measurement from a health care provider perspective (as opposed to transaction-based approach) adequately address the two components of interoperability (exchange and use) as described in section 106(b)(1) of the MACRA?
Again, it is appropriate and responsible, as one of the two key guiding principles over the measurement of interoperability to use multiple data sources to measure interoperability. As such, while it is important to look to claims data to gauge measurable interoperability, it is also imperative to use survey data that expresses physician and provider perspectives on the key components of interoperability (the ability to exchange and use data) for the purpose of improving care and care outcomes.

While data from the National Center for Health Statistics (NCHS) within the National Electronic Health Records Survey (NEHRS) does provide physician and provider perspectives regarding interoperability and is one appropriate survey source for measuring interoperability, physician and provider perspective data should be sought from additional survey sources as well. Specifically, surveys conducted and reported by all medical specialty societies should be included, as well as survey data from AmericanEHR.com. It is responsible and prudent to invest the time to gather and incorporate this recommended survey data into the process adopted for the assessment of interoperability. The perceptions of physicians and providers, as front-line users of the technologies intended to enable interoperability, provide context and meaning to the otherwise cold and meaningless numerical measurements of the current percentage of interoperability achieved.

6. Could office-based physicians serve as adequate proxies for eligible professionals who are "meaningful EHR users" under the Medicare and Medicaid EHR Incentive Programs (e.g. physician assistants practicing in a rural health clinic or federally qualified health center led by the physician assistant)?
It is difficult to answer this question. Due to the low percentage of total office-based physicians that are meaningful users and that the meaningful user population has a higher percentage of