

early adopters and leading organizations, it may be reasonable to assume that one could use office-based physicians as a proxy only in the sense that a measure in the office-based physician population would likely be lower (in regard to advanced interoperability) than that of the meaningful user population.

*7. Do national surveys provide the necessary information to determine why electronic health information may not be widely exchanged? Are there other recommended methods that ONC could use to obtain this information?*

Yes, national surveys that convey physician and provider perspectives regarding technology functionality and interoperability do provide contextual information required to glean meaning from otherwise meaningless numerical statistics of the percentage of interoperability achieved, or failed to be achieved, to date.

When a nation of physicians and providers is interested, most particularly, in the many positive outcomes possible from the promise of interoperable health information exchange, yet is overwhelmingly frustrated by the lack of technology which meets their natural workflows and needs to achieve desired interoperability, it is prudent and responsible to look to multiple national survey sources that provide physician and provider perspectives. Physician and provider perspectives are key to understanding what is and is not working and what these front-line users of technology recommend can be done to improve functionality aimed at achieving interoperability goals.

As noted in response to question 5, 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.

### **CMS Medicare and Medicaid EHR Incentive Programs Measures**

*8. Given some of the limitations described above, do these potential measures adequately address the “exchange” component of interoperability required by section 106(b)(1) of the MACRA?*

The AAFP believes it is important to understand that “adequately address” will have a different definition as the nation progresses in the measurement of interoperability. We believe that today these potential measures do adequately address the exchange component of interoperability. As the nation determines what is adequate in the measurement of interoperability, we must consider the burdens on clinicians and their practices in reporting measures data. We do not want to siphon off resources from patient care to fulfill the documentation requirements of the measures. We do believe, though, that the standard of “adequately address” will become more demanding as we better understand our national level of interoperability and we have better methods of measurement.

*9. Do the reconciliation-related measures serve as adequate proxies to assess the subsequent use of exchanged information? What alternative, national level measures (e.g., clinical quality measures) should ONC consider for assessing this specific aspect of interoperability?*

Significant technology development work remains to be done regarding reconciliation-related measures. At this point in time, technology tools do not sufficiently exist which enable patients and providers to make efficient and seamless work of the task of reconciliation of exchanged electronic health information. Accessible online and mobile platforms do not yet widely exist that