

(1) Use of Certified EHR Technology

To be considered an Advanced APM, the first criterion an APM must meet is the use of CEHRT by its participants. For Advanced APMs and Other Payer Advanced APMs, CMS proposes to adopt the definition of CEHRT that is proposed for MIPS and the APM incentive under §414.1305.

While the statute does not specify the number of eligible clinicians within the Advanced APM who must use CEHRT, CMS feels it has the discretion to define this requirement. CMS proposes that an Advanced APM must require at least 50 percent of its eligible clinicians who are enrolled in Medicare to use certified health IT functions to document and communicate with patients and other health care professionals. CMS proposes that this threshold will apply only to the first QP Performance Period. Beginning with the second QP Performance Period, CMS proposes to increase the threshold to 75 percent. CMS reiterates that the agency will not assess each individual eligible clinician or APM Entity, but rather will determine whether the APM's requirements meet the proposed thresholds. CMS seeks comment on the thresholds for the use of CEHRT by APM Entities.

CMS proposes an alternative criterion that applies to the Medicare Shared Savings Program (MSSP). While the MSSP does not require a specific level of CEHRT use, it does include an assessment of EHR use as part of the quality performance standard. In order to adopt a consistent CEHRT eligibility standard for the MSSP and other APMs, CMS would be required to undertake significant rulemaking. As such, CMS proposes to allow the MSSP to meet the CEHRT criterion by continuing to hold APM Entities accountable for their eligible clinicians' use of CEHRT by applying a financial reward or penalty based on the degree of use.

CMS also seeks comments on other health IT functionality that APM participants might need.

Finally, CMS is interested in receiving feedback on whether new health IT standards and certification criteria may be needed to ensure access to products and necessary services. They intend to work with the Office of the National Coordinator for Health Information Technology (ONC) to explore ways that the definition of CEHRT can meet the needs of APM participants while also supporting eligible clinicians participating in the MIPS. CMS notes there is a growing focus on facilitating health information exchanges (HIEs) among health care professionals at various levels.

*AAFP Response*

Use of CEHRT should not be based on a utilization threshold. An Advanced APM's attestation of adoption of CEHRT should be sufficient to meet statutory requirements. Due to reasons outlined in our comments on the ACI section of the rule, we disagree that certified health IT utilization measures will be useful in achieving the desired goals. Health IT adoption is well underway and serves as the only means of achieving desired outcomes that value-based payment and advanced alternative payment models reward. Thus, it is time to move beyond measuring the utilization of CEHRT. Investing time and resources into defining and measuring CEHRT utilization thresholds is simply wasteful. Under current law, CMS cannot completely abandon health IT utilization measures, but we believe that CMS can make significant improvements and reduce administrative complexity and burden while complying with current law. Relying on attestation is a step in the right direction.