

Regarding the proposal to allow the MSSP to meet the CEHRT criterion, the AAFP believes attestation should be the methodology to assess the CEHRT use, as noted previously.

Regarding other health IT functionality, the AAFP believes health IT should support the following:

- Empanelment of patients to clinicians and/or care teams
- Empanelment of patients to registries
- Risk stratification of patient populations
- Display of eCQM results by provider, as well as by practice site address and TIN to support the Triple Aim (with ability to empanel providers to specified provider groups)
- Secure messaging via Direct exchange with any provider, health system, or patient with a Direct address
- EHR tracking of non-office-based care provision (e.g., emails, telehealth and telemedicine interactions, telephone encounters, text reminders, letters)
- Registry functionality
- Effective integration of lifestyle and preferences data, including data contributed via patient-generated health data (PGHD)
- Data-handling functionality for PGHD that is initially sequestered but offers ability to promote to various areas within the EHR and accompanied by metadata including source attribution/data provenance
- Effective integration of socioeconomic determinants of health data
- Team-based care functionality (e.g., task management, results and therapy management, shared care planning)
- Collaborative care planning functionality
- Integration of externally exchanged information into the EHR, with data provenance information retained to distinguish between internal and external data
- Streamlined medication reconciliation functionality
- Access to each patient's payer- and plan-specific formulary and cost data to support medical decision making at the point of care

This list of additional health IT functionality is illustrative, not exhaustive. Family physicians need functionality that allows them to easily improve the following: access to care; care coordination; patient engagement; evidence-based shared medical decision making; individual and care team results management; individual patient outcomes; and population health. Health IT functionality should also enable elimination of waste and containment of costs.

Regarding new health IT standards, the AAFP is supportive of more certification requirements and testing around interoperability. However, we continue to believe that meeting health IT utilization measures should not be required, even for HIEs.

(2) Comparable Quality Measures

The second Advanced APM criterion is that the APM must provide payment for covered professional services based on quality measures comparable to those under the performance category described in section 1848(q)(2)(B)(i) of the MACRA. CMS's proposed policy for this criterion is based on the proposed policy for the MIPS Quality performance category. CMS believes Advanced APMs should have the flexibility to select measures that appropriately meet their needs.