Fulfilling Section 106(b)(1)(C) of the Medicare Access and CHIP Reauthorization Act of 2015

In the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (Pub. L. No. 114–10, Section 106(b)(1)(C), enacted April 16, 2015), Congress declared it a national objective to achieve widespread exchange of health information through interoperable certified electronic health record (EHR) technology nationwide by December 31, 2018. MACRA provides that by July 1, 2016, and in consultation with stakeholders, the Secretary of Health and Human Services (HHS) shall establish metrics to be used to determine if and the extent to which this objective has been met, subject to MACRA's specific definitions of "widespread interoperability" and the relevant population to be measured. If the Secretary determines that this objective has not been achieved by December 31, 2018, then by December 31, 2019, the Secretary shall submit a report to Congress that identifies barriers to this objective and recommends actions that the federal government can take to achieve it.

Section 106(b)(1)(B) of MACRA describes key components of interoperability that should be measured and the population that should be the focus of measurement. Specifically, MACRA defines "widespread interoperability" as interoperability between certified EHR technology systems employed by meaningful EHR users under the Medicare and Medicaid EHR Incentive Programs and other clinicians and health care providers on a nationwide basis. Moreover, MACRA defines interoperability as the ability of two or more health information systems or components to: (1) exchange clinical and other information and (2) use the information that has been exchanged using common standards to provide access to longitudinal information for health care providers in order to facilitate coordinated care and improve patient outcomes.

The Secretary of HHS delegated authority to carry out the provisions of section 106(b)(1)(C) of the MACRA to the Office of the National Coordinator for Health Information Technology (ONC). This document, prepared by ONC, describes the metrics established to fulfill the MACRA Section 106(b)(1)(C) requirement and the data sources that will be used.

Metrics Selected to Measure Widespread Interoperability

To determine which measures to select for the purpose of this MACRA requirement, ONC considered metrics that address the specific populations and aspects of interoperable health information as described in MACRA. ONC solicited input from its federal partners and federal advisory committees. ONC also issued a request for information (RFI) to solicit external feedback on potential measures and data sources that might fulfill the MACRA mandate and inform interoperability measurement more broadly.

Through these activities, in particular the RFI, ONC gained insight on the measurement needs of a broad spectrum of stakeholders. We received nearly 100 comments from organizations and businesses across the health and health information technology (health IT) landscape in response to the RFI, and found that many of the comments related to four topics:

- **Burden:** Do not create significant additional reporting burdens for clinicians and other healthcare providers.

- **Scope:** Broaden the scope of measurement to include individuals and providers that are not eligible for the Medicare and Medicaid EHR Incentive Programs.

- **Outcomes:** Identify measures that go beyond exchange of health information. Although measuring the flow of information is important, it is also critical to examine the usage and usefulness of the information that is exchanged as well as the impact of exchange on health outcomes.

- **Complexity:** Recognize the complexity of measuring interoperability. Multiple data sources and more discussions are needed to measure interoperability fully.

Based on internal analysis, external feedback, and MACRA's specific definitions of "widespread interoperability" and the relevant population to be measured, ONC determined that the following measures are the most appropriate indicators to fulfill the MACRA requirement:

- **Measure #1:** Proportion of health care providers who are electronically engaging in the following core domains of interoperable exchange of health information: sending; receiving; finding (querying); and integrating information received from outside sources.

- **Measure #2**: Proportion of health care providers who report using the information that they electronically receive from outside providers and sources for clinical decision-making.

ONC will use existing nationally representative surveys of hospitals and office-based physicians to evaluate progress related to the interoperable exchange of health information from the health care provider perspective. ONC collaborates with the American Hospital Association (AHA) to conduct the AHA Information Technology Supplement Survey and with the National Center for Health Statistics to conduct the National Electronic Health Record Survey of office-based physicians. Both surveys have relatively high response rates.

The measures and data sources selected will not add significant burden to providers. These measures are not limited to participants in the Medicare and Medicaid EHR Incentive Programs. These metrics are separate from the provisions that HHS has proposed to implement through the Quality Payment Program for payment of office-based Medicare physicians. Thus, proposed changes to the Medicare EHR Incentive Program will not impede ONC's ability to measure progress using these data sources.

Although MACRA's interoperability measurement requirement largely focuses on "meaningful users," ONC is committed to advancing interoperability of health information across the entire health ecosystem. As described in *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap* (Interoperability Roadmap), ONC will be expanding its scope of measurement to cover the care continuum and individuals, as well as the impacts of

health IT on health outcomes.[1] ONC recognizes that this will require leveraging a variety of data sources, and plans to partner with external stakeholders on this endeavor.

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[1] *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Version 1.0.*
https://www.healthit.gov/policy-researchers-implementers/interoperability.