June 25, 2018

The Honorable Seema Verma,
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave, SW
Washington, DC 20201

Submitted electronically via: http://www.regulations.gov

RE: CMS-1694-P - Medicare and Medicaid Promoting Interoperability Programs, Section VIII.D.

On the behalf of OCHIN, we appreciate the opportunity to comment on the implementation of the proposed changes to the Medicare and Medicaid Promoting Interoperability Programs for eligible hospitals and critical access hospitals (CAHs). The Department’s efforts to improve interoperability and better serve Medicare and Medicaid patients runs parallel to OCHIN’s goals and has widespread impact on our national healthcare system. OCHIN also applauds the recent director letter dated June 11 encouraging the adoption of certified electronic health record products (EHR) on interoperability and working together to address the opioid crisis.

OCHIN is a 501(c)(3) nonprofit community-based health information technology collaborative based in Portland, Oregon. OCHIN receives support from the U.S. Department of Health and Human Services Administration (HRSA), and is a HRSA-designated Health Center-Controlled Network (HCCN). OCHIN’s mission is to pioneer the use of health information technology in caring for the medically underserved. As such, OCHIN serves community health centers (CHCs), including Federally Qualified Health Centers (FQHCs), rural and school-based health centers, safety-net providers and public health and corrections facilities across the nation. OCHIN’s comments are based on our experiences with the members we serve.

OCHIN appreciates the opportunity to comment, focusing on two overarching issues: the first, metric alignment, and the second, health information exchange between state policy and federal policy.

**OCHIN supports:**

- Promoting efficient electronic data openness, exchange, and transparency through the Research Data Assistance Center (ResDAC) program to build research for improving policy, and applauds CMS’s efforts to push this agenda;

- Reducing state variation to enable effective coordinated care, administrative simplification, and economies of scale while reducing cost and increasing efficiency; and

- The exchange of healthcare information through the Carequality national framework.
OCHIN’s Comments on CMS’s Request for Information on Promoting Interoperability and Electronic Healthcare Information Exchange and the Meaningful Measures Initiative

- **Reduce Metric Variability**: OCHIN encourages reduction in metric variability and complexity to streamline production. State by state measure variability requires clinics and vendors to customize their product resulting in significant initial and long-term costs. Variability reduces data compatibility, often requiring manual translation or input of data, increasing burden.

- **Require Minimal to No Vendor Costs**: To reduce negative impacts on interoperability with changes in initiatives, programs, and measures, OCHIN suggests seeking vendor and outside stakeholder input when creating new measurements or changing current measurements.

- **National Interoperability Framework**: OCHIN believes the current national framework through Carequality Interoperability Framework, the 21st Century Cures Act, and other current investments and market approaches, especially sans state variability, will overcome current issues with electronic health record transfer between health information systems.

- **No new conditions for providers**: This evolution will reduce the need for further conditions placed upon providers to reach full interoperability. The vendor support of the national framework is evidenced by the rapid growth of this national framework by providers which has to date, more than 1,250 hospitals, 35,000 clinics, and 600,000 health care providers are connected. Every day the adoption continues to grow and data exchange is increasing.

**Support Electronic Referral Loops**

- **Incentivize Exchange of SOCD for E-consults**: Ensure e-consult solutions allow for an exchange of a Summary of Care Document (SOCD) and account for Promoting Interoperability (PI) reporting.
  - E-consult solutions will not be pursued unless there is clear instruction on what needs to be reported on and when. E-consult is an important tool to continue to drive patient access to care throughout the country.
    - Ex: If a provider uses an e-consult and the consulting provider takes on care for the patient in some way, that would count in the denominator for the HIE measure. If the providers are anonymously connected, located in different regions, and the e-consult solution does not facilitate exchange of a SOCD or method for PI reporting, then it is very unlikely the provider would be able to ensure this exchange counts in the numerator for their reporting.
  - The method for this reporting will need to be supported by the e-consult providers and CEHRT. Until that occurs, provider organizations will be less likely to adopt the new technology for fear of making meeting the PI requirements for sending summaries of care even more difficult.

**OCHIN Comments on Proposed Changes to the Medicare and Medicaid EHR Incentive Programs** *(Now Referred to as the Medicare and Medicaid Promoting Interoperability Programs)*
• **90 Day Reporting Periods:** OCHIN supports 90 day reporting periods for eCQMs and objectives in 2019 and 2020, however the reporting period should end 3 months following the close of the CY as opposed to 2 months. This extension provides more time to report. There are always unanticipated issues with reporting, either at the reporter’s end but sometime also on CMS’ end and their ability to accept data/portal issues.

• **Meaningful Measures Support:** OCHIN supports the Meaningful Measures framework and recommends continual review of available eCQMs to ensure a robust set of measures are available for reporting that reflect the diversity of provider and patient populations reported.

• **EHR Incentivization:** CMS will need to incentivize electronic health record vendors to design systems to support discrete data collection. Additionally, CMS should provide guidance on strategy seeking and sharing treatment agreements across the health service delivery sector.

• **Opioid-Related Proposals:**
  - OCHIN supports the additions of measures related to opioids.
  - OCHIN also recommends aligning CDC guidelines for prescribing opioids for chronic pain to incentivize interoperability use to improve care.
  - OCHIN supports a set of national PDMP standards and suggest CMS provide guidance to drive PDMP interoperability across state lines. Providers should only need to access one PDMP gateway for connectivity for an entire national database.
  - OCHIN believes the Opioid Treatment Agreement measure will have less impact on opioid-related outcomes than a measure that incentivizes evidence-based practices that improve opioid-related outcomes (i.e. low dose, not prescribing opioids with benzodiazepines together) focusing on reconciling filled data would be an appropriate measure of interoperability.

**OCHIN Comments on Potential Future Development and Adoption of eCQMs Generally**

- **Federal-State eCQM Alignment:** OCHIN recommends aligning federal and state electronic clinical quality measures (eCQMs) through federal encouragement of states to adopt nationally standardized eCQMs which reduce administrative burden, data exchange failures, complexity, and duplication while meeting federal interoperability goals.

- **Baseline 2015 EHR Platform:** OCHIN supports setting the 2015 certified EHR platform as a baseline with the referral standard set to 2017 to increase implementation efficiency, shorten product development time, and ease provider system integration. Staying current is necessary in the case of national emergencies and the benefits outweigh the upgrade costs. OCHIN recommends current models and components are supplied at no cost to the provider.
• **eCQM Reduction**: A reduction in overall numbers of eCQMs available for reporting would reduce costs. However, CMS should maintain a reasonable proportion applicable in primary care, retain eCQMs that are essential to Federally Qualified Health Center patient populations, and continue to implement measures that are relevant to medically underserved populations.

• **Align UDS to National Standards**: Costs on maintaining UDS are a regulatory burden. To the extent possible, UDS should be aligned with national standards to reduce the burden of regulatory requirements.

We thank you for your time and consideration of our comments on the 2019 Inpatient Prospective Payment System Proposed Rule. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
VP, Government Affairs and Public Relations