

June 1, 2016

Submitted to [www.regulations.gov](http://www.regulations.gov)

Karen B. DeSalvo, MD, MPH  
National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology  
US Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

RE: Request for Information Regarding Assessing Interoperability for MACRA

Dear Dr. DeSalvo:

The Association of American Medical Colleges (the AAMC or Association) is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members comprise all 145 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. We appreciate the opportunity to respond to the Request for Information Regarding Assessing Interoperability for MACRA, 81 Fed.Reg., 20651 (April 8, 2016).

The AAMC supports efforts to increase the interoperability of electronic health records (EHRs) and was pleased to have the opportunity to sign the Office of the National Coordinator of Health Information Technology (ONC) pledge that contained commitments around three areas: consumer access; no information blocking; and in support of implementing federally recognized, national interoperability standards. The Association appreciates that ONC is attempting to gather information that will be used to develop metrics to determine the extent to which there is widespread exchange of health information through interoperable certified electronic health information technology by December 31, 2018, an objective declared by Congress in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA also says that if the objective is not achieved by that date, then the Secretary shall submit a report to Congress by December 31, 2019 that identifies barriers to the objective and recommends actions that the Federal government can take to achieve the objective.

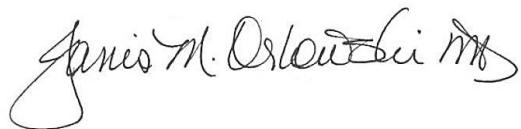
The AAMC is concerned that the measures mentioned in the RFI focus on the movement of information and not the importance of information exchanges for the improvement of patient care. For example, ONC mentions as a possible measure the proportion of health care providers who use the information that they electronically receive from outside providers and sources for clinical decision-making. However, it is unclear how such a metric could be developed without

requiring a level of reporting that would be extremely burdensome to providers while doing nothing to enhance patient care. Metrics should not rely primarily on measuring transactions but rather on the usefulness of the information to the clinician in delivering high quality, low cost patient care.

The goal that Congress has set out—and that ONC is trying to achieve—is a challenging one but one that Congress recognized may not be achievable by the end of 2018. The AAMC suggests that ONC work with CMS to identify objectives under the Advancing Care Information (ACI) program that demonstrate the value of interoperability to patient care while avoiding adding burdensome reporting. It also is essential that any measures take into account the fact that ACI will allow group reporting, something that has not been available under meaningful use, and accommodate this type of reporting in whatever measures are developed.

If you have further questions please contact Ivy Baer, [ibaer@aamc.org](mailto:ibaer@aamc.org) or 202-828-0499.

Sincerely,

A handwritten signature in black ink that reads "Janis M. Orlowski MD". The signature is fluid and cursive, with "Janis" and "M." on the first line, "Orlowski" on the second line, and "MD" on the third line.

Janis M. Orlowski, MD, MACP  
Chief Health Care Affairs Officer

cc: Ivy Baer