September 14, 2021

The Honorable Micky Tripathi, PhD, MPP
Administrator
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street, S.W.
Washington, DC 20201

Submitted electronically via EHRfeedback@urban.org

RE: Request for Public Feedback on Draft Developer-Reported Measures for the EHR Reporting Program

Dear Dr. Tripathi:

The National Association of ACOs (NAACOS) is pleased to submit comments in response to the Request for Public Feedback on Draft Developer-Reported Measures for the Electronic Health Record (EHR) Reporting Program. We appreciate the efforts of the Office of the National Coordinator for Health Information Technology (ONC) to provide input on the voluntary user measures for the EHR Reporting Program, designed to provide publicly available, comparative information on certified electronic health record technology (CEHRT) products to inform users' purchasing and implementation decisions.

NAACOS represents more than 370 ACOs participating in a variety of value-based payment and delivery models in Medicare, Medicaid, and commercial insurers. Serving more than 12 million beneficiaries, our ACOs participate in models such as the Medicare Shared Savings Program (MSSP), the Next Generation Model, the Direct Contracting Model, and other Alternative Payment Models (APMs). NAACOS is a member-led and member-owned nonprofit organization that works to improve quality of care, health outcomes, and healthcare cost efficiency.

As stated in the proposed 2022 Medicare Physician Fee Schedule, the Centers for Medicare & Medicaid Services (CMS) has a goal to move to a fully digital quality measurement system for value-based purchasing programs by 2025. While NAACOS believes that timeline is overly ambitious, the move to a more streamlined form of reporting and measuring quality is inevitable and necessary as our health system mores to one that better rewards value and outcomes. Measuring the quality of care that providers deliver to patients is a hallmark of value-based care and should be optimized as payers, including CMS, move toward a value-based care system.

As with many other aspects of our health system, this move to a fully digital quality measurement system is both dependent on a well-functioning health information technology (IT) system and limited when that health IT system fails. For example, ACOs, which are the predominant APM in existence today, are held to quality standards but must be able to aggregate data from disparate providers in order to report to

payers. According to a NAACOS survey of ACOs from earlier this year, nearly half of ACOs' participating practices use 11 or more EHRs, and the biggest barrier cited for movement to electronic Clinical Quality Measure (eCQM) reporting was the lack of EHR standardization.

ACOs to date have been limited by their ability to move to eCQM reporting because of their inability to aggregate, and this needs to change. Currently, many vendors lack the capability to aggregate patient level data while also de-duplicating data and doing patient matching across multiple CHERT products. Until and unless CMS and ONC require such capabilities, ACOs will be unable to fulfill these reporting requirements.

We believe ONC should also include quality reporting capabilities, including the ability to aggregate eCQM data across EHR systems in the new EHR Reporting Program. As stated above, quality measurement and reporting will be increasingly important in the value-based care system we are moving toward. If ONC doesn't adhere to our above request, we note that it remains critical for ONC and CMS to work closely together to ensure that EHR vendors and ACOs have the tools available to optimize quality reporting, which can improve outcomes and the care patients receive.

NAACOS already works closely with CMS on a number of issues and looks forward to working more closely with ONC to support ACOs in the transition to aggregated digital quality measurement and reporting.

Sincerely,

Clif Gaus, Sc.D.
President and CEO
NAACOS