wellcentive

May 27, 2016

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Wellcentive Comment
MACRA RFI: Assessing Interoperability for MACRA

Dr. DeSalvo and staff,

Wellcentive appreciates this opportunity to continue the dialogue with ONC on a range of interoperability best practices, as we have done through roadmap comment and our commitment to the interoperability pledge.

Given that ONC is charged with establishing metrics by July 1, with future timetables to compile, submit and analyze results, Wellcentive recommends outreach to private and public-private interoperability initiatives for metrics and measureable data.

We believe the CommonWell Health Alliance, Sequoia Project and DirectTrust to be quality initiatives to collaborate with, especially given the growing diversity of CommonWell's membership, for example.

Wellcentive is a CommonWell member, and we are working with the Alliance to broaden its understanding of interoperability around value-based care, care management and data aggregation use cases and approaches.

Likewise, we understand the limitations the RFI reflects in terms of utilizing meaningful use and "certified EHR technology," again given the inherent, or inherited, language dating back to the HITECH Act and original MU NPRMs, which has been embedded into MACRA.

At the same time, we would be remiss not to also acknowledge the RFI's expansive language around:

- "longitudinal information"
- "…that exchange partners do not have to be 'meaningful EHR users' themselves"
- "the need to measure interoperability across populations and settings" and
- "other types of health IT technology"

Still, we see little value solely from MU data or that of subjective provider surveys, in part given that MU was primarily meant to advance adoption of health IT with interoperability being just

one component of the incentive program, though we agree it offers a fairly diverse data field by combining physician practice and hospital types.

We would agree as is stated on page 9 of the RFI that other populations should be measured not specified by section 106(b)(1)(B)(i) of MACRA, and that measuring additional populations and/or settings of care would inform the long-term goals of the ONC roadmap and its stakeholders.

The very expansion of MACRA ECs over time lends to taking a broader approach to measurement, metrics and successes, in line for example, with the MACRA inclusion of Patient-Generated Health Data as included in the MIPS Advancing Care Information scoring pillar, and also an element of 2015 Edition certification.

Purpose and Value

Wellcentive is a population health management technology that aggregates more than a billion data points from disparate EMRs per month. We normalize patient data via more than 200 code sets for readability, exchange, analysis and quality reporting. We exchange CCDAs and we make available open interfaces in line with API technology.

Our ONC-certified technology is therefore highly interoperable as a purpose-driven approach, not exchange for the sake of exchange, but to anticipate and meet the very real needs of value-based care models calling for population health through care management, quality programs and more. Our technology and our philosophy are rooted in the mission that interoperability should reduce provider burden, not increase it.

Efforts to thusly broaden interoperability metrics and measurement at this stage will only benefit efforts to meet MACRA's legislative language around the achievement of "widespread" interoperability by 2018.

As much as interoperability itself is a loaded term only recently gaining consensus around its base definition, achieving "widespread" interoperability can be equally subjective. Therefore an approach to linking the terms interoperability and widespread is best served by assessing the settings in which interoperability is being conducted to at first gauge widespread usage around delivery and use cases, then assessed in terms of saturation per category toward overall measurability and gaps.

Labs, billing systems, claims, hospital/ER visits and all TOCS, post acute care, device and HIE are just some of the elements to be categorized and assessed individually. Realistically, given the limited MU data at hand, matching that experience with these elements could provide useful information, then broadened with data from the private or public-private interoperability initiatives noted above.

This again will support the growth in EC types within MACRA's timetable and provide a more widespread approach in reaction to pending and future Congressional bills seeking

decertification of health IT solutions or data blocking punishments also based on arguably vague interoperability achievement language.

Fine Points of Metrics and Process

In response to specific questions within the RFI and Wellcentive's recommendations, we offer the following references:

- **Pages 11 and 12**: In terms of downstream data flow and provider actions, Wellcentive recommends that outbound data be included as a metric. We transact outbound data types automatically, whether to payers, data warehouses, immunization registries or EMRs, all within a variety of value-based care and population health management interoperability use cases. This automation of the exchange of patient data reduces provider manual click burden and could transcend what could be found through provider surveys, reiterating what we believe are limitations around such subjectivity. These transactions also influence value-based care payments, in line with the scope of MACRA.
- **Page 12**: Specifically in terms of bullet three within broad measure types to track, Wellcentive agrees overall with assessing the electronic reconciliation of clinical information such as medications. But here we see the need for a deeper dive. We recommend that within the example of medication reconciliation that ONC also establish a metric of the number of errors that were found and consequently avoided. This would provide a useful metric within the metric of medication reconciliation, and would add greater population health management value.
- **Page 14**: In terms of the RFI's self-described limitations in extracting MU data where Medicaid hospital and EP data is held at the state level, Wellcentive believes this supports our overall view of seeking expanded metrics in line with MACRA, but also that some effort should be made to understand the capabilities of Medicaid providers, especially as the MACRA proposed rule includes language exploring ways to include FQHC and RHC providers into MACRA, along with CAH providers. As much, we believe that exploring state data is in line with sections of the ONC roadmap on the expansion of a learning healthcare system.
- **Page 16**: Equally in terms of other data sources and the specific reference to claims data and performance data, Wellcentive agrees there is relevance here. In this regard we would recommend that quality reporting be assessed as a metric, which again is in line with MACRA reporting. We believe the mid-year reports to providers in 2017 and 2018 – as described in the MACRA propose rule – should be utilized where applicable to MIPS and APM/A-APM scoring pillars. Wellcentive utilizes a mix of claims and clinical data to give a true picture of performance. We would also within this realm of other data sources urge ONC to utilize your standards advisory as a measure of quality usage, by measuring the percentage of patient data exchanged that matches the standards advisory. We have long believed that ONC should take a stronger approach to compliance with the advisory to alleviate historical developer variations allowed within standard types. These variations lead to issues around interface pricing and a lack of uniformly readable data. Wellcentive appreciates ONC's collaborative nature with private health IT developers, but with increasing Congressional and provider association

calls for streamlined interoperability, adherence to firmly defined standards is one area where wide stakeholders agreement should be expected to advance interoperability, especially in an era where API technology is being met with great expectations.

- **Page 18**: Here again we appreciate the solicitation from technology developers, HISPS, etc., and would reiterate our earlier discussion point around identifying the myriad categories, delivery settings and use cases as separate interoperability categories to refine the understanding of what data exchange encompasses and therefore how it can or should be measured. Likewise on page 18, ONC is previewing what is to become the central question of MACRA's legislative language and that of other Congressional bills: how to define "widespread" interoperability, as either a simple majority of greater than 50% of identified tasks being accomplished, or whether a greater percentage value should be pursued. Here again, Wellcentive believes that exchange for the sake of exchange, and/or incentives applied to exchange for the sake of exchange, will not keep pace with the payer movement to value-based care and population health management. We recommend that value statements be ascribed to the types of data exchange and corresponding use cases to fully anticipate future legislative and policy language, and that these values are matched to our recommendations throughout on measureable metrics.

In closing, as value-based care models growth within MACRA and private payer contracting, providers must be armed with technology that can access and exchange data in kind, and in this pursuit Wellcentive is aligned with ONC goals.

To get there, an expanded mindset is in order of the types of interoperability standards, use cases and workflows that will succeed within MACRA and its expanding scope of providers. In a healthcare payment and delivery system where value is replacing volume, we believe that same mantra fits interoperability.

Amidst all the internal and external pressures to "solve" interoperability, MACRA does provide a basis for establishing value and purpose-driven metrics by July 1, 2016, from which provider-centric and population health-based measurements can take hold. As evidenced by our representation at the 2016 ONC annual meeting and from our interactions with ONC staff at HIMSS16 as well as other communications, Wellcentive is prepared to consult and collaborate with ONC on further defining these recommendations into tangible metrics and measures.

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