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May 25, 2018

Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Baltimore, MD 21244-1850

Dear Administrator Verma,

On behalf of the Electronic Health Record Association (EHRA), we are pleased to provide written comments in response to the Centers for Medicare & Medicaid Services (CMS): Direct Provider Contracting - Request for Information (RFI). EHRA appreciates the opportunity to leverage the experience of our member companies in support of developing and testing a direct provider contracting model between payers and primary care or multi-specialty group practices within Medicare fee-for-service program, Medicare Advantage, and Medicaid.

EHRA's 34 members serve the vast majority of hospitals and ambulatory care organizations that use electronic health records (EHRs) and other health information and technology to deliver high quality, efficient care to their patients. The Association operates on the premise that the rapid, widespread adoption of health IT has and will continue to help improve the quality of patient care as well as the productivity and sustainability of the healthcare system.

EHRA and our member companies have seen first-hand that EHRs can play a critical role in delivery system reform and the successful transition to value-based care. This role encompasses both the standardization of data used for evaluating physician performance and facilitating information exchange between providers, patients, and other healthcare stakeholders. For innovative payment models such as one that would test direct provider contracting, health IT and EHR systems could also play an important role in helping practices track care coordination and service utilization for participating beneficiaries.

Because of the foundational nature of health IT in payment model development and implementation, it is important that healthcare providers and organizations have access to the technology needed to participate and that the technology requirements associated with model participation are aligned with what is available in the market.

One way to facilitate alignment is to harmonize the technology requirements of new payment models with the requirements related to certified EHR technology (CEHRT) already incorporated into other programs, such as Advanced Alternative Payment Models (Advanced APMs) and the Merit-Based Incentive Payment System (MIPS). Alignment with pre-existing programmatic requirements promotes adoption amongst providers and allows health IT suppliers to scale development efforts. If additional technology capabilities are needed for a program, aligning those technical needs with criteria included in CEHRT, as opposed to defining ad hoc prescriptive functional requirements, will help reduce burden in developing new features and implementing them in customer systems.

In supporting practices who have participated in other initiatives supported by CMS, including the Comprehensive Primary Care Plus (CPC+) program, EHRA members have gained insight into additional program requirements that relate to a practice's health IT capabilities that support participation. We believe these insights, described below, may be helpful to share as CMS considers developing new models including the direct provider contracting model.

- **Share all reporting requirements for participating practices with health IT suppliers so they can help ensure capabilities are available.**

  CMS publishes "CPC+ Health IT Requirements" that include specific health IT capabilities that practices need to have in order to participate. These requirements focus on CEHRT modules that would support CPC+ practices for both performance tracking and reporting quality metrics; however, participating practices are required to track more metrics than just quality measures.

- **Focus on essential DPC health IT requirements**

  When DPC programs reference certification, they should be cautious in two ways.

  1. Avoid incorporating or requiring certification criteria that are not relevant to the particular program or effort in question. In other words, only require the minimum necessary set of criteria.
  2. Avoid certification criteria that are overly prescriptive as to how functions must be accomplished and do not allow appropriate flexibility.

- **Align all aspects of quality measure data collection reporting requirements across all Medicare programs.**

  Aligning quality measure reporting requirements across all Medicare programs is beneficial to health IT suppliers and participating practices, since some practices may have a mix of providers participating in a payment model or other program such as MIPS. For health IT suppliers who support certified electronic clinical quality measures (eCQMs), these metrics are frequently developed and certified one time, then used across multiple programs such as CPC+, MIPS, and potentially future models like direct provider contracting.

Some specific programs require a modification to a measure that varies from the ONC certified version, such as the CPC+ 2018 requirement for CMS 122v6 (Diabetes: Hemoglobin A1c (HbA1c) Poor Control) that health IT suppliers "be able to detect and interpret both types of results to make sure that you are correctly identifying patients who belong in the numerator." This requirement varies from the ONC certified measure specifications and requiring this for CPC+ practices means that a developer must spend time developing a version of the CQM that differs from other programs. When developing quality reporting requirements for a direct provider contracting model, EHRA encourages CMS to ensure that reporting requirements align exactly across Medicare programs to reduce development burden and provider education burden related to these variances.

The insights above are shared with the intention of providing examples of how the development and implementation of health IT requirements can potentially be improved in new payment models tested by CMS. EHRA is supportive of CMS' efforts to expand the number of alternative payment models and value-based reimbursement programs available to clinicians, and we welcome the opportunity to have an active role in determining how health information and technology can help ensure the success of these models across all clinician populations, from solo practitioners to large practices.

Sincerely,

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About the EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of more than 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families.

The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.