

August 21, 2017

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-5522-P,
P.O. Box 8013,
Baltimore, MD 21244-8013.

**Re: Medicare Program; CY 2018 Updates to the Quality Payment Program
Docket No. CMS-2017-0082**

Dear Sir/Madam:

On behalf of the CARIN Alliance, I am pleased to submit these comments regarding Request for Comments on Medicare Program; CY 2018 Updates to the Quality Payment Program. The CARIN Alliance appreciates the opportunity to provide comments on the MACRA Proposed Rule.

The CARIN Alliance is a non-partisan, multi-sector alliance convened by David Blumenthal, David Brailer, Aneesh Chopra, and former HHS Secretary Mike Leavitt, to unite industry leaders in advancing the adoption of consumer-directed exchange across the U.S. Working collaboratively with government leaders, the group seeks to rapidly advance the ability for consumers and their authorized caregivers to easily get, use, and share their digital health information when, where, and how they want to achieve their goals. With a membership composed of patients and caregiver organizations, health care entities, health information technology vendors and others, the CARIN Alliance is uniquely positioned at the intersection of public and private organizations to advance the development of person-centered, value-driven health care through the adoption of consumer-directed health information exchange.

Consumers as Key Players in Interoperability and 2015 Edition Certified Electronic Health Record Technology (CEHRT)

The CARIN Alliance is pleased to see that the MACRA proposed rule acknowledges the key role that consumers and their authorized caregivers play in the interoperability space. It is vitally important that consumers and their authorized caregivers have electronic access to their digital health information to manage their own health, care for loved ones, and share with providers in the way they choose. National efforts to achieve high-value care and a healthier population depend on the active engagement of patients and family caregivers and the ability to digitally access and share health information is a critical tool.

The CARIN Alliance believes the 2015 Edition CEHRT, along with the associated full MIPS/Stage 3 meaningful use (MU) ACI objectives and measures supports the role of consumers and their authorized caregivers in the interoperability landscape by providing incentives and mandating the availability of open application programming interfaces (API). Specifically, the CARIN Alliance believes the certification criteria and associated provider requirements to use open APIs for patient engagement are key to empowering consumers and their authorized caregivers with their health information. We believe the availability and use of such open APIs as called for in both the 2015 Edition and MIPS/MU facilitate greater care coordination among various providers and family caregivers and enable a more complete useful and longitudinal patient record than is now the case. These interlinked certification/MIPS/MU

requirements are, in the Alliance's perspective, the keys to achieving consumer-directed exchange of electronic health information. We support timely deployment and provider use of the 2015 Edition CEHRT and urge CMS to continue to do the same in its applicable QPP provisions.

To this end, the CARIN Alliance believes CMS should consider ways to provide additional positive incentives to providers who are able to adopt and use 2015 Edition CEHRT during 2018. We do not think the incentives in the current proposed rule are significant enough to encourage the change to this important technology. We urge CMS to consider additional positive incentives to motivate providers who are ready to proceed use of this functionality, perhaps by increasing the proposed ACI bonus for use of 2015 edition CEHRT and to add incentives to report on CQMs using 2015 edition CEHRT.

Incentives for Using *FHIR-based* APIs

Beyond encouraging adoption of the 2015 Edition CEHRT, and the associated open API requirements, the CARIN Alliance recommends CMS consider encouraging (directly and working with ONC) use of HL7 Fast Healthcare Interoperability Resources (FHIR®)-based APIs in its various technical resources for providers and developers.

CMS should similarly specify improvement activities (IAs) for which a participant can use APIs to receive another ACI bonus point to further incentivize clinicians to utilize the API functionality to share health information with beneficiaries as part of patient engagement and care coordination activities. For example:

- Provide Clinical-Community Linkages (IA_PM_XX)
- Advance Care Planning (A_PM_XX)
- Engage Patients & Families to Guide System Improvement (IA_BE_14)
- Engagement of Patients, Families and Caregivers in Development a Plan of Care (IA_BE_15)
- Improved Practices that Engage Patients Pre-Visit (IA_BE_22)

We would further request CMS work with the ONC to encourage them to begin promoting FHIR as an emerging, consensus-driven standard for developing open APIs and more specifically the Argonaut Data Query Implementation Guide version of FHIR. We believe it's important for the industry to agree on a consensus API approach to ensure consumers, their authorized caregivers, and their chosen application can more efficiently receive access to health information.

Thank you very much for your consideration of our comments and recommendations. If you have any questions, please feel free to contact me at ryan.howells@leavittpartners.com.



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The CARIN Alliance