

MACRA Drives EHR Interoperability

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In 2015, Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA), which I believe is one of the most important regulatory drivers in promoting EHR interoperability. According to the Office of the National Coordinator for Health Information Technology (ONC) ONC's presentation on Interoperability Measurement for MACRA Section 106(b) (2016b), MACRA defines interoperability as the capacity for health information management systems, like EHRs, to exchange clinical data and use the pertinent information to "provide access to longitudinal information for health care providers to facilitate coordinated care and improve patient outcomes." (6) The ONC (2016a) notes that, MACRA modified Medicare's complex reimbursement system, with the intention of promoting a wellness-oriented model for healthcare, as opposed to the treatment-based model that had previously been in place. The new Quality Payment Program and its Merit-based Incentive Payment System (MIPS) is based on a scoring system that considers a provider's performance in four categories: Quality, Cost, Improvement Activities, and Advancing Care Information. Providers with higher scores can expect to receive larger reimbursements. While previous regulatory initiatives, like Meaningful Use (MU), incentivized EHR interoperability through a more complex, objective-based structure, the Advancing Care Information pillar of MIPS defines and delineates four key goals for interoperability, setting a technological standard for EHR systems.

The first of these goals is to Close the Health Information Referral Loop, allowing EHR users to easily transfer health information and incorporate that data into a patient's health record. The second goal is to Bridge the Information Gap Across Care Settings, to streamline the sharing of clinical data between providers through health information exchange (HIE) and secure messaging. The third goal is to Incentivize Public and Population Health Management by

coordinating public health registries containing clinical data such as vaccination records with providers, across different EHR systems. Lastly, by Streamlining Reporting and Providing Flexibility, clinicians should have the ability to choose technology that best suits their needs and simplifies reporting.

A provider's score on the Advancing Care Information category of their MIPS score, is based on their ability to use EHR technology to send and receive clinical data about a patient, incorporate that data into the patient's health record, use any relevant data to augment their course of action, and ultimately improve patient care. The financial incentive associated with a higher MIPS score, motivates providers to implement the appropriate technology to meet the goals set forth in the Quality Payment Program. As such, the Centers for Medicare & Medicaid Services (CMS) (2020) has set forth a certification program to ensure that EHR technologies meet a specific standard for interoperability. Certified EHR Technology (cEHRT) is required to use structured data capture, along with specific content-exchange programs that meet a standard across all cEHRTs. Many of the key goals of the MIPS Advancing Care pillar are further reflected in the technological requirements set forth by CMS's certification program. Certification also allows EHR vendors to better market their products, since users are more likely to purchase CEHRT that will ensure an increase in MIPS score and financial reimbursements. Through these attainable metrics, financial incentives, I believe MACRA has worked to effectively improve interoperability and EHR technology.

References

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