June 3, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services (CMS)
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Ave., SW
Washington, DC 20201

Re: Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Interoperability and Patient Access for Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans in the Federally-Facilitated Exchanges and Health Care Providers

Dear Administrator Verma:

The American Academy of PAs (AAPA), on behalf of the more than 131,000 PAs (physician assistants) throughout the United States, appreciates the opportunity to provide comments on electronic health records (EHR) interoperability and related access to care issues for Medicare and Medicaid beneficiaries.

AAPA understands the importance of EHRs and the need for interoperability to improve the efficiency, quality, and functionality of patient health information and data. Interoperable EHRs have the capacity to assist in care delivery, enhance the patient experience and support care coordination for the entire health care team.

As an overarching theme for EHRs, we believe that there must be clear recognition by CMS and other stakeholders that the ability to fully utilize EHRs must be extended to those health professionals who deliver medical care to patients. Appropriate access by health professionals to online medical records systems is in alignment with principles articulated in the National Office of the Coordinator (ONC) for Health Information Technology's Trusted Exchange Framework and Common Agreement. If health professionals, such as PAs, are unable to fully access and utilize EHR systems, their ability to provide care that is efficient, safe, and coordinated may be hindered and the advantages that stem from increased interoperability could be lost. To prevent such occurrences, CMS should put forth guidance requiring medical practices, hospitals, other health facilities and health organizations that implement and utilize EHR systems to provide clinically appropriate operational access to appropriate health professionals, such as PAs, as part of ONC-approved Certified EHR Technology (CEHRT).

AAPA has concerns about the proposed use of an indicator on the Physician Compare web site for eligible clinicians and groups that have not met appropriate use of CEHRT including the prevention of information blocking standards. It is important to understand that financial constraints may have hindered the adoption of EHR systems by some health professionals, particularly for PAs who were substantially excluded from earlier EHR incentive programs and who are not currently incentivized to demonstrate EHR proficiency under the Promoting Interoperability category of the Quality Payment Program (QPP). Small and/or rural practices that, due to financial constraints, do not have certified EHR

systems in place must be given some level of flexibility and assistance to meet these requirements. One option would be to phase in these CEHRT requirements for practices that can reasonably demonstrate resource constraints to adopting CERT EHR systems. Another option would be to provide enhanced technical and other assistance to smaller practices that still do not have the relevant infrastructure or software due to financial barriers. With an increased focus on interoperability, it is appropriate to be sure that practices have the capabilities to meet CMS requirements by which they will be measured and reimbursed.

As suggested in the proposed rule, we support patients having greater access to their health information, which should contain an accurate record of their medical conditions and health care usage. AAPA expresses concern regarding patient confusion surrounding claims information received by patients electronically. One reason for increased patient confusion may be improper attribution of health professional services. For example, a patient may receive claims information that does not properly identify the health professional from whom they received treatment, such as identifying a physician on the claim form instead of a PA due to "incident to" billing. This may lead to additional time on behalf of the patient trying to clarify inaccurate information they received. AAPA is similarly concerned about another source of confusion that may be detrimental to patient care: lack of transparency in communications between health professionals, such as information sent between a PCP and a specialist. Due to "incident to" billing, either professional who is attempting to effectively coordinate care may be misinformed as to the appropriate health professional to contact with relevant questions. Inaccurate attribution may also limit the ability of researchers to obtain information used to "analyze population health trends, outcomes, and costs," another goal noted in the rule of the Trusted Exchange Framework. Consequently, CMS should support data transparency by modifying requirements under billing mechanisms such as "incident to" to ensure the health professionals who deliver care are identified in the patient's claims records. The increased accuracy of this data will help address patient confusion concerns, support care coordination, and strengthen the functionality of health information.

AAPA supports another aspect of the proposed rule, specifically, a publicly accessible provider directory listing of network healthcare providers. The inclusion of PAs and other health professionals in provider directories improves patient access by making beneficiaries aware of care-delivery options and provides patients with complete information to make informed care-delivery choices. It is vital that beneficiaries receive complete information about their available network of providers so they can determine the best coverage and care options. Information on care availability is particularly important in rural or underserved areas, and for plans with limited networks. In order to maximize accessibility, beneficiaries must be able to search for PAs in provider directories in a similar manner as physicians.

Thank you for the opportunity to provide feedback on the interoperability proposed rule. AAPA welcomes further discussion with CMS regarding our position and comments. For any questions you may have regarding our comments and recommendations, please do not hesitate to contact Michael Powe, AAPA Vice President of Reimbursement & Professional Advocacy, at 571-319- 4345 or michael@aapa.org.

Sincerely,

Jonathan E. Sobel, DMSc, MBA, PA-C, DFAAPA, FAPACVS
President and Chair of the Board