

August XX, 2025

The Honorable Mehmet C. Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Digital Quality Measures

Dear Administrator Oz:

The undersigned organizations are writing regarding the Centers for Medicare & Medicaid Services' (CMS) goal of evolving quality measures to digital quality measures (dQMs), as well as CMS' recently released request for information (RFI) on "Transitioning Toward Digital Quality Measurement in CMS Programs" within the various Medicare payment proposed rules. We commend the Administration for focusing resources on interoperability and advancing quality measurement. Moving to a standard based on Fast Healthcare Interoperability Resources (FHIR) will allow physicians, hospitals, and alternative payment model (APM) entities to incorporate alternative sources of data into quality reporting and should ease reporting burden. Specifically, it will allow specialties such as radiology and gastroenterology to use their digital data sources, as well as other physician specialties, providers, and APM entities, to seamlessly incorporate novel sources of information and data. Therefore, to best utilize government, provider, and physician practice resources, **we recommend that CMS focus its efforts on FHIR-based dQMs rather than the interim step of FHIR specifying electronic clinical quality measures (eQMs). Our organizations are eager to assist CMS in this move and we welcome the opportunity to participate in its planning and execution.**

The direct transition to dQMs will meaningfully reduce data collection, reporting burdens, and deliver far greater efficiency than a phased approach. Developing FHIR-based eQMs requires multiple complex, costly steps that disproportionately impact smaller hospitals and medical practices, many of which lack the needed infrastructure and resources. Unlike eQMs, adopting FHIR dQMs will enable all entities to primarily use electronic health record (EHR) data while allowing organizations with broader capabilities, such as Accountable Care Organizations (ACOs) and health plans, to incorporate additional sources, including administrative claims, patient reported information, and health information exchange data. Broadening adoption of FHIR dQMs not only positions the health care system to achieve a modern, efficient standard for data exchange and interoperability but also directly supports the Administration's goals of advancing health innovation, reducing unnecessary burden, and addressing the chronic disease epidemic.

To ensure this transition is successful, objective criteria and deliverables must be established to determine whether the field (i.e., providers and technology developers) is ready to progress to the next stage of implementing FHIR dQMs:

- Demonstrated technical capability, such as successful end-to-end testing of FHIR dQM reporting.
- Sufficient adoption rates of FHIR-enabled systems across provider types.
- Training and technical support readiness for provider organizations.
- Evidence of data quality and completeness in reported dQMs.

- Stakeholder consensus on burden, feasibility, and patient safety considerations.

By confirming readiness in this way, we can help the health care community adopt new standards with confidence, accelerate the availability of more timely and accurate information, and ultimately improve patient experiences of care and outcomes. Therefore, **we urge CMS to release a transparent timeline and actively engage with the health care community for feedback (physicians, hospitals, APMs, health plans, patients, and EHR developers)**. Specifically, the process and timeline must outline when the technical requirements for FHIR-based reporting will be available with adequate time for developers to integrate them into their products, and when these requirements will be incorporated into federal certification requirements.

At the same time, **CMS should build the internal capabilities needed to receive dQM data through FHIR-based application programming interfaces and release guidance and education to assist the health care ecosystem in this transition.** Subsequently, once CMS determines that developers are ready and certified to support this reporting and CMS can receive the data, a reasonable timeframe during which practices, hospitals, ACOs, and others must begin reporting these measures should be proposed.

The glidepath must also include appropriate positive incentives to support providers and physician practices, particularly those that are small and rural, through each step of the transition in a thoughtful way. By using a stepwise approach with initial activities focused on building the required infrastructure, followed by data collection and reporting by the practices, CMS can achieve its goals. It will be essential for each step to include adequate time and resources. A critical component is a transparent process to assess readiness before progressing from one stage to the next. Evaluation also must incorporate input from the provider and developer community to confirm there is broad consensus that the majority of participants are equipped to successfully report FHIR dQMs.

Thank you for considering our recommendations. We are a resource and can assist in the successful transition to dQMs. We look forward to working with you.

Sincerely,

American Medical Association