AMERICA'S HOSPITALS AND HEALTH SYSTEMS

May 28, 2015

Ms. Sylvia Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Burwell:

As organizations representing hospitals and health systems across the country, we are writing to express our concern about the readiness of health information technology (HIT) infrastructure to support the successful attainment of proposed Stage 3 requirements for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program in 2018. We believe the creation of an efficient and effective infrastructure for health information exchange is essential to support the delivery of high-quality, patient-centered care and is a precursor to many of the proposed advances for Stage 3. **Therefore, we recommend that the Department of Health and Human Services (HHS) prioritize the activities of public and private stakeholders to accelerate the availability of the necessary infrastructure for health information exchange and refrain from finalizing a Stage 3 meaningful use rule at this time.**

Our collective memberships are actively engaged in building their information infrastructures and view information exchange as vital to care improvement, as well as to successful implementation of new models of care. And, important progress is underway to facilitate easier information exchange. For example, HHS is in the midst of refining its interoperability roadmap in consultation with stakeholders, and will help the nation prioritize activities to ensure that health information can flow to support both regulatory requirements and the advancement of new models of care. In the private sector, the Argonaut project holds the promise of a new standard to support information exchange across technology platforms, but its work is in an early stage of development relative to the current scale of information exchange that is expected among clinicians and consumers. Public health departments continue to develop their platforms to accept electronically reported data using the federally adopted standards. Clinical data registries must develop that capability. And, we need to make progress on solving the challenge of correctly identifying and authenticating patients so that we have confidence that accurate information is being shared. HHS can be instrumental to this effort by supporting and coordinating across these activities to ensure that federal policy prioritizes progress on sharing data efficiently and effectively.

Success in achieving interoperability that is based on open-source, consensus-based standards is a precursor to proposed Stage 3 requirements such as providing patients with access to their data via third-party applications, expanded public health reporting options and many others. We have learned from early experience in Stage 2 that it is unwise to finalize requirements based on untested standards, such as the Direct protocol for sending summary of care documents. We need

testing and refinement of standards, as well as time to work through implementation issues, before a standard becomes a regulatory requirement.

Indeed, we still have many lessons to learn from Stage 2, given that 2015 is the first year that most providers will be meeting the Stage 2 requirements. According to the latest data from CMS, only 38 percent of hospitals and 11 percent of physicians registered for the EHR incentive programs met Stage 2 in 2014 (presentation to HIT policy committee, March 2015). In the spirit of a learning regulatory system, we believe that Stage 3 requirements, including the higher thresholds and more robust requirements for technology should be built on evaluation of experience in Stage 2 by all providers, and not just those that are among the first adopters.

Furthermore, as you know, recent legislation calls for changes to meaningful use for physicians in the coming years. Specifically, the Medicare Access and CHIP Reauthorization Act of 2015 directs HHS to create a Merit-based Incentive Payment System (MIPS) that combines meaningful use with the existing value-based modifier and physician quality reporting system programs. To ensure coordination across programs and avoid duplicative or contradictory policies, we urge you ensure that Stage 3 rules are consistent with your development of the MIPS program. While MIPS only will apply to eligible professionals, it is important to keep the meaningful use requirements for hospital and physicians aligned.

Our commitment to the successful use of electronic health records and electronic exchange of health information remains strong. We believe that providing additional time for maturation of implemented technology and optimization to support meaningful use and other regulatory requirements is the right policy to keep all stakeholders focused on the activities that will support the better quality care for patients and for populations.

Sincerely,

America's Essential Hospitals
American Hospital Association
Association of American Medical Colleges
Catholic Health Association of the United States
Children's Hospital Association
Premier healthcare alliance
VHA Inc.

Cc: Andrew M. Slavitt, Acting Admistrator, CMS
Karen DeSalvo, Acting Assistant Secretary for Health and National Coordinator for Health Information Technology