

September 15, 2014

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

Dear Secretary Burwell:

The undersigned organizations write to express immediate concerns confronting our respective members' ability to successfully participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program in 2015 and we offer recommendations on increasing program flexibility. We recognize the vital role your department has taken in advancing the adoption of health information technology in the United States and we appreciate your willingness to be flexible in modifying program requirements for 2014. We are proud to be active partners in such a vital public program, but we are convinced that program success hinges on addressing the 2015 reporting period requirements. Specifically, we request HHS provide for a shortened, 90-day EHR reporting period in 2015, which would give time for providers to continue their transition without having to drop out of the program.

In February 2014, many of the undersigned communicated our concerns that the pace and scope of change had outstripped our collective capacity to comply with Meaningful Use requirements.¹ Specifically, we said this dynamic inhibited the ability of our members to manage the transition to 2014 Edition Certified Electronic Health Record Technology (CEHRT) and Stage 2 Meaningful Use in a safe and orderly manner. The proposed rule meant to address our concerns, published in May, received widespread support from our organizations; we understood this to be an honest acknowledgement of our concerns and we knew that regulators had to act quickly to have a positive impact on the program in 2014. However, we were surprised to learn that flexibilities meant to mitigate 2014 challenges did not also address program misalignment in 2015 and beyond.

Unfortunately, the final rule, published in the September 4 *Federal Register*, maintained a provision requiring providers perform a full-year EHR reporting period in 2015. Our organizations remain incredibly concerned that a full-year reporting period will diminish the benefits of the rule HHS proposed in May and complicate the forward trajectory of Meaningful Use. Program data released September 3 have validated these concerns, and continued communications with our members indicates further action is needed in 2015. For roughly 3,800 hospitals, the final rule requires implementation of 2014 Edition CEHRT configured for Stage 2 measures and objectives by October 1, 2014. More than 237,000 eligible professionals (EPs) will need to be similarly positioned by January 1, 2015. This is in addition to the 1,200 hospitals and 290,000 EPs who also must have 2014 Edition CEHRT implemented before the beginning of their reporting year at Stage 1.

¹ Letter to Secretary Sebelius Regarding Meaningful Use Timelines, February 21, 2014, <http://bit.ly/1CZGt6p>

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To date, only 143 hospitals and 3,152 EPs have demonstrated an ability to meet Stage 2 requirements using 2014 Edition CEHRT. This represents less than 4 percent of the hospitals required to be Stage 2-ready within the next 15 days. And while eligible professionals have more time, they are in comparatively worse shape, with only 1.3 percent of their cohort having met the Stage 2 bar thus far.

We urge you to take immediate action by shortening the 2015 EHR reporting period to 90 days and by adding flexibility in how providers meet the Stage 2 requirements, particularly related to Transitions of Care and View, Download, Transmit measures. We believe these changes will have a dramatically positive effect on program participation and policy outcomes sought in 2015 and beyond.

The additional time and flexibility afforded by these modifications will help hundreds of thousands of providers meet Stage 2 requirements in an effective and safe manner. This will reinforce investments made to date and it will ensure continued momentum towards the goals of Stage 3, including enhanced care coordination and interoperability.

Given that we have less than two weeks left in Fiscal Year 2014, immediate attention to these concerns is needed. This additional time is vitally important to ensure that hospitals and physicians continue moving forward with technology to improve patient care. By making such changes, HHS would improve patient safety without compromising momentum towards interoperability and care coordination supported by health IT.

Our commitment to the success of this program remains strong. We believe that giving providers a small amount of additional time to complete the transition to Stage 2 is the right policy to keep the program on track. Representatives from the undersigned list of organizations would be pleased to meet with you to outline additional specific program modification recommendations. Please contact Jeffrey Smith at jsmith@CHIMECentral.org for more information and to arrange a meeting. We look forward to hearing from you on this important matter.

Sincerely,

American Academy of Family Physicians
American College of Physicians
American College of Physician Executives
America's Essential Hospitals
American Hospital Association
American Medical Association
Association of American Medical Colleges
Association of Medical Directors of Information Systems
Catholic Health Association of the U.S.
Children's Hospital Association
College of Healthcare Information Management Executives
Federation of American Hospitals

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Healthcare Information and Management Systems Society
Medical Group Management Association
National Rural Health Association
Premier healthcare alliance
VHA Inc.

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