

September 17, 2015

Shaun Donovan
Director
Department of Management and Budget
725 17th Street, NW
Washington, DC 20503

Dear Shaun Donovan:

The undersigned medical societies agree that interoperable, useable, and clinically relevant Electronic Health Records (EHRs) are the essential foundation for the implementation of Merit-Based Payment System (MIPS) and Alternative Payment Models (APMs). The physician community, however, is extremely concerned with the current direction of the Meaningful Use (MU) program. To date, 80 percent of physicians are utilizing EHRs, but less than 10 percent of physicians have successfully participated in MU Stage 2. Furthermore, due to the inflexible MU regulations and certification requirements, vendors have created software products that are frequently unusable, administratively burdensome, and in many instances do not promote clinically relevant patient care.

The physician community is extremely dismayed by recent press reports that the Final Modifications Rule and the Final MU Stage 3 Rule have been combined and this rule is now under review at the Office of Management and Budget (OMB). If the administration finalizes the proposed MU Stage 3 regulation now, vendors will create software that will lock-in problematic technology, which physicians and patients will be living with for years to come. The proposed MU Stage 3 regulation exacerbates problematic policies of MU Stage 2 by continuing to “count” physicians’ compliance with one-size-fits-all objectives rather than focusing on the clinical activities that should support differences in medical practices and patient care. We believe Stage 3 takes a drastic step backwards from the proposed improvements of the Modifications Rule.

Moreover, the proposed MU Stage 3 regulation was developed prior to and without consideration of the changes enacted by the Medicare Access and Chip Reauthorization Act (MACRA). Yet, the MU program will play a vital role in both the new MIPS payment system and the development of APMs. **The administration should therefore pause MU Stage 3 and reevaluate the program in light of these pivotal changes to Medicare.**

Importantly, pausing Stage 3 will not stop or delay progress with EHRs. Rather, we believe it will help move the program forward and drive innovation and adoption. **To continue to advance EHRs, we urge the administration to proceed with finalizing the Modifications Rule as well as with integral pieces of the proposed 2015 Edition Certification Rule as soon as possible.** For example, the administration should release a revised 2014 Edition and move forward with proposals to: provide updates to the testing and use of clinical and quality

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document standards; adopt more stringent safety enhanced design requirements; standardize Application Programming Interfaces; conduct “in-the field” health IT surveillance; and provide transparency and disclosure requirements. Physicians and patients should not have to wait until 2018 to see improvements to current technology. Yet, the administration has waited too long and left physicians with uncertainty about the program requirements. **Due to the extremely late date in publishing the Modifications Rule, we strongly believe that the agency should establish an additional hardship exemption category for physicians who could not anticipate new program mandates so late into the year.**

There seems to be a view among some policymakers that by requiring more certified EHRs to populate the landscape the systems will achieve interoperability. The physician community strongly disagrees, and we are concerned that spreading poor performing systems may exacerbate the problem. Instead, we believe key interoperability challenges need to be addressed first so that the systems entities adopt will be capable of facilitating the seamless exchange of data. We believe that pausing Stage 3 at this time will provide the opportunity to evaluate the environment as we work with the administration to implement the needed changes found in the Modifications Rule. There are so many questions surrounding creation of MIPS and APMs that it is premature to proceed with MU Stage 3, especially since EHRs and MU will serve as a foundation for the success of these programs.

The physician community is committed to working with the administration on the implementation of MACRA. We, however, strongly believe that moving forward with MU Stage 3 at this time will severely undermine the ability of the health system to support the implementation of this critical legislation.

Sincerely,

American Medical Association
Advocacy Council of the ACAAI
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Facial Plastic & Reconstructive Surgery
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology—Head and Neck Surgery
American Academy of Pediatrics
American Academy of Physical Medicine & Rehabilitation
American Association of Clinical Endocrinologists
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology

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American College of Gastroenterology
American College of Mohs Surgery
American College of Osteopathic Internists
American College of Physicians
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Medical Group Association
American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society of Cataract and Refractive Surgery
American Society of Hematology
American Society of Plastic Surgeons
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Medical Group Management Association
North American Spine Society
Society for Vascular Surgery
The Society of Thoracic Surgeons