

September 10, 2018

Ms. Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1694-P
P.O. Box 8011
Baltimore, MD 21244-1850

Dear Ms. Verma:

On behalf of the undersigned organizations, we are writing to urge the Department of Health and Human Services to **allow eligible clinicians utilizing a certified electronic health record to participate in a clinician-led qualified clinical data registry (QCDR) to qualify them as fully achieving all points for the Promoting Interoperability category of the Quality Payment Program's Merit Based Incentive Payment System.** This would align with CMS' Patients Over Paperwork Initiative, as providing full Promoting Interoperability (PI) credit to these eligible clinicians would significantly reduce unnecessary burden for providers in the MIPS Program.

We are advancing this change because:

- 1) Compliance with current PI requirements represents a significant burden on physician practices.
- 2) There is limited evidence demonstrating that PI requirements have a positive impact on the quality of care and patient outcomes, or that they have relevance to physicians, practices and patients.
- 3) Physicians will be further incentivized to adopt electronic health records and participate in QCDRs, facilitating a culture of performance improvement that benefits patient care and patient outcomes.
- 4) This enables the specialty-led performance measurement that Congress intended with passage of Medicare Access and CHIP Reauthorization Act.

We support CMS' goals of reducing provider burden. One way to advance this goal while advancing improvements in quality is to provide full PI credit to eligible clinicians using a certified EHR technology (CEHRT) to participate in a clinician-led QCDR. At least 27 medical and surgical specialties have initiated an electronic-based QCDR, and others are using data collected in CEHRT to populate QCDRs. These registries drive improvements in the value of health care, including by providing feedback on quality and appropriate use metrics and patient outcomes, highlighting variations in care, identifying best practices to improve care and outcomes, and analyzing aggregate data sets to uncover and advance scientific insights. When Congress

approved the Medicare Access and CHIP Reauthorization Act (MACRA), QCDRs were envisioned to be a meaningful solution to achieving the goals of the Quality Payment Program (QPP).

Crediting eligible clinicians utilizing CEHRT to participate in a clinical data registry, such as a qualified registry or qualified clinical data registry, for quality improvement purposes for full Promoting Interoperability credit would reduce reporting burdens, improve MIPS performance, increase CEHRT use and interoperability, and improve quality and outcomes. Recent studies have highlighted the improvements in quality and patient outcome measures for registry participants.¹ Additionally, according to the Council of Medical Specialty Societies' *Primer for the Development and Maturation of Specialty Society Clinical Data Registries*, "Frequent feedback on performance allows clinicians to compare themselves with peers as well as with national benchmarks. Thus, in contrast to one-time quality improvement projects, [clinical data registries] CDRs create an ongoing process of measuring, reporting and improving the quality of care that clinicians provide. CDRs are the modern specialist's best tool for creating a culture of performance improvement in practice."

We strongly encourage HHS to recognize the value that clinical data registries bring to healthcare and encourage their use by recognizing physicians utilizing CEHRT to participate in a clinical data registry as satisfactorily achieving full credit for Promoting Interoperability MIPS category.

Sincerely,

American Academy of Dermatology Association
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology – Head and Neck Surgery
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons/ Congress of Neurological Surgeons
American Board of Family Medicine
American College of Emergency Physicians
American College of Gastroenterology
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Physical Therapy Association

¹ Performance Rates Measured in the American Academy of Ophthalmology IRIS[®] Registry (Intelligent Research in Sight); Rich, William L. et al.; *Ophthalmology*, Volume 125, Issue 5, 782 - 784

American Society for Radiation Oncology
American Society of Cataract and Refractive Surgery
American Society of Plastic Surgeons
American Urological Association
Society for Vascular Surgery
The Society of Thoracic Surgeons