

February 27, 2017

Patrick Conway, MD
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Technology
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Jon White, MD
Acting National Coordinator
Office of the National
Coordinator for Health Information
Hubert H. Humphrey Building,
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Washington, DC 20201

Dear Acting Administrator Conway and Acting National Coordinator White:

The undersigned organizations are writing to request a deferment from implementing 2015 Edition certified electronic health record technology (CEHRT) until such technology is widely available, and, in no event, sooner than January 2019. The physician community thanks the Centers for Medicare & Medicaid Services (CMS) for permitting the use of both 2014 and 2015 Editions in the Quality Payment (QPP) and the Meaningful Use (MU) programs in 2017. These programs, however, require the use of 2015 Edition technology starting in 2018. For reasons described in this letter, we believe that the technology will not be readily available to physicians across a wide variety of specialties and that the use of 2015 Edition CEHRT should remain voluntary.

Mandating 2015 Edition CEHRT by 2018 Jeopardizes Success in the QPP and MU

While over 16 months have passed since the Office of the National Coordinator for Health Information Technology (ONC) released the final 2015 Edition requirements, few vendors have fully upgraded their systems—only 54 of the over 3,700 products are currently certified and posted on the Certified Health IT Product List (CHPL). Importantly, the vast majority of the certified 2015 Edition products are from a small number of vendors. Requiring physicians to upgrade to 2015 Edition technology by 2018 limits choice by forcing physicians to select a system from approximately one percent of existing products. In addition, physicians may be driven to switch vendors and utilize a system that is not suitable for their specialty or patient population due to this tight timeline. This is not only contrary to the purpose of an electronic health record (EHR)—a tool to help physicians respond to patient care needs—but also jeopardizes a physician’s chance of success in the QPP and MU. **Physicians should not be subject to financial penalties under the QPP and MU because vendors have not certified their 2015 Edition products in a timely manner.**

A Rush to Certify Products Will Result in Broad Hardship Exemptions

We urge CMS to recall that the switch to 2014 Edition CEHRT created similar challenges and resulted in a large backlog of products. This eventually required CMS to create a hardship exemption for technology delays that was announced late into the program year—furthering confusion and uncertainty in the MU program. Given that only 54 products are currently certified to the 2015 Edition, there will likely be a similar rush to certify hundreds, if not thousands, of additional products in 2017 and substantial implementation delays. **To avoid repeating these problems, CMS should adjust its timeframe for the required use of 2015 Edition technology.**

Hasty Deployment of CEHRT is Counterproductive and Threatens Patient Safety

While we acknowledge that the 2015 Edition contains functionality that may improve data access, integration of patient generated health data, and document sharing, initial implementation and utilization of these new tools may prove complex. To effectively and safely use these new features, health systems must develop internal guidance, principles, and practices to ensure they improve, not detract from, patient care. **We are concerned that requiring the use of 2015 Edition CEHRT by 2018 will result in rushed upgrades, installations, a lack of user training, and an overall disruption to physicians' practices. As such, physicians should identify their own 2015 Edition-rollout timeline independent of federal regulation.**

We are also concerned that, in addition to the significant changes that the QPP will bring to a physician's practice in 2017, the current CEHRT timeline ignores the needs of practices with few technology resources. Many small and solo practices have historically learned about implementation from early adopters but will not have time to do this under the current time constraints. The new Edition also includes new measures that will likely be challenging and demanding for practices. **To assist these practices, CMS should continue to allow the use of both 2014 and 2015 Editions and permit participants to meet modified Stage 2 MU and Advancing Care Information (ACI) measures.**

2015 Edition CEHRT Should Incorporate Improvements to EHR Certification

Congress outlined a number of needed EHR certification improvements with passage of the 21st Century Cures Act. Specifically, the law directs the Secretary of Health and Human Services (HHS) to develop a strategy to reduce EHR regulatory and administrative burden and requires, as a condition of certification and maintenance of certification, new requirements for developers. These requirements address many of our long-standing concerns with EHRs, including prohibiting vendor data blocking; improving the usability, interoperability, and security of EHRs; and testing CEHRT in real-world settings. We view these as necessary protections that will shed new light on how EHRs perform in our members' practices. While we applaud Congress on the passage of these provisions, and are committed to working with HHS to implement them, we are concerned these protections will not be in place before vendors develop, test, and certify 2015 Edition products. It is clear that Congress intended for physicians to be better equipped to make EHR purchasing or upgrading decisions; yet, **we fear without deferring the 2015 Edition requirements, most EHRs will not conform to these new and vital certification improvements.**

Conclusion

Thank you for your consideration of how we can safely and effectively move to 2015 CEHRT. Improving technology, while reducing administrative burden and costs are key concerns across industry stakeholders. We are eager to continue working with you to further our mutual goals.

Sincerely,

American Medical Association
Advocacy Council of the American College of Allergy, Asthma, & Immunology
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Emergency Medicine

American Academy of Family Physicians
American Academy of Home Care Medicine
American Academy of Neurology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngic Allergy Inc
American Academy of Otolaryngology—Head and Neck Surgery
American Academy of Physical Medicine and Rehabilitation
American Association of Clinical Endocrinologists
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Neuromuscular & Electrodiagnostic Medicine
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Emergency Physicians
American College of Gastroenterology
American College of Mohs Surgery
American College of Osteopathic Internists
American College of Phlebology
American College of Physicians
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Congress of Obstetricians and Gynecologists
American Gastroenterological Association
American Geriatrics Society
American Osteopathic Association
American Psychiatric Association
American Rhinologic Society
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Dermatopathology
American Society of Hematology
American Society of Neuroradiology
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Society of Retina Specialists
American Academy of Ophthalmology
Association of American Medical Colleges
Congress of Neurological Surgeons
Heart Rhythm Society
Infectious Diseases Society of America

International Society for the Advancement of Spine Surgery
Medical Group Management Association
North American Neuro-Ophthalmology Society
North American Spine Society
Renal Physicians Association
Society for Vascular Surgery
Society of Critical Care Medicine
Society of Nuclear Medicine and Molecular Imaging
The Society of Thoracic Surgeons

Medical Association of the State of Alabama
Arkansas Medical Society
California Medical Association
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association Inc
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
MedChi, The Maryland State Medical Society
Massachusetts Medical Society
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
Medical Society of the State of New York
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society

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South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Vermont Medical Society
Washington State Medical Association
Wisconsin Medical Society
Wyoming Medical Society