

June 26, 2009

David Blumenthal, M.D., M.P.P.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
200 Independence Avenue, SW
Suite 729D
Washington, DC 20201

Re: HIT Policy Committee Meaningful Use Comments

Dear Dr. Blumenthal:

The American Recovery and Reinvestment Act (ARRA) authorizes the Centers for Medicare & Medicaid Services (CMS) to provide financial incentives for eligible physicians who meaningfully use electronic health records (EHRs). These incentive payments begin in 2011 for eligible Medicare physicians; physicians who have not demonstrated they are a meaningful user of an EHR by 2015 will face reductions in their Medicare payments which start at 1 percent.

When implemented properly in a connected environment, widespread HIT adoption and use will transform the practice of medicine and provide physicians with a powerful tool by putting real-time, clinically relevant patient information and up-to-date clinical decision support tools in practitioners' hands at the point of care. ARRA enables the federal government, physicians, and others to work together to achieve the goal of widespread adoption and use of EHRs. It is important to note that the vision of a nationwide interoperable EHR environment cannot be fully realized without reforming our Medicare physician payment system and eliminating significant administrative waste from the health care system by simplifying and standardizing the current health care billing, payment and claims reconciliation process.

We the undersigned organizations, appreciate the HIT Policy Committee's efforts to promptly issue a proposal for meaningful use objectives and measures that must be met by eligible physicians to ensure receipt of the financial incentives specified in ARRA. In general, we support the Committee's objectives and vision as outlined in the proposed matrix released by your office. We are concerned, however, that the Committee's timeline to meet the proposed measures is too aggressive given that we continue to lack the necessary infrastructure, standards, and systems. We also have significant concerns with the following objectives and measures proposed by the Committee on: appropriate access to, exchange and reporting of health care data; costs associated with the dissemination of information; privacy measures including ineligibility for incentives due to an alleged HIPAA violation; and patient compliance with specified measures.

ARRA defines meaningful users of EHRs as eligible professionals who: use certified EHRs (which include e-prescribing functionality); engage in information exchange; and report quality measures. ARRA authorizes the Secretary of the Department of Health and Human Services (HHS) to make these requirements more stringent over time. Based upon a considerable amount of analysis and discussion, we are submitting a proposal for defining meaningful use of EHRs which includes: 1) guiding key principles that we believe are critical to achieving the goal of widespread adoption of EHRs and other health information technology (HIT), and to ensuring patient access to quality and timely care; and 2) an

achievable and predictable pathway toward meaningful use, including a set of program specifications for meeting the 2011 incentive payment timeframe and beyond. **Our proposal is aimed at ensuring that the “bar” is not set too high or too low; one that is reasonable and ensures that all eligible physicians in all size practices and specialties are able to take advantage of the incentives specified in ARRA.** Attached to this letter you will find our recommended principles and set of incentive program specifications.

Moving forward within a predictable pathway--and assigning years to those steps--is very much dependent on number of forces in play: the availability of the required EHR functionalities and standards; the readiness of several others in the health care spectrum to securely exchange data with physicians; physicians having real-time access to medical information and tools; and the ability of individual physicians to incorporate these technologies into their existing workflow. We strongly recommend a "check point" before moving from one level of meaningful user criteria to the next. This check point will help ensure not only physician readiness and the capacity of the system to meet these goals, but will also help assure continued access to safe, quality care for patients.

We appreciate the opportunity to comment on the Committee’s proposal and look forward to providing ongoing input to the Committee to ensure that the EHR meaningful use objectives and measures are reasonable and achievable for all eligible health professionals. Should you have questions about these comments, they can be directed to Mari Savickis at mari.savickis@ama-assn.org or 202-789-7414.

Sincerely,

American Academy of Allergy, Asthma and Immunology
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Home Care Physicians
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology– Head and Neck Surgery
American Association of Clinical Endocrinologists
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma and Immunology
American College of Chest Physicians
American College of Obstetricians and Gynecologists
American College of Osteopathic Internists
American College of Osteopathic Surgeons
American College of Physicians
American College of Radiation Oncology
American College of Radiology
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Medical Association
American Medical Directors Association
American Osteopathic Academy of Orthopedics
American Osteopathic Association
American Psychiatric 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 Hematology
American Society of Plastic Surgeons
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Heart Rhythm Society
Infectious Diseases Society of America
Joint Council of Allergy, Asthma and Immunology
Medical Group Management Association
North American Spine Society
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
The Society of Thoracic Surgeons

Medical Association of the State of Alabama
Alaska State Medical Association
Arizona Medical Association
Arkansas Medical Society
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
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
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association

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Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Medical Society of Virginia
Wyoming Medical Society