February 17, 2017

The Honorable Thomas Price, M.D.
Secretary, U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Price:

The undersigned organizations represent thousands of healthcare providers across the nation who treat millions of patients each year. In addition to their commitment to providing high quality healthcare, these providers bolster their local and state economies, generating hundreds of billions of dollars of economic activity in the aggregate and creating millions of jobs in their communities. Regulatory requirements, the costs associated with upgrading systems, and financial penalties burden providers' infrastructures and often detract from the patient-provider relationship instead of enhancing it. We share your desire to reduce the regulatory complexity governing our health system and look forward to working with you to implement actions that will spur innovation and ensure that we can direct valuable resources toward improving patient care.

During your confirmation hearings, you spoke about the incredible value that health information technology (IT) has on creating a more effective and efficient delivery system. At the same time, you referenced the need to align our regulatory system with providers' real-world needs. We look forward to working with you on ensuring patients benefit from the best technology has to offer and that the goal of a truly interoperable healthcare system comes to fruition. We applaud your leadership in this area and support many of the provisions in the 21st Century Cures Act aimed at improving the state of healthcare interoperability and the functionality of certified electronic health record technology (CEHRT). To that end, we write with some immediate concerns that must be addressed if we are going to propel the delivery system forward. **Specifically, we request that you delay implementation of Stage 3 of the Meaningful Use program and Stage-3 like measures in the Merit-based Incentive Payment System (MIPS) program indefinitely. Related to this, we request providers not be required to move to 2015 Edition CEHRT.**

Our members are very concerned with the unrealistic timeframe and the difficult-to-meet requirements laid out in Stage 3 of the Meaningful Use program, as well as with the related requirements under MIPS. Providers are still acclimating to Modified Stage 2 measures and transitioning to the MIPS program, and we believe more time is needed at this stage to offer stability to the clinicians using the technology and to enable innovation in the marketplace. Further, the existing timelines, which require providers to implement 2015 Edition CEHRT by January 1, 2018 do not take into account the important improvements included in the 21st Century Cures Act. Providers will not have the opportunity to benefit from several provisions aimed at improving the use of EHRs, including efforts to reduce the regulatory burden and improvements to the usability of CEHRT.

Complicating matters is the fact that only approximately one percent (56) of EHRs have been certified to the 2015 Edition compared with the number which have been certified for the previous version (3,724) now in use. Since the 2015 Edition is required for use in 2018 by providers for Stage 3 and MIPS, it is extremely unlikely that vendors will be able to deliver the systems in time for providers to test and

deploy them by January 1, 2018. Without these systems providers face rushed implementations which may jeopardize patient safety coupled with the potential for substantial financial penalties.

Our members also report they are being forced to make considerable investments with third party vendors just to support quality measure reporting requirements since several certified EHRs are incapable of handling these requirements. Many providers today do not have the capability or the version of CEHRT to electronically report eCQMs. This is presenting additional challenges for hospitals who currently must report eCQMs for an entire year in 2017. Further, come 2018, clinicians will only have had one year in the new MIPS program making upgrading very disruptive. **In order for providers to make appropriate adjustments in a timely manner, we ask that HHS formally notify providers to a delay in the required use of 2015 Edition CEHRT and to changes with hospital eCQM reporting as soon as possible.** In short, we see no reason to hasten the expensive move to 2015 Edition CEHRT, especially since doing so is not alone sufficient for achieving interoperability and does not cure the problems associated with eCQM reporting and gives clinicians little time acclimate to MIPS.

We appreciate your leadership on health IT and look forward to working with you on ways to reduce these and other regulatory burdens facing providers and benefit better patient care.

Sincerely,

American Academy of Dermatology
American Academy of Ophthalmology
American Association of Neurological Surgeons
American College of Cardiology
American College of Surgeons
American Society for Gastrointestinal Endoscopy
American Society of Plastic Surgeons
America's Essential Hospitals
Association of Black Cardiologists
College of Healthcare Information Management Executives
Congress of Neurological Surgeons
Infectious Diseases Society of America
Medical Group Management Association
North American Spine Society
Premier healthcare alliance
Urgent Care Association of America