

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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200 Independence Avenue, SW  
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.**

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*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 21<sup>st</sup> 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  
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