



American Medical Group Association®

June 15, 2015

Andrew M. Slavitt  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Room 445-G  
Hubert Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Re: Electronic Health Record Incentive Program – Modifications to Meaningful Use in 2015 Through 2017; Proposed Rule

*Submitted Electronically*

Dear Mr. Slavitt:

I am writing today on behalf of the members of the American Medical Group Association (AMGA). We appreciate the opportunity to provide input about the proposed modifications to the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs that aim to align programmatic requirements with the upcoming Stage 3 regulatory framework from 2015 through 2017. AMGA represents multi-specialty medical groups and other organized systems of care, including some of the nation's largest, most prestigious integrated healthcare delivery systems. AMGA member medical groups employ nearly 130,000 physicians who treat approximately one in three patients in the United States. Most AMGA member medical groups have been early adopters of health information technology to help them deliver high-quality coordinated care to their patients in a team-based and collaborative manner, and they have been eager to embrace the Medicare and Medicaid EHR Incentive Programs, despite the operational challenges they have presented.

AMGA appreciates the thoughtful approach that the Centers for Medicare and Medicaid Services (CMS) has taken with this proposed rule, which reflects an understanding of the struggles that the healthcare industry has had with implementing the Medicare and Medicaid EHR Incentive Programs. Our specific comments follow in the paragraphs below.

#### **90-Day Reporting Period for 2015**

AMGA member medical groups greatly appreciate the proposed 90-day reporting period for 2015, rather than a full year, given the delays in availability, deployment, configuration, implementation and effective use of new versions of certified electronic health record technology (CEHRT), and other issues. We appreciate CMS' sensitivity to the operational challenges inherent in the implementation of CEHRT, and support this proposal.

### **Modification to Patient Electronic Access to View, Download, or Transmit Health Information**

CMS proposes to modify the current 5% threshold for Patient Electronic Access to view, download, or transmit health information in Stage 2 to requiring a single patient to view, download, or transmit their electronic health information, which would eliminate the compliance threshold altogether for 2015 through 2017. AMGA strongly supports this proposal, and appreciates CMS' willingness to modify the requirement. Our medical group members understand the importance of patient engagement and have dedicated significant resources to this important activity, however, meeting previous compliance thresholds has proven difficult for many of them, since the measure is dependent on the actions of others, making compliance extremely challenging.

### **Secure Electronic Messaging**

CMS proposes to modify the Stage 2 objective for Secure Electronic Messaging to a yes or no response, eliminating the previous compliance threshold. As with the other proposals to simplify compliance, AMGA supports this proposal.

### **Summary of Care Objective**

Compliance with the Summary of Care measures has been problematic for the healthcare industry to meet all along, due to issues with transmission of information to outside entities. We therefore welcome the proposal to retain only the second measure of the existing Stage 2 objective for Summary of Care for meaningful use from 2015 through 2017 that requires the creation of a summary of care record using a certified electronic health record, and the transmission of the care record electronically.

### **Clinical Quality Measure Alignment and Simplification**

AMGA member medical groups also support the continued alignment of Clinical Quality Measures (CQMs) across quality reporting programs, and the proposal to require all providers to attest to a single set of objectives and measures beginning with an EHR reporting period in 2015. The goal of reporting once to satisfy multiple program requirements is a positive one, and will be a necessity as CMS begins to implement the provisions of H.R. 2, the "Medicare Access and CHIP Reauthorization Act of 2015" which will combine the EHR Incentive Programs, the Physician Quality Reporting System and the Value Modifier into one program.

In light of the provisions within this proposed rule, however, AMGA is very concerned about the sharp increase in the compliance thresholds for measures in the Stage 3 proposed rule, and has commented accordingly on that proposed rule. Going forward, the healthcare information technology infrastructure must be strengthened to support the requirements for increased data transmission. This would include addressing the obstacles to true interoperability, in addition to creating a National Direct Address Directory.

We appreciate the opportunity to provide comments on this proposed rule. Should you have questions, please don't hesitate to contact Karen Ferguson of my staff at [kferguson@amga.org](mailto:kferguson@amga.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Donald W. Fisher". The signature is fluid and cursive, with a large initial "D" and "W".

Donald W. Fisher, Ph.D.  
President and CEO