

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](mailto: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

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