

October 15, 2014

The Honorable Sylvia M. Burwell
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Burwell:

The undersigned organizations write to express our immediate concerns with the Meaningful Use (MU) program and the current state of interoperability and usability of health information technology (HIT), including electronic health records and electronic medical records (EHRs/EMRs). Our respective members believe that the MU program and greater adoption of HIT could promote improvements in patient safety, care quality, and efficiency. Yet, based on our collective member experience, we are facing growing barriers to achieving these goals. Without changes to the MU program and a new emphasis for interoperable EHRs/EMRs systems and HIT infrastructure, we believe that the opportunity to leverage these technologies will not be realized.

Currently, health information stored in most EHRs/EMRs and other HIT systems and devices do not facilitate data exchange but “lock-in” important patient data and other information that is needed to improve care. Recent data from the Office of the National Coordinator for Health Information Technology (ONC) shows that less than 14 percent of physicians are able to electronically transmit health information outside of their organization and other providers are facing similar challenges. These barriers to data exchange proliferated as result of a variety of factors; include strict MU requirements and deadlines that do not provide sufficient time to focus on achieving interoperability. This dynamic is also in part due to the strict EHR certification requirements that have forced all the stakeholders involved to focus on meeting MU measures as opposed to developing more innovative technological solutions that will enhance patient care and safety while growing the marketplace.

In addition to HIT interoperability challenges, existing systems also lack usability, complicating physician and provider workflows, and diverting resources away from patient care. For instance, many of the physicians have vocalized concerns that these challenges and greater administrative burdens are creating significant dissatisfaction with EHR/EMR usability; yet, their vendors are limited from addressing these concerns as they focus on meeting increasingly complex certification requirements.

Unfortunately, the recently released final rule that provided relief for unavailable technology did not address or improve the challenges of interoperability and usability. It also only limited its impact to 2014, despite the growing concern with future stages of the MU program. Our organizations remain concerned that without changes the forward trajectory of the MU program will be in jeopardy.

For these reasons, we collectively recommend a different approach to improve the MU program and HIT. Such an approach should emphasize the following:

- Streamline and focus the ONC certification requirements on interoperability, quality measure reporting, and privacy/security. Removing a heavy handed set of certification mandates and allowing instead for a flexible and scalable standard based on open system architectural features like application program interfaces (APIs) will promote the delivery of more innovative and usable solutions. This in turn will allow data to move more freely across the health care system, reducing data lock-in and promoting more usable systems.
- Foster collaboration among stakeholders to promote the development of new HIT that is focused on meeting clinical care needs.
- Remove restrictive MU policies that stifle HIT innovation.
- Recognize vendors and providers need adequate time to develop, implement, and use newly deployed technology and systems before continuing on with subsequent stages of the MU program. Testing and achievement of specific performance benchmarks should occur before providers are held accountable for any new MU requirements.

We believe that rather than stopping momentum, these changes will keep the MU program on track and advance new uses of HIT. We appreciate your leadership on this important issue and look forward to working with you to achieve these needed improvements.

Sincerely,

American Academy of Family Physicians

American Medical Association

Medical Group Management Association

National Rural Health Association

Memorial Healthcare System

Mountain States Health Alliance

Premier healthcare alliance

Summa Health System