



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

August 7, 2013

Marilyn Tavenner, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Room 445-G, Hubert H. Humphrey Building  
200 Independence Avenue SW  
Washington, DC 20201

Farzad Mostashari, MD, ScM  
National Coordinator for Health Information Technology  
Department of Health and Human Services  
Room 729-D, Hubert H. Humphrey Building  
200 Independence Ave. SW.  
Washington, DC 20201

RE: Family physicians increasing concerns with expectations of Meaningful Use Stage 2

Dear Administrator Tavenner and Dr. Mostashari:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 110,600 family physicians and medical students nationwide and its Center for Health Information Technology, I write in response to discuss the Meaningful Use (MU) program.

As the AAFP continues to provide support and advocacy for our members in their journey to the patient centered medical home (PCMH), by way of achieving MU, we are increasingly concerned that the regulatory expectations of MU Stage 2 and its current timeframe will outstrip the capacity of many certified electronic health record technology (CEHRT) vendors and ambulatory family medicine practices. We agree conceptually with a staged approach to enhanced care safety, quality, coordination, patient engagement, and population health through the effective implementation and use of health information technology (IT). However, 2014 brings a perfect storm of regulatory compliance issues for family physicians that, we fear, may derail health IT adoption and substantially interfere with our shared progress toward achieving better care for patients, better health for communities, and lower costs through improvements to the health care system.

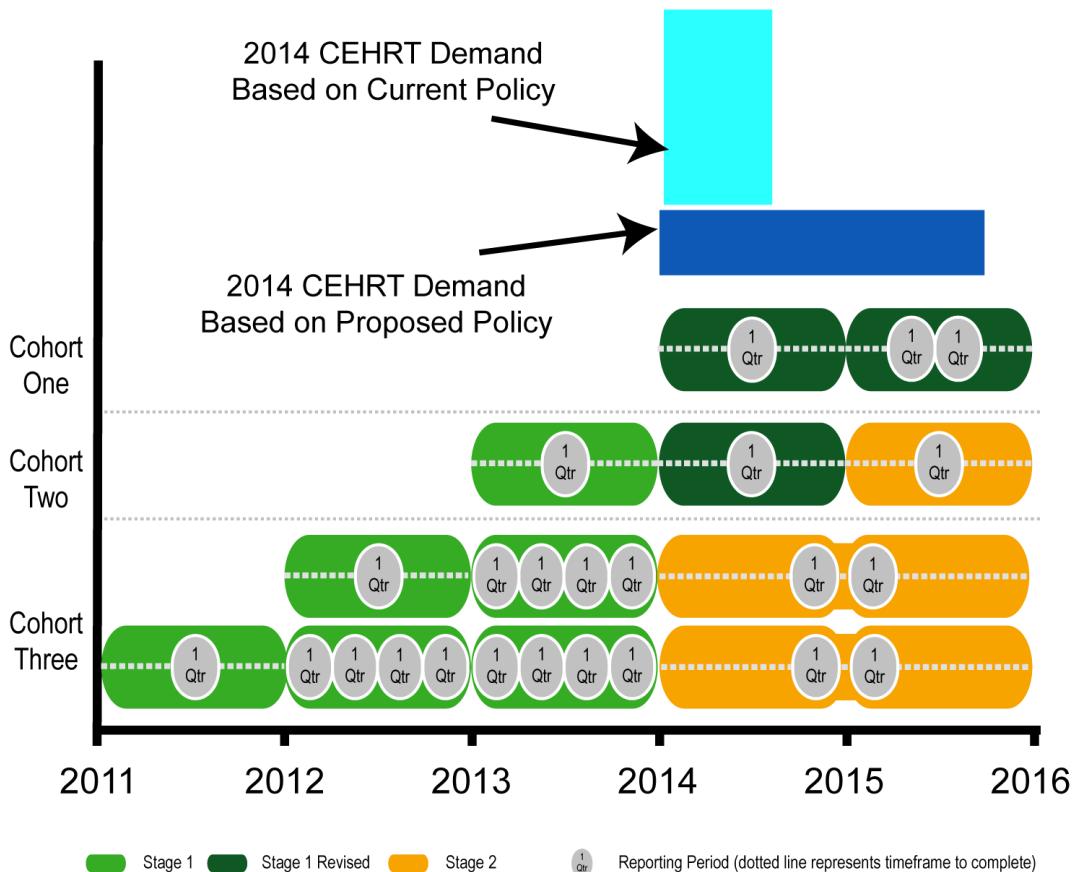
The AAFP's specific concern is that, given the current implementation deadlines specified by the Centers for Medicare & Medicaid Services (CMS) and the Office of the National

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Coordinator, our members will be unable to obtain the products, implementation services, training, and support required to meaningfully use 2014 CEHRT in their practices while continuing to provide the high levels of safety, quality, and service that their patients deserve. Though we do not wish to impede the progress of early adopter physicians poised for MU Stage 2 on January 1, 2014, we do not wish to see other family physicians who have committed to health care transformation through the thoughtful application of health IT abandon the MU journey due to factors beyond their control.

In the interest of advancing the policy priorities of MU and maintaining the momentum of health care transformation brought about by the CMS EHR Incentive Programs, **we urge CMS not to delay the implementation of MU Stage 2 but to extend the timeframe for compliance with MU Stage 2 requirements by 12 months**. We anticipate that this would create three distinct cohorts each impacted differently by the modification.

### Meaningful Use Stage 2 Extension Proposal to Meet 2014 CEHRT Upgrade Demand



Cohort 1 would include those eligible professionals (EPs) attesting to MU in 2014 as their first payment year. They would be expected to implement 2014 CEHRT and complete a reporting period of one quarter under MU Stage 1 criteria prior to January 1, 2015 to

receive their 2014 payment. In 2015, these EPs would be expected to complete an additional two quarters of MU Stage 1 prior to January 1, 2016 to receive their 2015 payment.

Cohort 2 would include those EPs attesting to MU in 2014 as their second payment year. They would be expected to upgrade from 2011 CEHRT to 2014 CEHRT and complete a reporting period of one quarter under MU Stage 1 criteria prior to January 1, 2015 to receive their 2014 payment. In 2015, these EPs would be expected to advance to compliance with MU Stage 2 criteria and complete a one quarter reporting period prior to January 1, 2016 to receive their 2015 payment.

Cohort 3 would include those eligible professionals (EPs) attesting to MU in 2014 as their third or fourth payment year. They would be expected to upgrade from 2011 CEHRT to 2014 CEHRT, advance to compliance with MU Stage 2 criteria, and complete a reporting period of one quarter prior to January 1, 2016 to receive their 2014 payment. By completing any two quarters under MU Stage 2 criteria prior to January 1, 2016, they would receive both their 2014 and 2015 payments.

This modified timeline would allow exemplar practices to implement MU Stage 2 requirements early in 2014 and for their experience and learnings to be leveraged by vendors, implementers, and other providers to optimize subsequent transitions. Pressure would be kept on vendors to be ready for MU Stage 2 by January 1, 2014 while distributing the strain of conversion of vendor product and physician workflow over a 21-month period rather than a 9-month period.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Jason Mitchell, M.D., Director of the AAFP's Center for Health IT at 913-906-6000 ext. 4102 or [jmitchell@aafp.org](mailto:jmitchell@aafp.org).

Sincerely,



Glen Stream, MD, MBI, FAAFP  
Board Chair