



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

June 16, 2014

Marilyn Tavenner, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-0052-P  
P.O. Box 8013  
Baltimore, MD 21244-1850

Dear Administrator Tavenner:

The American Academy of Family Physicians (AAFP), which represents 115,900 family physicians and medical students across the country, appreciates the opportunity to comment on the “Medicare and Medicaid Programs; Modifications to the Medicare and Medicaid Electronic Health Record Incentive Programs for 2014; and Health Information Technology: Revisions to the Certified EHR Technology Definition” [proposed rule](#) published in the May 23, 2014 *Federal Register*.

This proposed rule would change the meaningful use stage timeline and the definition of certified electronic health record technology (CEHRT). It would also change the requirements for the reporting of clinical quality measures for 2014.

### **More Flexibility**

The AAFP fully agrees with the Centers for Medicare & Medicaid Services (CMS), physicians need greater flexibility in their adoption of 2014 edition CEHRT and their movement toward Meaningful Use Stage 2. Since the start of the Meaningful Use program, the AAFP called for increased flexibility due to the “all or nothing” structure of the program. Without additional flexibility, the AAFP remains concerned that many family physicians and other eligible professionals will not be able to attain the needed attestation to avoid the penalties. With the risk of missing a single Meaningful Use measure, the cost of upgrading and maintaining the CEHRT, the additional work of the advanced criteria in Meaningful Use Stage 2, and the uncertainty in its impact on quality, efficacy, and efficiency, the return on investment for Meaningful Use remains extremely suspect for physicians and other eligible professionals.

### **More Simplification**

While the AAFP appreciates the greater flexibility that CMS proposes, the AAFP remains concerned with the current level of complexity and confusion with the Meaningful Use incentive program. We strongly encourage CMS and Office of the National Coordinator for Health Information Technology to explore other ways to simplify the program and to create

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educational resources that help physicians and other eligible professionals clearly navigate the complexity of Meaningful Use regulations. The AAFP requests that CMS provide further clarification on the definitions of “fully implement” and “difficulty in adopting a 2014 CEHRT due to delay in availability” as part of this rule making process.

***Delayed Penalties***

The AAFP urges policymakers to incorporate the evidence and lessons learned from the Meaningful Use Stage 1 and Stage 2 program before policies are finalized for Stage 3. We appreciate that the proposed delay allows more time for this reflection to occur. Given the multiple issues with implementing and operationalizing Meaningful Use requirements the AAFP also believes the penalties for non-Meaningful Users should also be delayed.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have. Please contact Steven E. Waldren, MD MS, Senior Strategist for Health Care IT at 1-800-274-2237, extension 4100 or [swaldren@aafp.org](mailto:swaldren@aafp.org).

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Cain', with a long horizontal flourish extending to the right.

Jeffrey J. Cain, M.D., FAAFP  
Board Chair

CC: Karen B. DeSalvo, MD, National Coordinator for Health Information Technology