



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

May 21, 2015

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

Dear Acting Administrator Slavitt:

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write in response to the [proposed rule](#) titled, "Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Modifications to Meaningful Use in 2015 Through 2017" as published in the April 15, 2015 *Federal Register*.

The AAFP is very pleased to see the reporting period for 2015 shortened to 90 consecutive days. Without this change, we are concerned that a significant number of family physicians and other eligible professionals will not be able to achieve Meaningful Use in 2015. The AAFP strongly encourages the agency to finalize this proposal. We greatly appreciate the agency's responsiveness to this issue.

The AAFP continues to be a proponent for patient engagement using health IT. However we also agree with the agency that the laudable goal of improved patient engagement negatively impacts the ability for physicians to meet measure requirements. We wish that a reduction in the patient engagement measures was not warranted, but we concur with CMS that it is and we support the proposal to mitigate the concerns by removing the 5 percent threshold for Measure 2 from the EP Stage 2 Patient Electronic Access (VDT) objective and instead require that at least 1 patient seen by the provider during the EHR reporting period views, downloads, or transmits his or her health information to a third party. The AAFP agrees this would demonstrate the capability is fully enabled and workflows to support the action have been established by the provider. We also support the secure messaging from patients measure changed to only fully enabled during the reporting period. Under current requirements we believe the patient engagement measures are not reasonably achievable, especially given the structure of Meaningful Use's focus on office visits (e.g., the denominator for many measures is unique patients who had office visits in the reporting period), the "all or nothing" nature of the program, and the immaturity of the software for patients and providers. We, therefore, ask the agency to finalize these proposals.

We appreciate the effort to simplify the program by effectively making Meaningful Use a single stage with slightly different measures for pre-2015 and for post-2017. However, the AAFP is concerned with the removal of Stage 1 given that there are only five to six months left in this calendar year and there will be even less time once CMS finalizes this rule. Although there are alternative measures, this change is likely to

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cause significant confusion. The AAFP encourages CMS to finalize this rule as soon as possible and to have educational materials ready once it is final.

The AAFP supports removing the attestation for “topped out” measures. This eliminates significant administrative burdens including assuring that the certified EHR technology is accurately recording usage, that the additional actions to record the appropriate use has occurred, and that the attestation reporting process is complete. We support making these proposed changes final.

Since the start of the Meaningful Use program, family physicians have voiced concerns with the “all-or-nothing” nature of the program. We sincerely hope CMS improves this characteristic of the program rather than increasing the number of required measures.” Many family physicians have implemented and use electronic health records (EHRs) in the full spirit of the Meaningful Use program. They therefore have a reasonable expectation that the Meaningful Use financial subsidy would help offset the implementation costs and associated initial decrease in practice productivity. However, auditors are causing undue hardship for family physicians with unreasonable and burdensome documentation requests. We encourage CMS to consider addressing this as the agency develops the final rule. If the government believes that a strong primary care foundation is the key to an improved and sustainable healthcare system, then we urge you to take into account and provide immediate and increased relief to those who have acted responsibly and legally and had no intent to defraud or deceive by participating in the Meaningful Use program.

While we are supportive of granting eligible professionals the authority to jump forward, allowing them to attest to the same measures as other eligible professionals within their practice, the AAFP is still concerned with CMS changing the rules suddenly and now requiring eligible professionals to advance forward faster than they initially planned based on the established policies in 2011 (i.e., two years at a stage before progressing to the next stage). The AAFP does not support changing the rules on eligible professionals and requests that CMS provide the option for eligible professionals to accelerate their usage every other year. Therefore, those who were scheduled for Stage 1 in 2016 should be allowed to attest to the alternative measures and exclusions and those scheduled to attest to Stage 2 in 2018 would be allowed to attest to Stage 2 measures, which would reinstitute the current two years per stage.

We appreciate the opportunity to provide these comments. Please contact Steven E. Waldren, MD, MS, Director, Alliance for eHealth Innovation at 800-274-2237, extension 4100 or swaldren@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Reid B. Blackwelder MD". The signature is written in a cursive style with a large, stylized "R" and "B".

Reid B. Blackwelder, MD, FFAFP
Board Chair