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Judy Sparrow
Office of the National Coordinator
U.S. Department of Health and Human Services
330 C Street, SW
Washington, DC 20201

The American Society of Anesthesiologists (ASA), representing over 46,000 members is fully supportive of the Administration's concept to increase the adoption and utilization of healthcare information technology (HIT) with the ultimate aim of maximizing high quality, safe patient care, improving population health and decreasing costs for the health care system. We have serious concerns, however, with the implementation of the HITECH Act, the Electronic Health Records (EHR) Incentive Program and their potential impact on anesthesiologists and the patients for whom we provide high quality and safe care. We are requesting the opportunity to raise our brief comments here during public comment portion the May 11, 2011, meeting of the HIT Policy Committee.

As we have articulated in prior comment letters and discussions with the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC), the current Stage 1 meaningful use requirements will deem the majority of anesthesiologists eligible for the incentive, but will effectively prohibit their ability to satisfy the criteria due to the nature of our practices and the ways in which we use EHR systems. In essence, most anesthesiologists practice in multiple settings and will have greater than 10% of their overall anesthesia services billed using place of service (POS) codes 22 (outpatient hospital) or 24 (ambulatory surgical center). We are requesting, through our enclosed comprehensive chart, that CMS, ONC and the HIT Policy Committee, revise the Stage 1 requirements to ensure the majority of anesthesiologists eligible for the incentive program have relevant and applicable criteria for which we can demonstrate compliance.

We believe the substantive adjustments to the meaningful use rules and certification requirements that we detail in our enclosed chart could enable millions of patients and Medicare beneficiaries to have their critical perioperative data collected by anesthesiologists using certified Anesthesia Information Management Systems (AIMS) technology. These perioperative EHRs can improve patient care, collect critical structured data for comparative effectiveness research, and ultimately reduce health care costs. Regarding the latter issue, we note that approximately 65% of hospital expenses in the country are associated with perioperative services, an area in which anesthesiologists provide and record much of the care. Meaningful data collection and applications in perioperative care can certainly reduce complications and expenses. We estimate that the current penetration of AIMS within anesthesia practices is approximately 65% of academic centers and 10-15% of private practices. Not only will adoption of the meaningful use requirements to anesthesiologists help increase the utilization of AIMS, but we believe that the modifications we are proposing are consistent with the goals of CMS and ONC to ensure true meaningful use of EHRs for patients in all care settings.

Since the introduction of the meaningful use requirements through proposed rulemaking, ASA has attempted to convey that anesthesiologists stand ready to work with CMS and ONC to achieve the laudable goals of HIT adoption and use. With the implementation and incentive proverbial clock already ticking, we are increasingly anxious to see modifications that will prevent the current scenario for anesthesiologists – no opportunity to demonstrate successful achievement of the requirements and receive the incentive payment while certain application of future payment adjustments for not demonstrating such achievement. We stand ready to work with the Administration in any and all capacity to modify the requirements. Our comprehensive chart is a product of our analysis and application to the practice of anesthesiology and is not meant to be the final word. We are hopeful to continue our dialogue with the Administration and to learn of the most appropriate pathways to see modifications implemented as efficiently as possible.

Thank you for your consideration of our dilemma, recommendations for modifications to the requirements and for the opportunity to address the HIT Policy Committee.