EHR Association Testimony
HIT Policy Committee Meaningful Use Workgroup – Listening Sessions
May 27, 2014

My name is Leigh Burchell. I work for Allscripts, and today I am testifying on behalf of the Electronic Health Record Association (EHRA), where I serve as Vice Chair.

Thank you for inviting the EHR Association to speak about our experiences with the EHR meaningful use incentive program, as we work toward the shared objective of making sure that it remains relevant to providers and delivers maximum value from their investments in EHRs and other health IT. We remain committed to delivering innovative EHR technologies to support the meaningful use program and its increasing focuses on interoperability and quality measurement, having largely succeeded in accelerating adoption and achieving effective utilization of EHRs.

First, a little about EHRA. We are a trade association of EHR developers, currently numbering almost 40 companies that serve both the hospital and ambulatory markets. We provide and support the majority of operational EHRs in the US on a variety of technologies and delivery platforms, and tens of thousands meaningful use attestations have been successfully completed through use of our products.

We were asked to comment on two main questions related to the challenges and success factors associated with Stage 2, and the advice that we would give to the Policy Committee based on experiences with Stages 1 and 2 to inform Stage 3. Our response will integrate our perspectives on these two questions.

- First and foremost, we see that there is an opportunity in front of us to learn from many of the current challenges associated with Stage 2. In fact, we must design Stage 3 of the program in such a way as to avoid and also reverse many of the unintended consequences created during Stage 2 and eliminate development burdens that limit on innovation.

- As everyone knows, CMS and ONC announced a significant relaxation of the 2014 participation obligations on May 20 and explicitly acknowledged that the Stage 2 timelines were simply too short given the extensive scope of the requirements. We hope that the considerations that led to this proposed rule will also be used in determining both the scope and timing of Stage 3. Indeed, the thinking underlying this proposal aligns well with what we have learned from Stages 1 and 2, and is a primary reason that we have been urging a much more focused and prioritized approach to Stage 3 of the incentive program than is reflected in the recent Health IT Policy Committee (HITPC) proposal that emerged from this workgroup.

- Along those lines, we applaud the recent work of the HITPC in making recommendations for which objectives should be included in Stage 3. We appreciate your efforts to narrow the scope of Stage 3 as we have been recommending for quite some time. We believe that it has been refined in many ways towards the areas that present the greatest potential for returned value and the greatest opportunity to affect improvements across the healthcare system: interoperable data exchange and quality measurement focus on improved outcomes. However, we still believe the scope is much too broad and recommend that further

narrowing needs to be done by CMS and ONC in writing the proposed rules, with a much more focused and prioritized approach to Stage 3 than is reflected in this proposal.

- Specifically, if adopted as the HITPC proposed, the recommendations would result in a number of new or materially revised meaningful use and certification requirements on a timeline that presents the same challenges and unintended consequences as we have seen in Stage 2. We urge your support and that of the Policy Committee for such updated advice to ONC and CMS.

- The emphasis, in evaluating what to keep, should be on greater and more effective use of the far-reaching and robust Stage 2 requirements and associated EHR capabilities, as well as any needed enhancements for interoperability, care coordination, and more effective and less costly quality measurement.

- A highly focused approach will enable vendors to meet other customer needs and reduce the degree to which extensive, prescriptive meaningful use requirements squeeze out development requested by customers, impose costs and implementation uncertainty on providers, slow certification and implementation, and interfere with usability. In particular, we are concerned to see that efforts to measure meaningful use often require more work (from both EHR developers and EHR users) than the actual use of the EHR itself. We strongly urge more flexible measurement to mitigate this unintended consequence.

- Consistent with comments the EHRA has previously submitted to CMS, ONC, and the Policy Committee, it is essential that we take advantage of the opportunity that we have to avoid repeating the Stage 1 and Stage 2 timing challenges for providers and vendors, including:
  - Allowing at least 18 months before a new stage of meaningful use takes effect, from the final versions of **all** associated provider and developer specifications, including the final rules, certification test methods and tools, and quality measure specifications. This timing request was made for Stage 2 but was not met and, as of today, almost eight months into Stage 2, we still do not have a final, complete, high-quality set of requirements.
  - Ensuring thorough quality assurance prior to the release of quality measure specifications, the accuracy of the specifications, the Cypress quality measure certification tool, and associated test data and methods. We refer you to the materials that EHRA submitted prior to the May 7th Policy Committee Certification hearing regarding the challenges experienced with the quality measure specifications and certification experience to date.
  - Establishing a 90-day or quarter reporting period for the first year of each new stage of meaningful use for all providers as was done for Stage 2, allowing upgrades to be spread out during the first year of a new stage.

- Also, as we examine Stage 1 and Stage 2 learnings, we would emphasize the following, in addition to timing and scope issues:
  - The importance of clear and consistent specifications, guidance, and FAQs. We appreciate the efforts by ONC and CMS in this respect, including enhanced meaningful use specification documents, but there continues to be significant room for improvement, especially in the areas of a "single source of truth" and more effective access to FAQs.
  - We note that the complexity of the program increases exponentially with each new requirement, including the need for an ever-expanding chain of clarifications associated with

each regulatory requirement. Keeping up with this accelerating flow of information has been costly and confusing for all stakeholders
    - As stated earlier, the focus on measurement and compliance has absorbed disproportionate vendor and provider time and, in some cases, negatively affected usability.

- Additionally, we note that members of the EHR Association are highly driven to continue rolling out new and emerging technologies to enable value-based payment and accountable care, such as those that support population health management, care coordination, quality improvement, and enhanced revenue cycle capabilities. We believe strongly that the evolution of such new and innovative products, many of which are not naturally part of an EHR, should advance in a market-driven, innovative manner outside of meaningful use and certification. Given the dynamic nature of those important national initiatives, we suggest that these associated IT solutions should not be forced into a regulatory EHR construct.

- We also urge early, active, and real consultation with EHR software developers on development of Stage 3 meaningful use requirements, certification criteria, and test methods and tools. This process should include a formal process to assess the usability implications of each new proposed measure and certification criteria, as well as aggregate implications for usability.

- We would like to end our testimony by highlighting the fact that the incentive program has, despite the many issues that we have outlined here in great detail, in fact served as an effective spur to adoption and use of EHRs and to the much broader digitization of healthcare. This positive impact is clearly reflected in data from ONC, CDC, HIMSS and others, and is an accomplishment that should not be overlooked. We have also made real progress in the building blocks of standards-based interoperability and quality measurement. There is more to do and lessons to be learned, but the Stage 1 and Stage 2 certified capabilities and meaningful use measures should place us in a position for much more robust interoperability.

- To conclude, we view this and other recent listening sessions as an important positive step toward greater engagement between regulators and other stakeholders, including the vendor community. We look forward to working with ONC and CMS to ensure that the meaningful use incentive program continues to move the industry forward as we all strive to gain maximum benefit from the adoption of EHRs and health IT.