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Dear Dr. Mostashari, Ms. Tavenner, and Mr. Zients,

The HIT Standards Committee is a Federal Advisory Committee established under the HITECH Act to recommend to the National Coordinator standards, implementation specifications, and certification criteria for the electronic exchange and use of health information. As a portion of our advisory duties, we made a set of recommendations to the National Coordinator regarding the timeline and process for certification criteria and associated test procedures regarding Stage 2 of Meaningful Use and Edition 2014 certification requirements.

Those recommendations included a request to build a realistic timeframe for software development and implementation of HIT to support meaningful use; as part of that recommendation, we made a specific request for at least a minimum 18 month timeframe from publication of the NPRM to the start of the meaningful use period, the request for a timeframe for publication of final measures and certification criteria, and a more focused approach for testing procedures and test scripts.

We would like to reiterate our recommendation for a realistic timeframe for software development and implementation of HIT. In order to enable eligible hospitals (EHs) and critical access hospitals (CAHs), which are currently expected to start qualifying for Stage 2 of meaningful use on October 1<sup>st</sup>, 2013 with Certified EHR Technology, to meet their meaningful use obligations, all of the following must be achieved:

- Development of EHR and associated HIE technology to support meaningful use

- Quality Assurance based on the final meaningful use measures, associated certification criteria, and the test scripts to be used by testing and certification bodies
- Testing and certification of the EHR Technology with ONC-accredited testing labs and certification bodies against the finalized test scripts
- Upgrade and testing of the Edition 2014 Certified EHR Technology (CEHRT) in the hospitals seeking to achieve Stage 2 of meaningful use
- Training of physicians and staff on the upgraded technology and associated clinical workflow changes to support meaningful use
- Implementation of interoperability connectivity supporting meaningful use
- Production upgrade and use of the upgraded EHR and interoperability by physicians and staff

At this date, we are in the first part of the process, with HIT vendors developing technology based on the draft measures and certification criteria in the two NPRMs and assumptions about the testing scripts.

The NPRMs were published in mid-March, which placed us at the minimum date to achieve 18 months between publication and the start of the meaningful use period. This accordingly requires an expedited and clear timeline for the remainder of the process. For EHs and CAHs to be able to meet the timeline for Stage 2 meaningful use, we urgently need the final rules to be completed and published in the Federal Register and the draft testing scripts to be made available for public use.

We understand that these are complex rules that require close coordination between CMS, ONC and OMB to ensure reconciliation of the rules and an appropriate regulatory process, including adequate time to respond to public input. Notwithstanding the need for a robust regulatory process, each additional week of continued delay in the publication of the rules places the ability of hospitals to achieve Stage 2 meaningful use at risk.

Accordingly, we recommend that CMS, ONC and OMB expedite publication of the final rules in the Federal Register by mid-August and that ONC expedite development and simultaneous publication of the associated test scripts.

Should publication of the rules and test scripts by mid-August not be possible, we further recommend that additional flexibility be given to EHs, CAHs and EPs in order to reduce the risk that hospitals are not able to meet the timeline despite reasonable effort on the part of HIT vendors and hospitals. We suggest the following approaches to provide the needed flexibility:

- For EHs, CAHs and EPs for which 2014 is the first reporting year, no additional flexibility is required as they already have 90 day window to achieve Stage 1 measures during 2014
- For EHs, CAHs and EPs that would currently require a full year window for Stage 1 in 2014 (those whose first Stage 1 year was 2013), we recommend

allowing use of either Edition 2011 or 2014 CEHRT for the beginning of the reporting period.

- For EHs, CAHs and EPs that would currently start Stage 2 in 2014 (those who started Stage 1 in 2011 or 2012), we recommend allowing use of either Edition 2011 or 2014 CEHRT and Stage 1 Meaningful Use measures at the beginning of the reporting period

For the full year Stage 1 users, we recognize that there may be interdependency between updated Stage 1 criteria and Edition 2014 certified CEHRT. In these cases, we recommend either allowing attestation under current Stage 1 criteria for the full year or requiring attestation for the updated Stage 1 criteria for a 90-day reporting period.

For the latter group, to enable the widest set of EHs, CAHs, and EPs to achieve Stage 2 Meaningful Use in 2014, we would recommend the use of a 90 day attainment period for Stage 2 measures during 2014. We recognize this would create some additional complexity in attestation, and could imagine supporting dual attestation for the Stage 1 and Stage 2 period, simply requiring detailed attestation only for the Stage 2 requirements for the 90-day period and summary attestation for the Stage 1 requirements, or supporting a simple 90-day period for Stage 2 requirements (under the assumption that EHs, CAHs and EPs who meet criteria for Stage 1 will continue to do so in preparation for the 90-day attestation period).

We believe these recommendations will provide the appropriate flexibility to allow EHs, CAHs and EPs to complete all the preparatory activities while still providing sufficient incentive and market momentum for meaningful use of Edition 2014 CEHRT.