

February 21, 2014

The Honorable Kathleen Sebelius  
Secretary  
Department of Health and Human Services  
200 Independence Ave., S.W.  
Washington, DC 20201

Dear Secretary Sebelius:

The undersigned organizations write to express immediate concerns confronting our respective members' ability to comply with the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program. We recognize the vital role your department has taken in advancing the adoption of health information technology in the United States and appreciate your willingness to be flexible in extending the start of Stage 3 to 2017. We fear the success of the program is in jeopardy, however, if steps are not taken now to address our shared concerns.

Over the next seven months, more than 5,000 hospitals and 550,000 eligible professionals must adopt the 2014 Edition of Certified Electronic Health Record Technology (CEHRT) and meet a higher threshold of Meaningful Use criteria. Failure to do so will not only result in a loss of incentive payments, but also the imposition of significant penalties. With only a fraction of 2011 Edition products currently certified to 2014 Edition standards, it is clear the pace and scope of change have outstripped the ability of vendors to support providers. This inhibits the ability of providers to manage the transition to the 2014 Edition CEHRT and Stage 2 in a safe and orderly manner.

We are concerned this dynamic will cause providers to either abandon the possibility of meeting Meaningful Use criteria in 2014 or be forced to implement a system much more rapidly than would otherwise be the case. The first choice limits the success of the program to achieve widespread adoption of EHR, while the second is highly disruptive to healthcare operations and could jeopardize patient safety. As you know, our members' number one priority must be to provide safe and high quality care to patients.

Providers need adequate time to learn how to use the newly deployed technology, including examining staff assignments, workflows, and practice processes. If providers move forward, as dictated by the current policy, our concerns regarding rushed implementations are heightened. Furthermore, we believe the "all or nothing" approach – where missing a single objective by even a small amount results in failure for the program year – compounds our concerns.

**For these reasons, our organizations strongly recommend that HHS:**

- 1. Extend the timelines providers have to implement 2014 Edition Certified EHR software and meet the Program requirements (Stages 1 and 2) through 2015;**
- 2. Add flexibility in Meaningful Use requirements to permit as many providers as possible to achieve success in the program.**

Given that we are well into 2014, immediate attention to these concerns is warranted. This additional time and new flexibility are vitally important to ensure that hospitals and physicians continue moving forward with technology to improve patient care. By making such changes, HHS would be demonstrating needed flexibility to maximize program success, without compromising momentum towards interoperability and care coordination supported by health IT.

We remain committed to the success of the program and look forward to hearing from you on this important matter. Please contact Jeffery Smith, Senior Director of Federal Affairs, CHIME, ([jsmith@cio-chime.org](mailto:jsmith@cio-chime.org)) should you have any questions. Thank you for your consideration.

Sincerely,

AMDA-Dedicated to Long Term Care Medicine  
American Academy of Allergy, Asthma & Immunology  
American Academy of Dermatology Association  
American Academy of Family Physicians  
American Academy of Home Care Medicine  
American Academy of Hospice and Palliative Medicine  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Orthopaedic Surgeons  
American Academy of Otolaryngology—Head and Neck Surgery  
American Association of Neurological Surgeons / Congress of Neurological Surgeons  
American College of Cardiology  
American College of Osteopathic Family Physicians  
American College of Osteopathic Internists  
American College of Osteopathic Surgeons  
American College of Physicians  
American College of Radiology  
American College of Rheumatology  
American College of Surgeons  
American Health Information Management Association  
American Hospital Association  
American Medical Association  
American Osteopathic Academy of Orthopedics  
American Osteopathic Association  
American Psychiatric Association  
American Society for Clinical Pathology  
American Society for Gastrointestinal Endoscopy  
American Society for Radiation Oncology  
American Society of Anesthesiologists  
American Society of Cataract and Refractive Surgery  
American Society of Hematology  
American Urological Association  
America's Essential Hospitals

Association of American Medical Colleges  
Catholic Health Association of the United States  
Children's Hospital Association  
College of Healthcare Information Management Executives  
Federation of American Hospitals  
Heart Rhythm Society  
Infectious Diseases Society of America  
Medical Group Management Association  
National Rural Health Association  
North American Spine Society  
Premier healthcare alliance  
Society for Cardiovascular Angiography and Interventions  
Society of Thoracic Surgeons  
The Endocrine Society  
VHA Inc.