MGMA Center for Research
American College of Medical Practice Executives
Medical Group Management Association

August 21, 2013

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
200 Independence Ave., S.W.
Room 445-G
Washington, DC 20201

RE: Stage 2 meaningful use EHR Incentive Program

Dear Secretary Sebelius:

The Medical Group Management Association (MGMA) writes today to share our concerns regarding the current meaningful use environment and diminished opportunity for physician practices to meet the requirements for Stage 2 of the program. If the appropriate steps are not taken, we believe physicians that have made significant investments in EHR technology and successfully completed Stage 1 requirements will be unfairly subject to negative Medicare payment adjustments. Accordingly, HHS should immediately institute an indefinite moratorium on penalties for physicians that successfully completed Stage 1 meaningful use requirements.

MGMA-ACMPE is the premier association for professional administrators and leaders of medical group practices. Since 1926, the Association has delivered networking, professional education and resources, advocacy and certification for medical practice professionals. The Association represents 22,500 members who lead 13,200 organizations nationwide in which some 280,000 physicians provide more than 40 percent of the healthcare services delivered in the United States.

MGMA has been very supportive of the federal efforts to promote and encourage the implementation and adoption of EHRs as a pathway toward improved clinical performance and enhanced administrative efficiency. We also were strongly supportive of the decision to extend the start date of Stage 2 by one year. However, it has become clear that the alignment between the more rigorous Stage 2 requirements and the ability of the vendor community to produce and deploy Stage 2 certified products has simply not occurred at the pace anticipated.

Concern regarding vendor readiness

Currently, there are more than 2,200 products and almost 1,400 “complete EHRs” certified under the 2011 criteria for ambulatory EPs. As of this writing, there are only 75 products and 21 complete EHRs certified for the Stage 2 (2014) criteria. This lack of vendor readiness has significant implications for EPs. Without the appropriate software upgrades and timely vendor support, EPs will be unable to meet the Stage 2 requirements and thus will be unfairly penalized starting in 2015.

Those EPs who invested considerable resources in their Stage 1 certified EHR, many of them in small or rural clinical settings, are now in danger of falling behind. To avoid the Medicare payment adjustments, EPs would be required to "rip and replace" their existing EHR with one certified for the Stage 2 criteria. This is an unrealistic and unreasonable demand as the cost to the practice would be prohibitive and the disruption to organizational workflow and patient care would be significant.

There are also practical, marketplace-driven issues that will also impact an EPs ability to meet the Stage 2 requirements. Some vendors have postponed software upgrades for current clients while some EPs looking to move to EHRs for the first time experience lengthy wait times for installations and training. Other vendors are focusing their attention on the Oct. 1, 2014 compliance date for the challenging new International Classification for Diseases, Tenth Revision diagnostic code set-especially vendors who are contractually obligated to supply this mandate in both their EHR and practice management system software to their clients.

Even if a vendor does upgrade their product to meet the Stage 2 criteria and successfully certifies this product late in 2013 or sometime in 2014, these products must still be deployed to the client practices and staff trained on the new software and new Stage 2 reporting requirements. This deployment and training process itself can take a year or more, depending on the vendor.

We are also concerned that the current "all or nothing" approach to achieving meaningful use may prove to be problematic for EPs attempting to meet the more stringent Stage 2 requirements.

Additional recommendations
In order to assist EPs continue to migrate to interoperable EHRs and to avoid slowing the current momentum in the ambulatory environment, we urge HHS to immediately take the additional following steps:

- Extend the reporting period for Stage 2 incentives. This extension should be a minimum of one year, while continuing the existing policy of requiring EPs to report for a 90-day period. This extra year would provide additional time for vendors to upgrade their software, certify for the Stage 2 criteria, and install the products. Additional time should be considered if vendor readiness continues to be problematic for EPs.

- Extend the reporting period for Stage 1 incentives. Any EP who has attested for Stage 1 and whose EHR has not been recertified by January 2015 for the Stage 2 criteria should be permitted to continue to report Stage 1 criteria in CY 2014. These EPs should continue to receive their payments and not be subject to negative payment adjustment.

- Conduct a comprehensive vendor survey. Vendors who were certified under the 2011 criteria should be surveyed to determine: (i) what products the vendor expects to be recertified for the Stage 2 criteria; (ii) when the vendor expects to certify those products for the Stage 2 criteria; (iii) for those vendors not recertifying their products for the Stage 2 criteria, are their specific program requirements that they are unable to meet; and (iv), if they do not plan to recertify their products for the Stage 2 criteria, what are any additional reasons for their inability to recertify. Survey results should drive increased flexibility in the current stage and revised expectations for future stages.

- Build additional flexibility into the Stage 2 reporting requirements. Closely monitor the ability of EPs to meet the more strenuous Stage 2 incentive requirements. In particular, we urge the monitoring of the ability of EPs to meet Stage 2 criteria related to patient actions (the requirement to provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP and that a secure message was sent using the electronic messaging function of the certified EHR by more than 5 percent of unique patients).

  Additional flexibility should be incorporated into the program should the evidence suggest that EPs face clear barriers to achieving meaningful use. This flexibility could include decreasing measure thresholds and converting particularly challenging core criteria to menu criteria. The goal of this flexibility should be to encourage continued participation in the program by EPs.

We believe adoption of these recommendations will help ensure that the Administration's goal of having a significant majority of our nation's EPs adopt interoperable EHRs is kept on track and that additional fairness and flexibility is appropriately built in to this important incentive program. Should you have any questions, please contact Robert Tennant at rtennant@mgma.org or 202-293-3450.

Sincerely,

Susan Turney, MD, MS, FACMPE, FACP
President and CEO

CC:
Patrick Conway, MD, MSc, Chief Medical Officer and Director of the Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services
Farzad Mostashari, MD, ScM, National Coordinator, Office of the National Coordinator for Health Information Technology