



July 21, 2014

Ms. Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare and Medicaid Programs; Modifications to the Medicare and Medicaid Electronic Health Record Incentive Programs for 2014; and Health Information Technology: Revisions to the Certified EHR Technology Definition (CMS-0052-P).

Dear Administrator Tavenner:

The American Society for Radiation Oncology (ASTRO) appreciates the opportunity to provide written comments on the “Medicare and Medicaid Programs; Modifications to the Medicare and Medicaid Electronic Health Record Incentive Programs for 2014; and Health Information Technology: Revisions to the Certified EHR Technology Definition (CMS-0052-P),” published in the Federal Register as a proposed rule on May 23, 2014.

ASTRO members are medical professionals who practice at hospitals and cancer treatment centers in the United States and around the globe, and make up the radiation therapy treatment teams that are critical in the fight against cancer. As the leading organization in radiation oncology, biology, and physics, representing more than 10,000 radiation oncology medical professionals treating more than one million Americans with cancer each year, ASTRO is dedicated to promoting the use of health information technology tools to provide high-quality, cost-effective, and safe patient care.

The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC) have proposed some flexibility for 2014 participation in the Electronic Health Records (EHR) Incentive program (Meaningful Use program), including finalizing the extension of Stage 2 for another year through 2016, delaying the implementation of Stage 3 to 2017, and permitting the reporting of 2011 and 2013 certified EHR technology (CEHRT) requirements, measures, and objectives. ASTRO strongly supports this flexibility in the Meaningful Use program; however, we encourage the agency to further enhance the ability of providers to participate in this important program by extending deadlines beyond 2014. For the reasons and concerns discussed in these comments, ASTRO recommends the following:

- The 90-day and 3-month reporting periods should be extended, at minimum, for an additional two years;
- The options to report 2011, 2014, or a combination of 2011 and 2014 CEHRT requirements should be extended, at minimum, for an additional two years;

- Stage 3 implementation should be further delayed until valuable Stage 2 participation data is available to help shape Stage 3 policy; and
- The agencies should work with specialty societies to develop alternative pathways for demonstrating meaningful use.

ASTRO would like to take this opportunity to urge CMS and ONC to work closely with physician societies, such as ASTRO, to develop program standards that are meaningful and applicable to specialties. Many of the measures and objectives in the Meaningful Use program are not applicable to radiation oncologists and other specialists, and meeting the requirements can be fairly difficult. The standards can also be unduly burdensome and require radiation oncologists to change their standard practices and adopt new processes, including workflow changes and training staff to implement these changes. We believe that there should not be a blanket definition of “meaningful use of EHR technology,” but rather one that is flexible and takes into account the needs of different specialists and their patients.

Extend the 90-day and 3-month reporting periods for two years, at minimum.

For 2014, CMS is permitting providers to demonstrate meaningful use for a consecutive 90-day reporting period, if it is their first year of participation, or for a 3-month reporting period fixed to a quarter in the 2014 calendar year, if they are beyond their first year of participation. CMS permitted this flexibility to allow providers to upgrade their systems to 2014 CEHRT and allow them adequate time to implement these new systems. However, as discussed and recognized in this proposed rule, many providers continue to face challenges with implementing 2014 CEHRT and demonstrating Stage 1 and Stage 2 requirements. Furthermore, in its March 2014 *Electronic Health Records Programs* report,¹ the Government Accountability Office noted that some of the 61% of providers who participated in the Meaningful Use program in 2011 did not participate in 2012 because they “found it more difficult than anticipated to go from a 90-day reporting period to a full-year reporting period, as required for the second year of participation.” This challenge existed for a transition between a 90-day reporting period to a full-year reporting period within just Stage 1. For providers who are moving on to Stage 2, the transition is further complicated by the elevated thresholds for demonstrating meaningful use in Stage 2.

We believe the 90-day and 3-month reporting periods allow providers to adapt to and implement the Meaningful Use program more effectively because the shorter reporting periods allow them to test and evaluate processes for the next reporting period. Providers can use the remainder of the year to assess further modifications to successfully demonstrate meaningful use in the next participation period. ***Extending the 90-day and 3-month reporting periods for a minimum of at least two years will provide radiation oncologists, and other specialists, ample time to better understand the program and best implement and demonstrate meaningful use within their practices, which will also allow for a smoother transition to a full-year reporting period.***

¹ U.S. Government Accountability Office. (2014, March). *Electronic Health Records Programs: HHS Strategy to Address Information Exchange Challenges Lacks Specific Prioritized Actions and Milestones*. (GAO Publication No. GAO-14-242). Retrieved from U.S. Government Printing Office: <http://www.gao.gov/products/gao-14-242>.

Extend the options to report 2011, 2014, or a combination of 2011 and 2014 CEHRT requirements for an additional two years, at minimum.

Currently, the EHR Incentive program requires providers to participate in 2014 reporting periods using CEHRT certified to 2014 edition ONC criteria. The rule proposes easing this requirement for providers unable to fully implement 2014 Edition CEHRT for a full reporting period in 2014. These providers will have the option to use 2011 Edition CEHRT, or a combination of 2011 and 2014 Edition CEHRT. The edition of the CEHRT dictates which version of the meaningful use objectives and measures providers attest to (this is because technological capabilities of the CEHRT vary by edition). However, this flexibility is for 2014 only, meaning all providers must use 2014 Edition CEHRT for 2015 and beyond.

While ASTRO appreciates and supports this flexibility in 2014, we believe it should be extended because of the lack of fair notice to all providers who may participate in Meaningful Use. The proposals to report 2011, 2014, or a combination of 2011 and 2014 CEHRT and objectives and measures, with modifications, will not be finalized in time for the October 1, 2014 attestation deadline for first-time participants, and for previous meaningful users it will be implemented after the beginning of the third-quarter reporting period for 2014.

Additionally, a very limited number of vendors provide radiation oncology EHRs. Therefore, many radiation oncologists will still face a hardship in 2015 for meeting the 2014 CEHRT requirements. To-date, only two radiation-oncology-specific EHR vendors have received 2014 certification. One of these two just recently received certification in June, and is currently conducting beta testing for its product, so it will not be able to update providers' systems until fall 2014, at the earliest. *Thus, ASTRO recommends extending the options to report 2011, 2014, or a combination of 2011 and 2014 CEHRT reporting requirements for an additional two years. This will give all providers fair notice, and will not disadvantage specialties, including radiation oncology, with a small number of EHR vendors still becoming certified for 2014.*

Delay Stage 3 implementation further until valuable Stage 2 participation data is available to help shape Stage 3 policy.

The proposed rule seeks to finalize extending Stage 2 for another year to 2016 and delaying the implementation of Stage 3 to 2017. The proposed rule states that there are two goals for extending Stage 2: to allow CMS and ONC to “focus efforts on the successful implementation of the enhanced patient engagement, interoperability, and health information exchange requirements in Stage 2” and to allow them to utilize Stage 2 participation data to inform policy decisions for Stage 3. ASTRO strongly agrees with both goals. However, we believe that these goals are premature if the extension of Stage 2 and delay of Stage 3 is only by one year. As discussed above, radiation oncologists and many specialists are unduly burdened and face many challenges demonstrating meaningful use for Stage 1. Thus, Stage 2 participation data will likely be skewed and not representative of all specialists required to participate in the program, or else incur a payment adjustment for not participating. *ASTRO recommends extending Stage 2 further and delaying Stage 3 implementation until there is adequate representation of*

different specialists and balanced participation data available to develop well-informed policy and requirements for Stage 3.

The agencies should consider significant barriers to interoperability and develop alternative pathways for demonstrating meaningful use.

One of the goals of the Meaningful Use program and 2014 Edition CEHRT is to encourage and improve interoperability between EHR systems. Radiation therapy involves a highly complex process of care that requires many steps and the flow of information between different equipment and software. However, one of the greatest barriers radiation oncologists face in participating in the Meaningful Use program, even with 2014 Edition CEHRT, is the lack of interoperability between radiation oncology EHRs and broader EHR systems. ASTRO encourages CMS and ONC to take into consideration these common and significant interoperability issues and to determine alternative pathways and more options for specialists to participate in the Meaningful Use program.

ASTRO commends CMS and ONC for recognizing the hardships providers face in successfully demonstrating meaningful use and the need for flexibility in the Meaningful Use program. ASTRO encourages even more flexibility in the program so all providers have an equal opportunity to participate in this important program and improve patient care through health information technology.

Thank you for the opportunity to comment on this important program. ASTRO looks forward to working collaboratively to advance the goals of the Meaningful Use program. Should you have any questions, please contact Priya Lamba, ASTRO's Medicare Policy Analyst, at priyal@astro.org or 703-839-7396.

Sincerely,



Laura I. Thevenot
Chief Executive Officer