June 15, 2015

Mr. Andrew M. Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

{Submitted Electronically}

Re: Medicare and Medicaid Programs: Electronic Health Record Incentive Program—Modifications to Meaningful Use in 2015 through 2017

Dear Mr. Slavitt:

The American Society for Radiation Oncology (ASTRO) appreciates the opportunity to provide written comments on the "Medicare and Medicaid Programs: Electronic Health Record Incentive Program—Modifications to Meaningful Use in 2015 through 2017 (CMS-3311-P)," published in the Federal Register as a proposed rule on April 15, 2015.

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 1 million Americans with cancer each year, ASTRO is dedicated to promoting the use of health information technology tools to provide high-quality, efficient, and safe patient care.

The Centers for Medicare and Medicaid Services (CMS) proposes modest changes to the requirements for Stages 1 and 2 of the Electronic Health Records (EHR) Incentive program (Meaningful Use) that allow for some flexibility and program alignment from 2015 through 2017. However, ASTRO supports an additional modification that will further align Stages 1 and 2 with proposed Stage 3 objectives and measures. ASTRO would like to echo our May 29, 2015 comments and the concerns raised for the Stage 3 objectives and measures respectively and as appropriate for this proposed rule. While ASTRO supports the agency's efforts to recognize the need to reduce reporting burdens, simplify the program, and realign the program with goals for more advanced use of EHRs, we also support greater program flexibility to allow for increased and meaningful participation.

Reporting Periods

CMS proposes a 90-day reporting period for all providers for 2015, regardless of previous participation in the program. The 90-day reporting period is designed to provide providers and CMS with the time to make changes to systems as they transition from Stages 1 and 2 to longer-

term Stage 3 requirements. ASTRO supports this proposal, and urges the agency to extend the 90-day reporting period for 2016 and 2017 to all providers. The 90-day reporting period would allow providers more time to adapt and properly implement 2015 Certified EHR technology (CEHRT) required for Stage 3. Providers have just begun familiarizing themselves with 2014 CEHRT required for Stage 3. Additional time is necessary to allow providers and vendors more flexibility to address any difficulties they are likely to experience in successfully implementing 2015 CEHRT.

2015-2017 Objectives and Measures

The agency proposes removing redundant, duplicative, and topped out measures. ASTRO supports this effort, as these measures contribute to the reporting burden. CMS encourages providers, however, to continue to conduct the activities relating to these measures and objectives as best suits their practices and the preferences of their patient population. ASTRO encourages the agency to promote this policy throughout the Meaningful Use program. Instead of having a standard set of required objectives and measures that must be met, we believe that providers should be able to select a combination of objectives and measures that best suit their practices and the preferences of their patient population. We believe this will allow for truly meaningful participation in the program and use of the EHR technology.

The agency also proposes changes to specific objectives and measures for greater alignment with Stage 3 objectives and measures.

Clinical Decision Support Rule

CMS proposes two measures relating to the Clinical Decision Support (CDS) objective. These two measures require implementing five CDS interventions related to four or more clinical quality measures (CQMs), and enabling and implementing the functionality for drug-drug and drug-allergy interactions checks. An alternate specification allows providers scheduled to demonstrate Stage 1 of Meaningful Use in 2015 to report Stage 1 measure permitting providers to implement one CDS rule. While ASTRO appreciates the transition to increasing the number of CDS rules to align with Stage 3, we reiterate our concern from our Stage 3 proposed rule comments that it may be difficult for providers to successfully meet this proposed requirement because of the limitations in the quality measures currently available. Many of these CDS tools are valuable and would contribute to the objective of improving performance on high-priority health conditions, even though it may not be feasible to link them to an existing measure.

Summary of Care

The agency proposes to retain an updated version of the Stage 2 objective for Summary of Care. This objective requires providers to provide a summary of care record for each transition of care or referral. In response to stakeholder input on operational challenges in meeting this measure, CMS is not specifying the manner in which the summary of care must be transmitted. Thus, providers would be required to create the summary of care using CEHRT, but it may be transmitted in any electronic format. ASTRO supports flexibility for this objective. As other stakeholders have indicated, there are many operational challenges in meeting this measure, including interoperability between EHR systems. We believe that allowing the use of any electronic format decreases the burden of this objective and would allow for greater communication between providers.

Secure Electronic Messaging

CMS proposes retaining the Stage 2 measure requiring providers to use secure electronic messaging to communicate with patients. The agency has lowered the threshold for this measure from five percent to a "yes/no" attestation, requiring documentation that patients are able to communicate with providers electronically during the reporting period. ASTRO supports this flexible measure as many patients seen by radiation oncologists are elderly cancer patients who may not be familiar with or have access to electronic messaging mediums. Furthermore, given the nature of the specialty, patients may see their radiation oncologists for just a few weeks and then return to their referring providers. Thus, it is difficult to incentivize and encourage patients to use patient portals to communicate with their radiation oncologists. ASTRO supports lowering the threshold for this objective by simply requiring a yes/no attestation.

ASTRO commends CMS's recognition of the hardships providers face in successfully demonstrating Meaningful Use and the need for eliminating burdensome and confusing elements of the program. ASTRO encourages the agency to build additional flexibility into the program to allow for greater participation. Greater provider participation will contribute to improving 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 priya.lamba@astro.org or 703-839-7396.

Sincerely,

Laura I. Thevenot
Chief Executive Officer

Enclosures:
ASTRO Meaningful Use Stage 3 Proposed Rule Comment Letter, May 29, 2015