May 28, 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-Stage 3

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-Stage 3 (CMS-3310-P)," published in the Federal Register as a proposed rule on March 30, 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) has proposed that, beginning 2018, all providers, regardless of prior participation, will be required to participate in Stage 3 of the Electronic Health Records (EHR) Incentive program (Meaningful Use). ASTRO supports streamlining the program to include one set of requirements for demonstrating Meaningful Use. Currently, there is much confusion surrounding which stage of Meaningful Use providers must participate in and which corresponding objectives and measures they should be reporting. We believe eliminating this confusion and having one set of criteria for demonstrating Meaningful Use beginning 2018 will allow for greater understanding of, and increased participation in, the program. ASTRO also supports the agency's proposal to leave open the possibility for testing alternative participation models for demonstrating Meaningful Use, including registry participation and direct reporting of measures. However, we have specific concerns with the proposed requirements which we discuss in this letter. Additionally, we agree with the comments submitted by the American Medical Association (AMA). Specifically, we would like to emphasize the following points:

- With the recent creation of the Merit-Based Incentive Payment System (MIPS) under the Medicare Access and CHIP Reauthorization Act of 2015, and the proposed rule Modification to Meaningful Use in 2015 through 2017, the agency should continue to study the impact of the modifications proposed rule on physician participation and finalize Stage 3 requirements as it develops and implements the MIPS program.
- Meaningful Use is an overly-prescriptive program for all stakeholders, and the agency should offer more flexibility and accommodations for specialists and new program participants, which includes lowering the thresholds and offering alternative options for meeting the requirements.
- Interoperability is a significant challenge all providers face, and there should be a greater emphasis on increasing interoperability by focusing on EHRs' abilities to exchange, incorporate, and display data in a meaningful way.

ASTRO would like to take this opportunity to urge CMS 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 Meaningful Use Stage 3 are not applicable to radiation oncologists and other specialists, and meeting the requirements can be fairly difficult. The standards can 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.

Full Calendar Reporting Period

CMS has proposed that beginning 2017, all providers would participate in Meaningful Use for a full calendar year, and the 90-day reporting period for first year Medicare providers would be eliminated. The Meaningful Use program requirements can be unduly burdensome for specialties, and often require them to change standard practices and adopt new processes, including workflow changes and training staff to implement these changes. Providers are currently facing challenges transitioning from a 90-day to a full-year reporting period within Stages 1 and 2 of the Meaningful Use program. This transition would be further complicated in 2018 as providers will be required to meet new Stage 3 requirements, specifically for first year participants who have no prior experience with the program.

ASTRO believes that the 90-day reporting period will allow providers to adapt to and implement the Meaningful Use program more effectively. The shorter reporting period would allow them to effectively test and evaluate their processes for the next reporting period. The shorter reporting period would also allow providers to assess further modifications that may be necessary to successfully participate in the program. ***ASTRO encourages the agency to continue the 90-day reporting periods for 2017 and for a minimum of at least two years beginning 2018, to allow radiation oncologists and other specialists ample time to gain better practical understanding and experience with Stage 3 requirements.***

2015 Certified EHR Technology (CEHRT)

The agency proposes that providers will have the option to use 2014 or 2015 CEHRT in 2017, but would be required to use 2015 CEHRT in 2018. ASTRO has concerns regarding this proposed requirement because there are a limited number of radiation oncology EHR vendors.

There were significant implementation delays in the past because vendors were unable to efficiently upgrade their systems to meet certification requirements. For example, beginning 2014, all providers were required to use 2014 CEHRT to demonstrate Meaningful Use, regardless of their stage. However, as of July 2014, only two radiation-oncology-specific EHR vendors had received 2014 certification, one of which received certification as late as June 2014. Thus, many radiation oncologists were initially unable to successfully participate in this program because of these vendor delays. ***ASTRO is concerned that similar delays may result with vendors being required to upgrade their systems to 2015 CEHRT requirements. Providers should have the option to continue participating in Stage 3 using 2014 CEHRT in 2018 as well as 2017, to allow for sufficient time for vendors to update and implement 2015 CEHRT in radiation oncology practices.*** For analogous reasoning, ASTRO does not support the recommendation that those providers who have fully implemented 2015 CEHRT in 2017 be required to demonstrate Stage 3 of Meaningful Use in 2017.

Clinical Quality Measures

In the proposed rule, the agency opined that EHRs should be certified to more than the minimum number of required Clinical Quality Measures (CQMs). ASTRO agrees with the agency's position, as radiation oncologists using 2014 CEHRT are offered a very limited number of CQMs, most of which do not apply to radiation oncology. ***ASTRO supports the agency's plan to implement a phased approach to increase the number of CQMs made available by EHR vendors.***

Furthermore, a barrier many specialties face, including radiation oncology, is the lack of meaningful specialty-specific measures. ASTRO has begun addressing this and is in the process of developing more measures relevant to radiation oncologists. In the meantime, many radiation oncologists participate in the Physician Quality Reporting System (PQRS) program using the Oncology Measures Group reporting option, which has been successful in increasing physician participation in PQRS. ***ASTRO believes that providers reporting a measures group, such as the Oncology Measures Group, for the PQRS program should also be deemed as satisfactorily meeting the CQMs requirements of the Meaningful Use program***. This would remove a significant obstacle to successful demonstration of Meaningful Use and would offer more flexibility as more meaningful CQMs become available in the program and are offered by EHR vendors.

Paper-Based Documents and Communications

In Stages 1 and 2 of Meaningful Use, providers have the option to meet objectives and measures using paper-based formats, including print, fax, mail, pamphlets, etc. CMS has proposed eliminating this option and requiring that objectives and measures only be met using electronic formats, while also encouraging providers to continue using the paper-based formats for patients. While we understand the need to move towards electronic functionality, we believe that the patient should be able to determine the format based on their needs and capabilities. Radiation oncologists treat Medicare patients who may not always have electronic capabilities. If providers are providing a paper-format for those patients, then it should be counted towards meeting the objective. We do not believe that this policy should be changed. This is also duplicative work taking away from the time providers could be spending with patients. ***Thus, ASTRO believes***

that paper-based formats should still be counted towards the objectives and measures in Stage 3 as they currently are in Stages 1 and 2 of the Meaningful Use program.

Clinical Decision Support

CMS proposed a Clinical Decision Support (CDS) objective, with a corresponding measure requiring providers to implement five CDS interventions related to at least four CQMs at a relevant point in patient care. ASTRO recognizes the importance and value of CDS interventions. However, ASTRO has concerns about the requirement linking CDS to CQMs. As discussed above, a very limited set of radiation-oncology measures are currently available in the program. Thus, 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. For example, we believe that ASTRO's lists of radiation-oncology-specific treatment questions as part of the Choosing Wisely Campaign would serve as valuable CDS interventions, even though they are not all directly linked to CQMs. ***ASTRO encourages the agency to revise this requirement and allow providers the ability to select and implement CDS interventions that are truly beneficial in the process of patient care, even if they may not be linked to a CQM.***

Computerized Provider Order Entry (CPOE)

CMS proposed to modify the CPOE objective to include a measure requiring more than 60% of diagnostic imaging orders created by a provider to be recorded using CPOE. Diagnostic imaging is a new, broader category, including ultrasound, magnetic resonance, and computed tomography. While ASTRO understands the agency's reasoning for increasing the threshold from 30% to 60%, ASTRO requests that the agency maintain the threshold at 30% because additional providers may now be subject to this requirement due to the inclusion of diagnostic imaging in the measure. We believe that this puts new providers at a disadvantage. Echoing our concerns regarding the exclusion of paper-based documents, we believe that this measure should not exclude papers orders entered initially into the patient record and then transferred to CEHRT at a later time.

Patient Electronic Access to Health Information

In the proposed rule, CMS proposed the patient electronic access to health information objective for Stage 3, which would require providers to provide at least 80% of patients access to their health information within 24 hours of its availability to the provider, and to identify patient-specific educational resources and provide electronic access to those materials for at least 35% of patients. We support the agency's two goals of ensuring that patients have timely access to their health record and information, and engaging in patient-centered communication for care planning and care coordination. However, ASTRO is concerned that the timeframe is too aggressive. The current timeframe of "within four days" should be maintained. This allows providers sufficient time to review the information, and ensure that accurate information is transmitted to the patients. Additionally, the current threshold of providing access to 50% of patients should be maintained at least in the first few years of Stage 3. We support the option for measure 1 as proposed, to allow providers to choose between the "view, download, and transmit" function or the application-program interface (API) function.

Coordination of Care through Patient Engagement

The sixth objective proposed by CMS would require providers to use communication functions of CEHRT to engage patients or their authorized representatives about the patient's care. There are three measures associated with this objective. A general concern ASTRO has with this objective, which applies to all three measures, is the focus on patient engagement through a patient portal. A challenge radiation oncologists face is incentivizing patients to use and engage in communications through the radiation oncologists' patient portals. Given the nature of the specialty, patients see their radiation oncologists for four to eight weeks for treatment and then return to their referring physician. Because this is a short-term relationship, it is difficult to get patients to register and utilize the patient portals necessary to meet this objective. ***While ASTRO supports this objective, we urge CMS to include an exception for specialties, like radiation oncology, that provide patient services for a limited amount of time.*** We are concerned that requiring such a high threshold takes away from making this a meaningful measure. It also detracts from valuable physician time and resources that could be devoted to cancer patients' care. ASTRO continues to urge the agency to focus on measures for this objective that require adherence by the physician, rather than rely on patients' use of technology. Furthermore, many vendors charge exorbitant fees for patient portals which can be a significant financial barrier for providers seeking to demonstrate Meaningful Use. ASTRO encourages the agency to require EHR vendors to make communication functionalities a requirement for EHRs.

Health Information Exchange

CMS proposed to continue the exchange of health information between providers. The measures proposed for this objective include requiring a summary of care for at least 50% of transitions of care or referrals, incorporating the summary of care information for at least 40% of transitions of care or referrals, and performing clinical information reconciliation for at least 80% of transitions of care or referrals in which the provider has never before encountered the patient. We appreciate the agency's efforts to increase the communications and information exchange between different providers a patient may be seeing. Although this is valuable to patient care, ASTRO believes that the thresholds for the measures should be lowered given the lack of interoperability between EHR systems, specifically between specialty-specific and hospital EHRs. We do not believe that providers should be penalized for being unable to meet Meaningful Use Stage 3 requirements due to obstacles put in place by EHR vendors.

CMS has asked whether providers who create a summary of care using CEHRT should be permitted to send the summary through any electronic means or in a manner consistent with ONC established mechanisms. ***Given the lack of interoperability between systems, ASTRO believes that providers should be permitted to send the summary through any electronic means and be deemed to have satisfactorily met the measure. Additionally, we believe that a similar requirement should be in place for providers receiving the summary of care document.***

For the third measure, CMS has asked whether the reconciliation should be automated or manual. ASTRO encourages CMS to offer both options to allow providers to choose the means that is best for their practice. In radiation oncology, for example, not all the information about the radiation oncology treatments may be relevant to the transferring provider. Conversely, not all information from the referring provider to the radiation oncologists is necessary for treatment

purposes, and so providers should be able to select and perform reconciliation with the relevant sections.

Public Health and Clinical Data Registry Reporting

The eighth objective CMS has proposed requires providers to actively engage with a public health agency or clinical data registry. There are a total of five measures related to the objective, and ASTRO appreciates the flexibility allowing providers to choose any combination of three measures to meet this objective. However, ASTRO echoes our concerns over interoperability issues, but this time between CEHRT and clinical data registries. While we recognize that there are many efforts on the front to increase interoperability, we recommend that the agency reconsider this objective's measures and deem providers who are participating in a registry as meeting this objective, regardless of whether they are using specified CEHRT functionalities to do so.

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 make additional modifications to the program to allow for greater participation and 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