

November 2, 2015

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
232 U.S. Capitol
Washington, DC 20515

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
204 U.S. Capitol
Washington, DC 20515

Dear Speaker Ryan and Representative Pelosi:

On behalf of the undersigned state and national medical specialty organizations, we are writing to express our strong concerns with the decision by the Administration to move ahead with implementation of Stage 3 of the Meaningful Use program despite the widespread failure of Stage 2. While the overall goal established by Congress in the HITECH Act, namely to promote widespread adoption of electronic health records by physicians and hospitals, has largely been achieved, the Stage 3 requirements are inconsistent with the goal of promoting better coordinated and high quality patient care. Congressional action to refocus this program is urgently needed before physicians, frustrated by the near impossibility of compliance with meaningless and ill-informed bureaucratic requirements, abandon the program completely.

Congress enacted the HITECH Act with the best of intentions and, in large part, the goals of the law have been achieved. In 2001, only 18% of physicians used electronic health records. Today, more than 80% have them. This was due in part to federal incentives, which helped to offset a portion of the cost of acquiring and operating the technology. However, as the regulatory scheme to measure “meaningful use” of this technology has evolved, the Centers for Medicare & Medicaid Services (CMS) has continued to layer requirement on top of requirement, usually without any real understanding of the way health care is delivered at the exam room level. What has emerged from this morass of regulation is a system that relegates physicians to the role of data entry clerks, filling the patient record with unnecessary documentation requirements unrelated to the provision of quality care. In addition, the program has failed to focus on interoperability and has instead created new barriers to easily exchanging data and information across care settings.

The regulatory scheme developed by CMS envisioned three stages of increasingly onerous requirements for participants to demonstrate that they were “meaningful users” of the technology and to avoid reductions in Medicare reimbursements. Stage 2 of this program has largely been a failure, with only 12% of physicians successfully participating and little improvement in data exchange across care settings. CMS recently released modifications to Stage 2 to make modest improvements, though some new requirements will cause still more physicians to fail.

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Simultaneously CMS laid out more challenging requirements for Stage 3. Rather than build on the modest improvements made to Stage 2, CMS reverted back to the same fundamental flaws in the previous version of the program by focusing heavily on measure thresholds and excessive documentation requirements rather than improving interoperability. Relying so heavily on the failed construct of Stage 2 will only guarantee continued failure in Stage 3.

Stakeholders have urged the Administration to take a different path to achieving the vision originally laid out by Congress in the HITECH Act. We believe that the success of the program hinges on a laser-like focus on promoting interoperability and allowing innovation to flourish as vendors respond to the demands of physicians and hospitals rather than the current system where vendors must meet the ill-informed check-the-box requirements of the current program.

The Administration has not responded to this need and instead has chosen to perpetuate the current failed program through the release of Stage 3 Meaningful Use. It is unrealistic to expect that doing the same thing over and over again will result in a different outcome. We believe, therefore, that it is time for Congress to act to refocus the Meaningful Use program on the goal of achieving a truly interoperable system of electronic health records that will support, rather than hinder, the delivery of high quality care.

Sincerely,

American Medical Association
Advocacy Council of the American College of Allergy, Asthma and Immunology
Aerospace Medical Association
AMDA – The Society for Post-Acute and Long-Term Care Medicine
America Society for Radiation Oncology
American Academy of Allergy, Asthma and Immunology
American Academy of Dermatology Association
American Academy of Emergency Medicine
American Academy of Family Physicians
American Academy of Home Care Medicine
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology—Head and Neck Surgery
American Academy of Physical Medicine and Rehabilitation

American Association of Clinical Endocrinologists
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American association of Orthopaedic Surgeons
American Clinical Neurophysiology Society
American College of Cardiology
American College of Gastroenterology
American College of Mohs Surgery
American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Osteopathic Surgeons
American College of Phlebology
American College of Physicians
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Surgery of the Hand
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Dermatopathology
American Society of Echocardiography
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Society of Retina Specialists
American Thoracic Society
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Heart Rhythm Society
Infectious Diseases Society of America
International Society for the Advancement of Spine Surgery
Medical Group Management Association
National Association of Spine Specialists
North American Spine Society

Obesity Medicine Association
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
Society of Hospital Medicine
Spine Intervention Society

Medical Association of the State of Alabama

Alaska State Medical Association

Arizona Medical Association

Arkansas Medical Society

California Medical Association

Colorado Medical Society

Connecticut State Medical Society

Medical Society of Delaware

Medical Society of the District of Columbia

Florida Medical Association Inc

Medical Association of Georgia

Hawaii Medical Association

Idaho Medical Association

Illinois State Medical Society

Indiana State Medical Association

Iowa Medical Society

Kansas Medical Society

Kentucky Medical Association

Louisiana State Medical Society

Maine Medical Association

MedChi, The Maryland State Medical Society

Massachusetts Medical Society

Michigan State Medical Society

Minnesota Medical Association

Mississippi State Medical Association

Missouri State Medical Association

Montana Medical Association

Nebraska Medical Association

Nevada State Medical Association

New Hampshire Medical Society

Medical Society of New Jersey

New Mexico Medical Society

Medical Society of the State of New York

North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society

cc: U.S. House of Representatives