



Physicians Caring for Texans

Feb. 1, 2016

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Re: RFI: Certification Frequency and Requirements for the Reporting of Quality Measures Under CMS Programs

Dear Acting Administrator Slavitt,

The Texas Medical Association (TMA) is a private, voluntary, nonprofit association of Texas physicians and medical students. TMA was founded in 1853 to serve the people of Texas in matters of medical care, prevention and cure of disease, and improvement of public health. Today, our maxim continues in the same direction: “Physicians Caring for Texans.” TMA’s diverse physician members practice in all fields of medical specialization.

On behalf of our more than 48,000 members, TMA appreciates this opportunity to offer comments in response to the request for information regarding certification frequency and requirements for the reporting of clinical quality measures (CQMs) under the Centers for Medicare & Medicaid Services (CMS). TMA further appreciates CMS’ desire to reduce the reporting burdens placed on eligible providers.

Overarching Comments

1. TMA believes it is time to sunset the CQM reporting option. Physicians could attest to Physician Quality Reporting System (PQRS) participation and fulfill the statutory requirements intended by Congress in the HITECH Act. By requiring CQM and PQRS reporting, CMS increased the reporting burden with duplicative programs. The PQRS program is more mature and is inclusive of all CQM measures. TMA recognizes a legislative fix may be necessary and will consider appropriate options.

Rationale: The physician reporting burden just for CMS programs has become increasingly onerous. Anything CMS can do to reduce duplicative work is appreciated.

Many electronic health record (EHR) vendors are certified to submit only a handful of CQMs electronically, thus adding to the physician burden.

2. TMA respectfully requests that CMS validate that CQM data collection and reporting improve the quality of care provided to the patient. TMA further requests that only measures created by physicians be approved for use. Physicians can use metrics from their EHR to improve care without CMS prescribing the exact detail of how they accomplish this.

Rationale: The requirement for meaningless metrics leads to developer and user frustration through senseless clicking and inefficient use of the EHR. Physicians have reported time and again they will not go back to paper, but they have expressed increasing frustration with senseless CMS metrics that neither apply to their practice nor lead to better patient care and outcomes.

3. Physicians should not be penalized if the vendor is not able to submit properly on behalf of physician users. Physicians rely on their vendors to submit as promised, and at times there are technical issues beyond the control of the physician. Physician documentation could easily support meeting the CQM measures even if the vendor has a process failure.

Rationale: Physicians are continuously caught between vendor capability and CMS requirements. Some of these issues are beyond the control of the physician, and physicians should not suffer penalties due to the incompetence of their vendor.

Specific Recommendations

A. Frequency of Certification

Comment: CMS should survey all certified vendors to better understand the cost and burden new certification places on physician users. Rather than recertifying the products more frequently and incurring additional cost to users, CMS may consider auditing the EHR vendors on all their features to ensure the vendors remain in compliance with all certification criteria, not just CQMs.

Rationale: CMS correctly surmises that when EHR developers update their software, those updates must be pushed to the users. Due to the number and type of certified EHRs, the additional cost and work burden vary greatly.

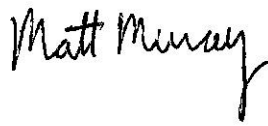
B. Changes to Minimum CQM Certification Requirements

Comment: TMA recommends that EHR developers certify to all CQMs their users could choose.

Rationale: An EHR developed for and used only by ophthalmologists does not need to certify for metrics never used by an ophthalmologist. An EHR developed for primary care that has specialty-specific modules should certify for all CQMs used by primary care physicians as well as every specialist for which they have a module.

TMA appreciates the opportunity to provide comments regarding the certification frequency and requirements for the reporting of CMS quality measures. Should you have additional questions or need any further information, please do not hesitate to contact Shannon Vogel at (512) 370-1411 or shannon.vogel@texmed.org.

Sincerely,

A handwritten signature in black ink that reads "Matt Murray". The signature is written in a cursive, slightly slanted style.

Matthew M. Murray, MD
Chair, Ad Hoc Committee on Health Information Technology
Texas Medical Association