



Physicians Caring for Texans

Dec. 11, 2013

Marilyn B. Tavenner, Administrator
Department of Health and Human Services
Centers for Medicare & Medicaid Services
Room 445-G, Hubert H. Humphrey Bldg.
200 Independence Ave. SW.
Washington, DC 20201

Dear Administrator Tavenner,

The Texas Medical Association (“TMA”) is a private, voluntary, nonprofit association of more than 47,000 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.

TMA applauds the delay of Stage 3 meaningful use by extending Stage 2 for one year. This will allow for a much better understanding of what works and what doesn’t. However, TMA is deeply disappointed that CMS has not recognized the importance of extending the 2014 meaningful use requirements and the penalty measurement deadline. Many of our members have not yet received their 2014 certified software from their ambulatory EHR vendors. Once they finally receive the upgraded software, it can take months to test and install, including fixing the bugs that will surely exist as many EHR vendors have rushed it into production. For some, that will leave only the July-September 2014 attestation period for physicians to meet meaningful use and avoid the 2015 penalties. TMA considers this deadline to be detrimental to patient safety and physician practice viability, as meaningful use requires an enormous change management process. Penalizing physicians who take the time to carefully test their software and manage practice changes does not indicate an appreciation of patient safety on the part of CMS.

To address these issues, TMA strongly recommends that the 2014 eligibility period for eligible providers be extended to June 2015. Similarly, the penalty measurement deadline should be extended to Sept. 30, 2015.

TMA further recommends that physicians be required to meet only a subset of meaningful use measures to avoid the penalty rather than the full set required to receive the incentive. CMS set the precedent of lesser requirements for penalty prevention with the e-prescribing program, which required physicians to e-prescribe 10 times to prevent the penalty and 25 times to receive the incentive. Organized medicine is happy to work with CMS to identify the subset of measures that could be met for penalty prevention.

TMA also wants to point out to CMS that there is increasing evidence that an abrupt switch to ICD-10 on Oct. 1, 2014 will bring massive disruptions to health care. The public and our members are not willing to tolerate these disruptions. We strongly recommend that the period during which either ICD-9 or ICD-10 claims can be filed be extended to Oct. 1, 2016, to give the industry sufficient time to adjust. Failure to address this issue indicates a failure of leadership in Washington.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph H. Schneider". The signature is fluid and cursive, with a large initial "J" and "S".

Joseph H. Schneider, MD, MBA

Chair

TMA *ad hoc* Committee on Health Information Technology

cc: Jacob Reider, MD
Acting National Coordinator

Honorable Michael Burgess, MD,
U.S. House of Representatives

Congressman Kevin Brady
U.S. House of Representatives