



Physicians Caring for Texans

May 29, 2015

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: 2015 Edition Health IT Certification Criteria, 2015 Edition EHR Definition

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 review and offer comments on the above-referenced proposed rules relating to the 2015 certification of electronic health records (“EHRs”).

TMA certainly understands the importance of certification of EHRs and the value of having a process to certify EHRs. It helps end users know the product they are using meets minimum standards to comply with companion regulations. TMA is concerned that excessive meaningful use requirements related to the certification and use of EHRs will continue to stifle health information technology innovation. TMA recommends that the Centers for Medicare & Medicaid Services (“CMS”) and the Office of the National Coordinator (“ONC”) not pile on new meaningful use requirements as stages advance, but rather employ reasonable modifications such as modest measure percentage threshold increases. This allows current systems to work well within existing rules without major upgrades or disruptive changes.

CMS should be aware that major changes and upgrades add significant expense to the health care industry, further reducing the intended efficiency of ubiquitous EHR use. Often, during a major upgrade, ad hoc reports are lost, interfaces are broken, and testing must be performed for all functionalities — each of these may result in potential patient safety implications.

Recommendations

1. As TMA has commented before, ONC should require that XML tagging or similar technology standards be applied to all discrete data elements so that physicians can transition EHRs as well as more efficiently connect to HIEs. TMA believes that many EHR vendors have failed patients with data block, which limits physicians' ability to access their patients' data. The data block has hindered health information exchange connections and data migration when physicians change EHR software.

There are multiple reasons why physicians change EHR software — sometimes by choice, other times not. When physicians transition to another EHR, the data migration is expensive and many times cost-prohibitive for small practices. Physicians are placed in a terrible predicament as they need to maintain the full medical record for continuity of care. Physicians understand the importance of maintaining a complete patient record. Unfortunately, many EHR vendors view the data migration as another revenue opportunity.

TMA has advocated for use of XML tagging technology for several years and will continue to do so. Until electronic patient data is easily transferable, vendors will have the capability to hold vital patient data hostage.

2. TMA recommends that CMS include the “free-text narrative progress note” and the ability to exchange such progress notes as part of the EHR certification criteria. The bulk of medical care has been and continues to be documented, importantly and necessarily, in narrative and free-text format. While it remains critical to pursue the ability to exchange structured data in EHRs, it is tragic that six years into a national effort to reform and expand health information technology, there is still no widespread ability to exchange clinical notes across disparate systems. Adding in this basic functional category of data exchange (i.e., a text-based formatting of all progress notes and addenda) as a basic certification criterion — and advancing its use would do much to promote widespread adoption and interoperability.

Thank you for the opportunity to comment on the proposed rule relating to the 2015 certification of EHRs. Should you have additional questions or need any further information, please do not hesitate to contact Shannon Vogel at (512) 370-1411.

Sincerely,



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