June 11, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD  21244

Comments Re: Medicare and Medicaid Programs; Electronic Health Record Incentive Program-
Modifications to Meaningful Use in 2015 Through 2017

Dear Mr. Slavitt:

The American Society of Cataract and Refractive Surgery (ASCRS) is a medical specialty society representing over 10,000 ophthalmologists in the United States and abroad who share a particular interest in cataract and refractive surgical care.

We appreciate the opportunity to express our views regarding the Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Modifications to Meaningful Use in 2015 Through 2017 proposed rule.

ASCRS supports the changes in the Modifications proposed rule, specifically the ability for providers to attest for meaningful use for a calendar year quarter instead of an entire year reporting period, as well as the simplified requirements for the Patient Electronic Access and Secure Electronic Messaging measures. ASCRS urges CMS to not only finalize this rule, but also to use the measures in this proposed rule for Stage 3 Meaningful Use.

Shortened Reporting Period for Meaningful Use Attestation

ASCRS supports CMS’ proposal to allow all providers to attest for a 90-day reporting period in 2015 in order to accommodate the implementation of these proposed changes. In addition, ASCRS urges CMS to extend the 90-day reporting period from 2015 on, until the majority of providers are successfully attesting to Meaningful Use, instead of transitioning to a full-year reporting period in 2016.

Many practices only recently began attesting to Meaningful Use and will have to move quickly from Stage 1 into Stages 2 and 3. Allowing these practices the ability to attest for 90-days instead of a full year reporting period, will allow them time to adequately adapt their staff and workflow processes in order to successfully attest to Meaningful Use for Stages 2 and 3.

Furthermore, as CMS has been made aware, many practices have had issues successfully implementing EHR software into their practice. For example, we have heard from numerous providers who have had trouble aligning the patient portal required for Stages 2 and 3 of Meaningful Use with their practice management software. It is difficult for practices to attest for a full year, while also trying to implement
new software into their practices. Therefore to reiterate, ASCRS recommends CMS adopt a 90-day reporting period until a large majority of providers are successfully attesting to Meaningful Use and have issues such as workflow and software resolved.

For 2015 and 2016, this rule also proposes to allow new participants in the EHR program to attest to Meaningful Use for any 90-day continuous reporting within the calendar year. We support this proposal and urge CMS to make this option permanent for new Meaningful Use attesters.

**Simplified Patient Electronic Access and Secure Electronic Messaging Measures**

ASCRS strongly supports CMS' proposals to reduce the threshold requirements for the Patient Electronic Access and Secure Electronic Messaging measures. Specifically, we support reducing the Patient Electronic Access measure threshold requiring patients to view, download or transmit their health information from 5 percent to one patient. We also support the proposed change to the Secure Electronic Access measure from requiring 5 percent of patients to send a secure electronic message to now allowing practices to successfully attest to Stage 2 Meaningful Use as long as patients are functionally able to send secure electronic messages through their EHR system.

These changes will enable a significantly higher number of providers to successfully attest to Stage 2. As you know, ASCRS has repeatedly expressed to CMS the difficulties our members have with the patient engagement measures, which require patients to take action. Our member’s patient population tends to be made up of older Medicare patients. Consequently, these patients frequently do not have access to or knowledge of a computer, which has a direct impact on our members’ ability to meet the patient engagement measure requirements.

ASCRS believes Meaningful Use measures should be able to be met by physicians and successful attestation should not be based on whether a provider’s patients choose to or are able to take action. The changes made in this proposed rule, illustrate that CMS also understands levying penalties on physicians for measures they have no control over is unfair. The proposed patient engagement measure changes will ensure physicians have the ability to successfully meet Meaningful Use, regardless of their patient population. Therefore, we support CMS’ proposed changes to the patient engagement measures and believe these changes should not only be finalized, but also extended through Stage 3 Meaningful Use.

**Simplification and Streamlining of Measures for Stage 1 and Stage 2**

ASCRS supports reducing the overall number of objectives needed to meet Stage 1 and Stage 2 Meaningful Use. We also support aligning all stages of Meaningful Use to contain the same measures and objectives.

CMS’ proposal establishes 10 objectives and associated measures eligible professionals would be required to report. ASCRS believes with the proposed modifications to the patient engagement measures, the remaining measures are reasonable for providers to report.

ASCRS notes most of our members will not be able to meet the objective requiring active engagement with a public health agency to report public health data. We would ask CMS to clarify that any providers who do not have the ability to do immunization registry reporting, syndromic surveillance reporting, case reporting, public health registry reporting or clinical data registry reporting be completely exempt from this measure.
ASCRS is pleased to see the elimination of some measures in this proposed rule, which will result in a reduced reporting burden for providers. Additionally, proposing the same objectives for both Stage 1 and Stage 2 Meaningful Use, with exclusions allowed for Stage 1 attesters in some cases, makes it easier for providers to advance from one stage to another more easily. **ASCRS supports these changes and believes the proposed ten objectives and associated measures will make successful Meaningful Use attestation more attainable for our members.**

In summary, ASCRS supports the shortened reporting period for Meaningful Use in 2015 and asks that it be extended indefinitely until the majority of providers are successfully attesting to Meaningful Use. In addition, we strongly support the simplified Patient Electronic Access and Secure Electronic Messaging measures. These changes will particularly help our members, who tend to have an older patient population without computer knowledge or access, meet Meaningful Use. Finally, we agree that a reduction of Meaningful Use measures and streamlined objectives and measures across Stages 1 and 2 of Meaningful Use will reduce providers reporting burden and increase the likelihood they will continue in the Meaningful Use reporting program. We ask CMS to finalize these proposed changes and to carry them forward into Stage 3 Meaningful Use.

We respectfully request CMS to consider these comments as they move forward with the EHR Incentive Program.

Sincerely,

Robert Cionni, MD