

September 29, 2009

David Blumenthal, M.D., M.P.P
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
200 Independence Avenue, SW
Suite 729D
Washington, DC 20201

Dear Dr. Blumenthal,

We the undersigned physician organizations are writing to express our concern with one specific and important aspect of the definition of “meaningful use” for electronic health records (EHRs) currently being deliberated by the Health Information Technology Policy Committee, and to offer our member physician specialty societies as a resource to you in finalizing this important policy recommendation.

During the July 16 Health IT Policy Committee meeting, an overview of the public comments on meaningful use received by the Office of the National Coordinator for Health Information Technology (ONC) to date was provided and the Meaningful Use Workgroup shared its recommendations. Among those public comments received by ONC were some focused on the reporting of quality measures, specifically the need for more measures that are targeted to specialty providers, as the vast majority of measures listed in the draft “meaningful use matrix” apply primarily to primary care. Several members of the Health IT Policy Committee also noted that measures under consideration are largely not relevant to medical and surgical specialties.

We are very concerned that the focus on meaningful use criteria is so heavily weighted on the reporting of NQF-endorsed measures, when such a disparity exists between the volume of measures approved for various specialties. The approval processes of the NQF are linked to the timing of a call for measures, the development of a workgroup, review and approval by the Consensus Standards Advisory Committee, and ratification by the NQF Board. The timing of these processes are dependent on staff and financial resources of NQF and are not entirely predictable. Many specialty societies are working at capacity to develop clinically relevant measures and shepherd them through the appropriate NQF approval pathways. This is evidenced by more than 100 measures that have been brought forth through the AMA-PCPI process. Regardless, there remains a relative lack of measures that accurately and meaningfully capture the quality of care for all physician specialties, and as a result the meaningful use matrix put forth by ONC does not fairly represent a set of measures clinically relevant for all of medicine.

We fear that the momentum for implementing EHRs that has been ignited through the American Recovery and Reinvestment Act – Health Information Technology for Economic and Clinical Health Act (ARRA-HITECH) may be lost on the specialty physician community if measures pertinent to their domain of medicine are not reflected in future versions of the meaningful use matrix. It is also unrealistic to hold specialists accountable for quality measures that are completely unrelated to their specialty. Without clinically relevant quality measures for all specialties that incorporate standardized data elements and have been field tested to assure reliability and lack of unintended consequences, we are concerned that the incentives provided by ARRA-HITECH will not be adequate to encourage the majority of physician specialties to adopt EHRs. We believe that it is critically important that the measurement reporting aspect of meaningful use be determined on a specialty-by-specialty basis which takes into account the universe of clinically relevant and meaningful quality measures currently available for each specialty.

We realize that addressing this policy issue on a specialty-by-specialty basis introduces substantially more work. However, the end goal of promoting widespread adoption of EHRs will require policies that positively incentivize the entire physician community. Furthermore, achieving the ultimate goals of interconnectivity and improved care coordination will require buy-in of all physicians, not only primary care.

We understand that the Health IT Policy Committee will be considering the role and concerns of specialists at an upcoming meeting. This is encouraging, and we hope that you will consider the undersigned organizations as a resource as you address these issues. We would be happy to meet or arrange a conference call to discuss these issues further.

We greatly appreciate your consideration of our request and look forward to working collaboratively with ONC to ensure all physicians are represented within the policy recommendations from your office.

Sincerely,

American Academy of Allergy, Asthma and Immunology
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology-Head and Neck Surgery
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma and Immunology
American College of Obstetricians and Gynecologists
American College of Osteopathic Surgeons

American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Medical Association
American Osteopathic Academy of Orthopedics
American Psychiatric Association
American Society for Radiation Oncology
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Plastic Surgeons
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Infectious Diseases Society of America
Joint Council of Allergy, Asthma and Immunology
Medical Group Management Association
Renal Physicians Association
Society for Vascular Surgery
Society of Gynecologic Oncologists
Society of Nuclear Medicine
The Endocrine Society
The Society of Thoracic Surgeons