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## August 11, 2023

Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

On behalf of the 31 member companies of the HIMSS Electronic Health Record (EHR) Association, we are pleased to offer our comments to the Centers for Medicare & Medicaid Services (CMS) Request for Information (RFI) on Episode-Based Payment Model, file code CMS-5540-NC.

As a national trade association of EHR developers, Association member companies serve the vast majority of hospital, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs and other health information technology (health IT) across the United States. Together, we work to improve the quality and efficiency of care through the adoption and use of innovative, interoperable, and secure health information technology. The Association supports CMS' vision for a healthcare system that achieves equitable outcomes through high-quality, affordable, person-centered care.

Past alternative payment model initiatives have created timelines for participants that require health IT development but have failed to coordinate with developers or ONC to ensure that these requirements were feasible, causing significant burden for provider organizations who wish to participate and the health IT developers who support them. Considering this model will be mandatory, it is especially important for CMS to coordinate on timelines and expectations for health IT. In order to effectively incorporate health IT standards, functionality, and interoperability in designing this episode-based payment model, the EHR Association strongly encourages CMS to align requirements and timelines with those of the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program.

If CMS chooses to include standards or functionality requirements beyond those of the ONC Certification Program in this payment model, the EHR Association urges that health IT developers generally need a minimum of 18 months – and in some cases 24 months – to complete the development, testing, and deployment of new versions to providers and facilities. We continue to encourage CMS to work more closely with the ONC to align the timelines of CMS requirements for providers and ONC's requirements for certified health IT developers.

AdvancedMD	eClinicalWorks	Flatiron Health	MEDITECH, Inc.	Oracle Cerner
Allscripts	Elekta	Foothold Technology	Modernizing Medicine	PointClickCare
Altera Digital Health	eMDs – CompuGroup	Greenway Health	Netsmart	Sevocity
Athenahealth	Medical	•		STI Computer Services
BestNotes	EndoSoff	Harris Healthcare	Nextech	TenEleven Group
CPSI	Epic	MatrixCare	NextGen Healthcare	Tentieven Group
CureMD	Experity	MEDHOST	Office Practicum	Varian – A Siemens
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Further, as CMS seeks to decrease the burden of data collection, we understand that CMS may consider a move to mandatory digital quality measures (dQMs) as a potential solution. While dQMs hold great potential for burden reduction, they are also in their infancy and have the potential to create more burden during their initial roll out. The EHR Association suggests providers and health IT developers alike will benefit from the ability to test and adopt the Alternative Payment Model (APM) and dQM measures on a voluntary basis before any dQM potentially become required. Additionally, as this program is going to be mandatory, we want to assert our strong belief that this program would not be the best venue in which to test dQMs prior to an opportunity to test and pilot chosen measures.

We appreciate this opportunity to provide CMS with these comments and look forward to continued collaboration toward improved patient care.

Sincerely,

David J. Bucciferro Chair, EHR Association Foothold Technology William J. Hayes, M.D., M.B.A.
Vice Chair, EHR Association
CPSI

**HIMSS EHR Association Executive Committee** 

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