

33 W Monroe, Suite 1700 Chicago, IL 60603 <u>swillis@himss.org</u> Phone: 312-915-9518 Twitter: @EHRAssociation

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November 20, 2017

Seema Verma Administrator Centers for Medicare & Medicaid Services U.S. Department of Health and Human Services Baltimore, MD 21244-1850

Dear Administrator Verma,

On behalf of the Electronic Health Record Association (EHRA), we are pleased to provide written comments in response to the <u>Centers for Medicare & Medicaid</u> <u>Services (CMS): Innovation Center New Direction</u> Request for Information (RFI). EHRA appreciates the opportunity to leverage the experience of our member companies in support of your goal for a new direction that fosters an affordable, accessible healthcare system that puts patients first.

EHRA and our member companies have seen first-hand that health information technology (IT) and electronic health records (EHRs) can play a critical role in delivery system reform and the successful transition to value-based care. This role encompasses both the standardization of data used for evaluating physician performance and facilitating information exchange between providers, patients, and other healthcare stakeholders.

Because of the foundational nature of health IT in payment model development and implementation, it is important that healthcare providers and organizations have access to the technology needed to participate. One way to facilitate this is to harmonize the technology requirements of new payment models with the requirements related to certified EHR technology (CEHRT) already incorporated into other programs, such as Advanced Alternative Payment Models (Advanced APMs) and the Merit-Based Incentive Payment System (MIPS). If additional technology capabilities are needed for a program, aligning those technical needs with criteria included in CEHRT, as opposed to defining ad hoc prescriptive functional requirements, will help reduce vendor burden in developing new features and implementing them in customer systems. For example, Medicare Shared Savings Program (MSSP) participants only need to use a certified EHR, and were not required to adopt additional certified functionality. This alignment with pre-existing programmatic requirements promotes adoption amongst providers and allows health IT vendors to scale development efforts.

As CMS moves in a new direction that promotes patient-centered care and tests market-driven reforms that empower beneficiaries as consumers, provide price transparency, and increase choices and competitor to drive quality, reduce costs, and improve outcomes, EHRA anticipates that technology and information systems will continue to play a pivotal role in the success of these models. In preparation for these changes and throughout the development of new models, the Association encourages CMS to collaboratively engage with health IT developers to ensure that the technology we are delivering to providers aligns with the needs of the models.

As an association, we would welcome the opportunity to collaborate with CMS and other stakeholders in the development of these payment models and to lend our experience working with physician implementation of health IT when considering methods for increasing eligible clinician participation in Advanced APMs.

Sincerely,

Jashe Ter Maar

Sasha TerMaat Chair, EHR Association Epic

HIMSS EHR Association Executive Committee

Hans J. Buitendijk Cerner Corporation

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About the EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of more than 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, wides pread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families.

The EHR Association is a partner of HIMSS. For more information, visit <u>www.ehra.org</u>.