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*The mission of the American College of
Cardiology and the American College
of Cardiology Foundation is to transform
cardiovascular care and improve heart health.*

December 15, 2014

Karen B. DeSalvo, MD, MPH, MSc
Acting Assistant Secretary for Health /
National Coordinator for Health
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Marilyn B. Tavenner
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**RE: 2015 Electronic Health Record Incentive (EHR) Program
Reporting Period**

Dear Dr. DeSalvo and Administrator Tavenner:

The American College of Cardiology (ACC) has long supported the implementation of electronic health records (EHRs) as a mechanism for improving the quality of care that patients receive and continues to do so. Despite this long-standing support, the College is extremely concerned by the pressure that the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) have placed on implementation of Stage 2 of the EHR Incentive Program and the 2014 Edition certified EHR technology (CEHRT). **While we appreciate the delay afforded to eligible professionals (EPs) and hospitals (EHs) that were unable to implement 2014 Edition CEHRT, we remain unconvinced that significant numbers of EPs and EHs will be able to meet the current requirement of reporting for a full year in 2015 and urge CMS and ONC to adjust the 2015 reporting period to the 90 days originally afforded to EPs and EHs for 2014.**

The ACC is a 47,000-member medical society that is the professional home for the entire cardiovascular care team. The mission of the College is to transform cardiovascular care and improve heart health. The ACC leads in the formation of health policy, standards and guidelines. The College operates national registries to measure and improve care, provides professional medical education, promotes cardiovascular research and bestows credentials on cardiovascular specialists who meet stringent qualifications.

Improper EHR implementation can negatively affect the quality of patient care as much as, if not more than, the continued reliance on paper records. EHR implementation cannot and should not be rushed. The College has heard from many cardiologists who continue to experience difficulty implementing

upgraded CEHRT. Cardiologists who have been able to upgrade their EHRs to 2014 Edition CEHRT are struggling with how to reconfigure their workflows to meet the new Stage 2 measures, which represent a significant departure from the Stage 1 requirements, particularly with respect to measures that require patient interactions with EHRs.

By continuing to push for a full year reporting period, CMS and ONC are setting EPs and EHs up for failure. While a certain amount of emphasis can spur on positive developments and encourage reticent participants, the pressure imposed on EPs and EHs at this point in time is inappropriate and largely outside of their control to address. They are dependent upon the availability of vendors to upgrade their EHRs, assuming that their vendors have received certification for upgrades. If not, they have to select a new EHR and again, are dependent upon the availability of the vendors to implement the new EHR. New EHR implementations and upgrades must go through exhaustive testing before practices and hospitals can fully transition to them, not to mention the extensive training required for EPs, EHs and staff. Only then can EPs and EHs begin to consider the workflow changes needed to address the Stage 2 requirements. When considered altogether, EPs and EHs are facing a long and complex process to implement not only new 2014 Edition CEHRT, but also new Stage 2 requirements. It is simply too much to expect them to have accomplished all of this in time to meet a full year reporting period, especially when coupled with implementation of the penalty phase of the federal EHR Incentive Program, the value-based payment program, the Physician Quality Reporting System penalties and ICD-10 implementation.

The ACC strongly urges CMS and ONC to act quickly to reduce the 2015 reporting period from a full year to 90 days and encourages application of the delay and flexibility to all participants. We would welcome the opportunity to discuss this and other relevant issues with CMS and ONC. Please direct any questions or concerns to Lisa P. Goldstein at (202) 375-6527 or lgoldstein@acc.org.

Sincerely,



Patrick T. O'Gara, MD, FACC
President