



May 11, 2016

The Honorable John Thune
United States Senator
511 Dirksen Senate Office
Washington, DC 20510

The Honorable Pat Roberts
United States Senator
109 Hart Senate Office Building
Washington, DC 20510

The Honorable Lamar Alexander
United States Senator
455 Dirksen Office Building
Washington, DC 20510

The Honorable Richard Burr
United States Senator
217 Russell Senate Office Building
Washington, DC 20510

The Honorable Mike Enzi
United States Senator
379A Senate Russell Office Building
Washington, DC 20510

The Honorable Bill Cassidy
United States Senator
703 Hart Senate Office Building
Washington, D.C. 20510

Dear Senators Thune, Alexander, Enzi, Roberts, Burr and Cassidy:

The College of Healthcare Information Management Executives (CHIME) is pleased to support the draft legislation shared by the REBOOT group on April 28, 2016. The legislation would enable greater flexibility for the participants of the Medicare and Medicaid EHR Incentive Program, also known as Meaningful Use.

CHIME is an executive organization serving more than 1,800 chief information officers (CIOs) and other senior health information technology leaders at hospitals and clinics across the nation. CHIME members are responsible for the selection and implementation of clinical and business technology systems that are facilitating healthcare transformation. Our members represent some of the earliest and most prolific adopters of electronic health records (EHRs) and other health IT resources for clinicians and patients.

Since enactment of the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), the healthcare industry has made a significant shift in the way technology is used to deliver healthcare. Technology is a key enabler to achieving the Triple Aim of an improved patient experience, better population health and reduced costs. To fully harness the power of health IT across the continuum, additional flexibility must be woven into both the construct and administration of the Meaningful Use program. Without key refinements to the program, efforts to improve nationwide interoperability and information exchange will not progress as quickly as patients deserve. We share your concerns about the trajectory of the program and appreciate your efforts to provide greater stability for our members as they navigate transitions to new payment models and the drive toward high-value care.

CHIME welcomes the opportunity to provide brief comments of support for the policies included in the draft legislation below.

College of Healthcare Information Management Executives (CHIME)

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Section 2 – 90-Day EHR Reporting Period for a Determination of Whether and Eligible Professional or Eligible Hospital is a Meaningful EHR User

CHIME enthusiastically supports the proposed 90-day reporting period annually for participants of the Meaningful Use program. Upgrading an EHR system can take several months and the length of future reporting periods should take this into account. While not every provider upgrades every year, the pace of change is increasing the frequency of the upgrades for many and this would mitigate the potential chaos that would come with administrative management of a large number of exceptions.

Section 3 – Removing the All-or-Nothing Approach to Meaningful Use

CHIME continues to believe that the pass/fail approach does more harm than good. It jeopardizes the hard work and investments that well-intended providers have made to meet the program's requirements and risks them incurring a financial penalty, even after making a good faith effort to be successful in the program. We were pleased that the draft legislation included the direction that meeting 75 percent of the program's objectives and measures would still allow eligible hospitals and eligible physicians to avoid penalties.

Section 4 – Extending Flexibility in Applying Hardship Exemption for Meaningful Use

CHIME appreciates the added flexibility CMS has indicated they will give around hardships, such as when a provider switches vendors. We support the extension of these policies as directed by the draft legislation.

We appreciate your continued interest and leadership on this subject. We stand ready to work with you and your colleagues to pursue legislative solutions for making an interoperable healthcare delivery system a reality. Should you have questions about our position or require additional information, please contact Leslie Krigstein, Vice President of Congressional Affairs, at lkrigstein@chimecentral.org.

Sincerely,



Russell P. Branzell, CHCIO, LCHIME
President and CEO
CHIME