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March 1, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Administrator Verma:

The College of Healthcare Information Management Executives (CHIME) is pleased to respond to the Centers for Medicare & Medicaid Services' (CMS) call for improvement activities under the Medicare Incentive-based Program (MIPS).

CHIME is an executive organization serving more than 2,500 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.

There are two areas which our members believe warrant additional attention from CMS given they are both national priorities. They are: 1) opioids; and 2) cybersecurity. The opioid epidemic has swept our nation and claimed 42,249 people in 2016, more than any year on record and the death rate continues to rise largely unabated. CHIME has launched an Opioid Task Force to address the problem through the lenses of technology. The other issue, which is only growing more complex with the increasingly interconnected nature of our healthcare system, is the persistent threat of cyberattacks. These cyber threats create significant patient safety risks for which clinicians are woefully unprepared to fend off.

Appended below are our submissions in the form of the template supplied by CMS. Please don't hesitate to contact our staff, Mari Savickis, vice president, federal affairs, at msavickis@chimecentral.org with any questions you may have.

Sincerely,

Russell Branzell, FCHIME, CHCIO
CEO & President, CHIME

Cletis Earle
Chair, CHIME Board of Trustees
Vice President and CIO Information Technology Kaleida Health

Proposed Improvement Activities Recommended for Inclusion in the

Quality Payment Program: Submission Template

Cybersecurity Activity Submission	
Activity Sponsor: Provide entity name, URL, and individual contact information: name, address, phone, email—in case we need to contact submitter	College of Healthcare Information Management Executives (CHIME) Mari Savickis, Vice President, Federal Affairs 20 F Street, NW 7th Floor Washington, DC 20001 Msavickis@chimecentral.org 202-294-3828 (c)
CMS NPI # or Sponsor Type: Include NPI number, or indicate other entity type, e.g. EHR vendor, specialty group, or other—25 words or less.	CHIME is an executive organization serving more than 2,500 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.
Activity Title: Provide the activity title only—10 words or less	Meeting cybersecurity voluntary best practices.
Activity Description: Provide a brief description of the proposed activity—300 words or less. Please be as specific as possible about what the activity entails. E.g., “Eligible clinician must perform/do XXXX.”	Meeting at least 75% of the best practices developed as part of Section 405(d) of the Cybersecurity Information Sharing Act of 2015 (CISA) should be considered for inclusion as an improvement activity. Under Section 405(d) of CISA the Secretary together with the National Institute of Standards & Technology (NIST) and the Department of Homeland Security (DSH) must establish best practices for meeting common, current day cybersecurity threats. A public / private workgroup has been working to establish these best practices which will be released in draft form and pilot tested in 2018. They are expected to be ready for use in 2019. The Health Care Industry’s Cybersecurity Taskforce report, also mandated by CISA, was required to submit recommendations to Congress on ways to fortify the healthcare sector cybersecurity posture. The report was released in the summer of 2016 and work is underway to begin operationalizing the recommendations. Some recommendations are aimed at the public sector and some at the private sector. Recommendation 1.2 in their report called establishing “a consistent, consensus-based health care-specific Cybersecurity Framework.” CMS has been involved in both the 405(d) and the Task Force work.

Validation of Activity: Supporting Website(s): Provide any supporting validation documentation that describes why the activity being proposed leads to quality improvement in the practice, improvement in patient health, experience, etc. AND/OR provide links to validated tools, processes referenced in the activity. (Please include URLs only	Cybersecurity Task Force Report - https://www.phe.gov/preparedness/planning/CyberTF/Pages/default.aspx - https://www.phe.gov/Preparedness/planning/CyberTF/Documents/report2017.pdf Cybersecurity Information Sharing Act of 2015 (CISA) - https://www.gpo.gov/fdsys/pkg/PLAW-114publ113/pdf/PLAW-114publ113.pdf - (see starting page 696; page 741 discusses Section 405) ABC News Segment on cyber hacks of medical devices (simulated attack with clinicians) - https://www.youtube.com/watch?v=pU3NQ3GkC_0 Also see attached: - NEJM article Contacts on 405(d) Best Practices: - Julie Chua, HHS Security Risk Management Division Manager, Office of the Chief Information Officer (co-chair) - Erik Decker, Chief Security and Privacy Officer, The University of Chicago Medicine (co-chair) - Emery Csulak, CISO, CMS - See attached slide deck Contacts on Taskforce Report: - Emery Csulak, CISO, CMS (co-chair) - Theresa Meadows, CIO, Cook Children's Health Care System (co-chair) - Steve Curren, Division Director, Division of Resilience and Infrastructure Coordination, ASPR, HHS
Documentation to Use as Proof of Activity Completion: Include data or primary sources that could be used to substantiate performance of the improvement activity (e.g. medical charts, office schedules, data reports, quality improvement reports or submissions to funders/payers, meeting minutes).	Installation of the cybersecurity software and tools. Example: If a clinician did email phishing training, the clinician could prove this was completed by virtue of implementing the anti-phishing software. This could also be depicted in documentation that employees were trained. Finally, installed software could depict how alerts are treated and the number of devices that are encrypted.
Level of Effort: Include data, primary sources or personal experience to substantiate the level of effort the submitter	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5522514/ https://www.healthit.gov/sites/default/files/basic-security-for-the-small-healthcare-practice-checklists.pdf

anticipates are required to complete the proposed improvement activity on an annual basis. (This estimate could be in hours/days, dollars, staffing needs/FTE, external resources/supports or any combination thereof).	
Contribute to Advancing Care Information Bonus: Yes or no. Yes responses require a justification/rationale—100 words or less. Improvement activities may be considered for the Advancing Care Information bonus if the improvement activity can be accomplished using Certified Electronic Health Record Technology (CEHRT).	Since many of the activities can be used to support a risk assessment this could count toward the ACI bonus.

Opioid Activity Submissions	
Activity Sponsor: Provide entity name, URL, and individual contact information: name, address, phone, email—in case we need to contact submitter	College of Healthcare Information Management Executives (CHIME) Mari Savickis, Vice President, Federal Affairs 20 F Street, NW 7th Floor Washington, DC 20001 Msavickis@chimecentral.org 202-294-3828 (c)
CMS NPI # or Sponsor Type: Include NPI number, or indicate other entity type, e.g. EHR vendor, specialty group, or other—25 words or less.	CHIME is an executive organization serving more than 2,500 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.
Activity Title: Provide the activity title only—10 words or less	- **Activity 1:** Use of the Centers for Disease Control and Prevention (CDC) guidelines

	- **Activity 2:** Use of electronic prescribing for controlled substances (EPCS).
Activity Description: Provide a brief description of the proposed activity—300 words or less. Please be as specific as possible about what the activity entails. E.g., "Eligible clinician must perform/do XXXX."	- **Activity 1:** While we recognize that CMS has an Improvement Activity that gives credit for completing the CDC Use of the new CDC Guideline for Prescribing Opioids for Chronic Pain, we believe CMS should add a related activity that gives credit for use of the Guidelines via clinical decision support (CDS). The CDS could include use of their mobile app to help facilitate better care for patients afflicted with opioid addiction at the point of care.[1] CDS should offer appropriate evidence-based treatment options, which may or may not involve the scripting of an opioid or controlled substance. Properly developed and used CDS can help those treating patients on opioids and those for whom they are considering prescribing them. For example, CDS can help prescribers determine how many doses are included every time a prescription is ordered. It can also help with offering other treatment options. The CDC has said, "Activities such as development of clinical decision support in electronic health records to assist clinicians' treatment decisions at the point of care; identification of mechanisms that insurers and pharmacy benefit plan managers can use to promote safer prescribing within plans; and development of clinical quality improvement measures and initiatives to improve prescribing and patient care within health systems have promise for increasing guideline adoption and improving practice."[2] Some EHR vendors are beginning to build these guidelines into their CDS products and we believe clinicians should be encouraged to use them. - **Activity 2:** The existing list of activities already includes offering credit for clinicians who consult a prescription drug monitoring program (PDMP) which can be helpful for determining whether a patient has been prescribed opioids. However, facilitating more use of EPCS can also help combat the opioid epidemic. As of 2015 all states now allow for EPCS. According to SureScripts data, the rates of clinicians scripting controlled substances electronically range between widely between 3.6% to 73.4%. The Office of the National Coordinator for Health IT (ONC) cites examples of how health IT can help address the opioid crisis and they state EPCS can, "help protect against drug misuse and diversion while improving provider workflows." Some of the reasons more clinicians are not using EPCS involve complicated workflows where the EPCS solution is not well-integrated with their EHR. Further, EHRs and prescription drug monitoring programs are also not well-integrated.

[1] Guideline Resources: CDC Opioid Guideline Mobile App, https://www.cdc.gov/drugoverdose/prescribing/app.html.
[2] CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016, Recommendations and Reports / March 18, 2016 / 65(1);1–49, https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm.

Validation of Activity: Supporting Website(s): Provide any supporting validation documentation that describes why the activity being proposed leads to quality improvement in the practice, improvement in patient health, experience, etc. AND/OR provide links to validated tools, processes referenced in the activity. (Please include URLs only	http://surescripts.com/enhance-prescribing/e-prescribing/e-prescribing-of-controlled-substances/ https://www.healthit.gov/playbook/public/img/combat-the-opioid-epidemic.jpg https://www.healthit.gov/opioids/epcs
Documentation to Use as Proof of Activity Completion: Include data or primary sources that could be used to substantiate performance of the improvement activity (e.g. medical charts, office schedules, data reports, quality improvement reports or submissions to funders/payers, meeting minutes).	Use of CDS and electronic prescribing (or consulting a PDMP).
Level of Effort: Include data, primary sources or personal experience to substantiate the level of effort the submitter anticipates are required to complete the proposed improvement activity on an annual basis. (This estimate could be in hours/days, dollars, staffing needs/FTE, external resources/supports or any combination thereof).	Given the low rates of EPCS adoption and some ongoing barriers like two-factor authentication that some clinicians find burdensome, the level of effort can be substantial initially The California Healthcare Foundation published a report on EPCS in 2013 chronicling the experience of some providers implementing EPCS. The report can be found here: https://www.chcf.org/wp-content/uploads/2017/12/PDF-EvaluationEPCS.pdf. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3995494/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3715357/
Contribute to Advancing Care Information Bonus: Yes or no.	Activity 1: Yes, use of CDS for the CDC guidelines. Activity 2: Yes, use of eprescribing for EPCS.

Yes responses require a justification/rationale—100 words or less. Improvement activities may be considered for the Advancing Care Information bonus if the improvement activity can be accomplished using Certified Electronic Health Record Technology (CEHRT).	