December 11, 2015

Andrew M. Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

Re: CMS-3310 & 3311-FC - Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017

Dear Acting Administrator Slavitt:

The American Psychiatric Association (APA), the national medical specialty society representing more than 36,000 psychiatric physicians, appreciates the opportunity to submit comments on the Final Rule for Stage 3 for Meaningful Use (MU) of health information technology. While the APA supports the Centers for Medicare and Medicaid Services’ (CMS) goal of using certified Electronic Health Records (EHRs) and other technology to improve the coordination, safety, and quality of care for patients, we believe that the program’s current requirements place tremendous undue financial and workflow burdens on psychiatrists. These concerns are echoed by other medical specialties and hospital groups, including the American Medical Association.

The need for greater integration of and use of EHRs within care delivery is paramount to reach the goal of improving health outcomes of individuals and of the population as a whole. However, in its current incarnation, the Meaningful Use program does not allow for this process to occur. Specifically, psychiatrists have already struggled to meet the requirements outlined in Stages 1 and 2 of meaningful use, with very few successfully attesting. We anticipate that multiple facets of Stage 3 will pose even greater challenges toward adoption.

First, many psychiatrists practice within solo or small group practices, making many aspects of the MU program cost prohibitive and labor intensive. We have received testimony from many members practicing in these settings that bringing a complete EHR system online has resulted in decreased efficiency and substantial administrative burden. This is compounded by attempting to meet the MU requirements. Focusing on the patient is central to the therapeutic alliance and serves as the foundation for quality psychiatric care, but presents challenges to efficient EHR use. Many elements of meaningful use have limited value in psychiatric settings, yet distract from and undermine the psychotherapeutic process.
Second, very few psychiatrists successfully attested to Stage 1 of MU and early reports predict that the percentage of successful attestations (approximately 2%) will be about the same for Stage 2. The APA anticipates that this trend will continue because much of Stage 3 builds upon the reporting measures of previous stages that have proven to be barriers in adoption for psychiatrists. Specifically, the linear, pass-fail program around which meaningful use operates is especially punitive to psychiatry and other specialties. Increased reporting threshold requirements, increased expectations regarding patient engagement within the electronic health record, the varying ability of pharmacies to accept e-prescriptions (including controlled substances) regardless of geographical location, and other “tick box,” process-oriented tasks focus on the quantity of what is being done, rather than measuring the quality of care delivered, and whether particular treatment goals were met.

Further, the meaningful use program continues to evolve from one that is incentive-based to one focused on downward payment adjustment for those who do not participate. The APA is concerned that this, coupled with the various financial and administrative burdens that we have consistently detailed in previous letters to the Administration, will result in fewer psychiatrists participating in Medicare. There is already a dearth of practicing psychiatrists within the United States, particularly within Medicare, which would mean that a continuation of this program in its present form might cause further disparity in care for already vulnerable populations — older individuals as well as individuals with disability due to severe mental illness.

The APA acknowledges that the meaningful use program has yielded some positive results, including wider spread adoption of EHRs, in general, among physicians and hospitals. To build upon this the APA believes that additional changes to the meaningful use program regarding the technological specifications of EHRs are warranted, if the program is to be successful. For example, as the program emphasizes increased capabilities of the EHR to engage the patient and share data with providers, the Administration should focus on improving user-centered functionality, especially interoperability between these systems. These improvements should be the focus of certification on the part of the vendor, and not rolled into the requirements expected of physicians as a routine part of practice.

Thank you for your review of these comments. The APA looks forward to a continued relationship and a robust dialogue with CMS and the ONC in an effort to enhance adoption of EHRs by psychiatrists and for streamlining the MU process. APA is eager to work with CMS to increase providers’ abilities to improve patient outcomes and increase access to vital care. If you have any questions, please contact Nathan Tatro, Health Information Technology Specialist at (703) 907-8608, or ntatro@psych.org.

Sincerely,

Saul Levin, M.D., M.P.A.
CEO and Medical Director