

June 19, 2017

The Honorable Tom Price, MD  
Secretary  
US Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Price,

On behalf of the undersigned organizations, we are writing to urge the Department of Health and Human Services to allow eligible clinicians utilizing a certified electronic health record to participate in a qualified clinical data registry to qualify them as fully achieving all points for the Advancing Care Information category of the Quality Payment Program's Merit Based Incentive Payment System. We are advancing this change because:

- 1) Compliance with the current ACI requirements represent significant burden on physician practices.
- 2) There is limited evidence demonstrating that the ACI requirements have a positive impact on the quality of care and patient outcomes, and demonstrating their relevance to physicians, practices and patients.
- 3) Physicians will be incentivized to adopt electronic health records and participate in clinical data registries, facilitating a culture of performance improvement that benefits patient care and patient outcomes.
- 4) This enables the physician and specialty-led performance measurement that Congress intended with passage of Medicare Access and CHIP Reauthorization Act.

Despite the widespread adoption of EHRs, many physicians did not participate in the Meaningful Use program, the predecessor program to Advancing Care Information. Although the Centers for Medicare & Medicaid

Services modified the 2015 Meaningful Use requirements to improve reporting and also offered blanket hardship exceptions to enable physicians to avoid penalties, over 150,000 or approximately 30 percent of eligible professionals, are receiving the three percent Meaningful Use penalty this year. Although, under MIPS, the reporting and performance thresholds for many measures were reduced so as to increase flexibility, no significant changes were made to the underlying focus of the measures. We continue to have concerns that there is little to no evidence that the requirements support the achievement of improved quality, patient outcomes, costs or interoperability.

Crediting physicians and other MIPS eligible professionals utilizing an EHR to participate in a clinical data registry, such as a qualified registry or qualified clinical data registry, for quality improvement purposes for full Advancing Care Information credit would reduce reporting burdens, improve MIPS performance, increase EHR use and interoperability, and improve quality and outcomes. According to the Council of Medical Specialty Societies' *Primer for the Development and Maturation of Specialty Society Clinical Data Registries*, "Frequent feedback on performance allows clinicians to compare themselves with peers as well as with national benchmarks. Thus, in contrast to one-time quality improvement projects, [clinical data registries] CDRs create an ongoing process of measuring, reporting and improving the quality of care that clinicians provide. CDRs are the modern specialist's best tool for creating a culture of performance improvement in practice."

We strongly encourage HHS to recognize the value that clinical data registries bring to healthcare and encourage their use by recognizing physicians utilizing an EHR to participate in a clinical data registry as satisfactorily achieving full credit for Advancing Care Information MIPS category.

Sincerely,

The American Academy of Dermatology Association

American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Otolaryngology—Head and Neck Surgery Foundation  
American Academy of Physical Medicine and Rehabilitation  
American Association of Neurological Surgeons/ Congress of Neurological Surgeons  
American Association of Orthopaedic Surgeons  
American Board of Family Medicine  
American College of Emergency Physicians  
American College of Gastroenterology  
American College of Radiology  
American College of Rheumatology  
American College of Surgeons  
American Gastroenterological Association  
American Medical Association  
American Physical Therapy Association  
American Society of Cataract and Refractive Surgery  
American Society for Radiation Oncology  
American Society of Plastic Surgeons  
American Urogynecologic Society  
American Urological Association  
Society for Vascular Surgery  
Society of Interventional Radiology  
Society of Thoracic Surgeons