



**Association of  
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**Via Electronic Submission ([www.regulations.gov](http://www.regulations.gov))**

February 4, 2016

Mr. Andrew Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244-8013

***Re: Request for Information: Certification Frequency and Requirements for the Reporting of Quality Measures Under CMS Programs, File Code CMS-3323-NC***

Dear Acting Administrator Slavitt:

The Association of American Medical Colleges (AAMC or Association) welcomes this opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS's or the Agency's) Request for Information (RFI) entitled *Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs*. 80 FR 81824-81828 (December 31, 2015). The AAMC is a not-for-profit association representing all 145 accredited U.S. allopathic medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 148,000 faculty members, 83,000 medical students, and 115,000 resident physicians.

The AAMC thanks CMS for the opportunity to provide early feedback on electronic health record (EHR) certification requirements for products used for reporting to certain CMS quality programs. Due to the many deficiencies in how electronic clinical quality measures (e-CQMs) are collected and submitted, the AAMC continues to have concerns with the mandate that eligible professionals and hospitals electronically report CQMs to meet the requirements of the Medicare EHR Incentive Program starting in CY 2018. Until the issues described below are addressed, the AAMC believes that a mandate to electronically report e-CQMs is premature.

The AAMC has the following high-level comments in response to the RFI below:

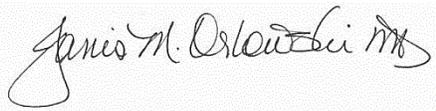
- As quality measures become increasingly complex, the AAMC is concerned with the vendors' ability to incorporate these new measures in their system in a timely manner. It is important for CMS to have an administrative process in place to ensure that vendors update their systems to incorporate the new data elements, and to ensure that clinical quality measures can be exchanged, captured and transmitted through an EHR.
- As part of the EHR certification process, the AAMC supports a requirement for vendors to expeditiously update hospital and physician electronic health records to allow for reporting of electronic clinical quality measures as required through the rulemaking process. Ideally, vendors would be mandated to incorporate all changes to the electronic health system within a certain timeframe following the release of new e-CQM requirements in a final rule. Providers need substantial time to test the collection and submission of electronic clinical quality measure data,

which cannot occur prior to vendors making these changes. Furthermore, CMS should only propose changes to e-CQMs once per year, and should factor-in the considerable cost burden to providers of implementing e-CQMs when selecting new measures.

- The AAMC supports frequent review and recertification of electronic clinical quality measure specifications to ensure their accuracy and that the specifications do not unnecessarily burden the provider. To the extent possible, we recommend that these systems allow for data to be collected once and then be available for use again in multiple quality programs such as, the Merit-Based Incentive Payment System (MIPS), Inpatient Quality Reporting (IQR) program, Outpatient Quality Reporting (OQR) program, Physician Quality Reporting System (PQRS), alternative payment models (APMs), and Meaningful Use (MU) program. Allowing for multiple uses of the same data will help reduce documentation burden.
- Each new required e-CQM places considerable burden on providers. Hospital and physician practice EHRs will need to be frequently reconfigured to meet the needs of the IQR, OQR, PQRS, and MIPS reporting requirements. To help reduce this burden, we ask that hospitals and physicians be allowed as much flexibility as possible in choosing which measures to report, and therefore the system should be inclusive of all e-CQMs. In addition, CMS should not propose to add or remove new e-CQMs more than once per year, and should give providers multiple years of notice regarding changes to the e-CQM requirements. Physicians and hospitals need substantial time to understand and implement new e-CQMS before they are publicly reported.
- The AAMC supports requiring vendors to certify to all e-CQMs that are in the eligible provider selection list. If the vendors do not include measures on the e-CQM list, physicians, particularly in certain specialties, may need to report measures that are not clinically relevant to satisfy the requirements of the Medicare quality programs. If a particular e-CQM is low volume or a small share of the vendor's market, the vendor may choose not to update its system to include the measure, which would put certain specialties at a disadvantage in the quality programs.
- Finally, the Association recommends that CMS support certification standards for connecting EHRs with registries. Although CMS has encouraged providers to use registries as a mechanism for reporting on quality in its programs, many EHR vendors are not transmitting data with registries. As a result, providers are forced to manually enter data into a registry. CMS should do as much as possible to ensure that vendors do not make it even more difficult for providers to meet these requirements.

Thank you for the opportunity to present our views. If you have any questions concerning these comments, please feel free to contact Gayle Lee at [galee@aamc.org](mailto:galee@aamc.org) or at 202-741-6429.

Sincerely,



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Chief Health Care Officer  
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Cc: Gayle Lee, AAMC  
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