May 16, 2013

The Honorable John Thune
United States Senate
Washington, DC 20510

The Honorable Richard Burr
United States Senate
Washington, DC 20510

The Honorable Lamar Alexander
United States Senate
Washington, DC 20510

The Honorable Tom Coburn, M.D.
United States Senate
Washington, DC 20510

The Honorable Pat Roberts
United States Senate
Washington, DC 20510

The Honorable Mike Enzi
United States Senate
Washington, DC 20510

Re: "Reboot: Re-examining the Strategies Needed to Successfully Adopt Health IT" (April 16, 2013)

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

I am contacting you on behalf of the more than 17,000 members of the American Academy of Dermatology Association (AADA) to share comments on the report entitled, "Reboot: Re-Examining The Strategies Needed To Successfully Adopt Health IT," released on April 16, 2013. The AADA appreciates the opportunity to provide comments on this report and hopes you will take the AADA's concerns and recommendations into consideration when formulating future policy.

Comments

The AADA applauds your efforts to examine current programs to advance health information technology and to foster an ongoing dialogue with the stakeholder community. We support your goals of achieving meaningful use and interoperability.

The AADA recommends that in formulating policy to advance interoperability, some consideration be given to feasibility within the broader health care and fiscal environments. Physicians must balance their electronic health record effort against other demands on their time and resources. Many physicians are engaged in adopting EHR, initiating quality reporting, as well as undertaking payment and delivery reforms, and physicians are facing these challenges at a time of diminishing Medicare reimbursements. Medicare reimbursement cuts further reduce resources available to practices for adopting and implementing EHRs. Particularly for small practices, the high cost of EHR adoption is not offset by existing financial incentives, and physicians face uncertainty regarding the value they will receive from their investment. Moreover, it is important to note that while meaningful use is now described as an incentive program, providers who are not meaningful users by 2014 will experience adjustments decreasing Medicare Part B professional fees in 2015 and beyond.

American Academy of Dermatology Association

1445 New York Ave., NW,
Suite 800
Washington, DC 20005-2134

Main: 202.842.3555
Fax: 202.842.4355
Website: www.aad.org

The AADA continues to be concerned about small practices who do not have and who simply cannot afford health IT. In addition, the AADA supports creating a hardship exemption from meaningful use requirements for physicians in and near retirement to avoid intensifying workforce shortages. We believe the expense of adoption is exacerbated by the lack of compatibility standards for electronic systems. The AADA urges that providers not be penalized by making requirements more onerous on physicians. Moreover, we believe this policy initiative must focus on vendor-driven solutions. Currently, the market's leading vendors have high enough market shares to allow them to roll out any product based on proprietary technology and readily sell it. The enterprise software vendors have little incentive to advance interoperability since the burden of interoperability lies entirely with the physician.

With respect to concerns raised in your report, the AADA believes that the vast majority of healthcare providers who have accepted meaningful use payments have been truthful in their attestations. Many of the entities accepting payments have invested considerably more than the incentive payments they received in their electronic health record infrastructure, with little assurance that they would reap the full benefit of their investment. In addition, there is no hard data to show that "code creep" or "upcoding" is a widespread problem. The concerns regarding the practice of upcoding are based on media reports and not on peer reviewed studies. The AADA believes that upcoding is not a physician problem, but rather that it may be linked to software programming issues, which are being addressed as health IT acceptance advances.

As your report rightly acknowledges, the meaningful use incentive program is rapidly coming to an end and providers who are not meaningful users by 2014 will experience penalties beginning in 2015. Accordingly, the AADA recommends that congressional assessment of the incentive program focus on usability and interoperability and other factors that will advance health IT. We believe that CMS' current cross checking of meaningful use payments is sufficient, and argue against imposing further administrative burdens on physicians.

Conclusion

The AADA appreciates the opportunity to provide comments on the strategies needed to advance health IT to assist you in formulating future policy that accelerates meaningful use and interoperability. Please contact Shawn R. Friesen, Director, Legislative, Political and Grassroots Advocacy, at (202) 712-2601 or sfriesen@aad.org if you require clarification on any of these points or you would like more information.

Sincerely,

Dirk M. Elston, MD, FAAD
President, American Academy of Dermatology Association