July 7, 2020

The Honorable Seema Verma
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1735-P
Submitted electronically http://www.regulations.gov

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals

Dear Administrator Verma:

The American Medical Informatics Association (AMIA) appreciates the opportunity to provide input on the FY2021 Hospital Inpatient Prospective Payment Systems proposed rule.

AMIA is the professional home for more than 5,500 informatics professionals, representing frontline clinicians, researchers and public health experts who bring meaning to data, manage information and generate new knowledge across the health and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations and public policy across settings and patient populations.

AMIA generally supports CMS proposals that provide hospitals with flexibilities in how they comply with the Promoting Interoperability Program, while incentivizing hospitals to continue investments in health information technology (IT) for patient care. However, we strongly urge CMS to consider how it can leverage this and other programs to help mitigate and recover from the COVID-19 pandemic.

Emphasize Public Health Reporting

In our FY 2020 IPPS proposed rule comments,[1] we urged CMS to make public health reporting a higher priority. Specifically, we recommended that "CMS evaluate effective priorities for nationwide interoperability between the public and private health sector to enhance coordination of care activities, reduce physician and administrative burden, and best manage the cost of public health

[1] AMIA Response to CMS FY20 IPPS NPRM. June 24, 2019. Available at: https://www.amia.org/sites/default/files/AMIA-Response-to-2020-IPPS-NPRM.pdf

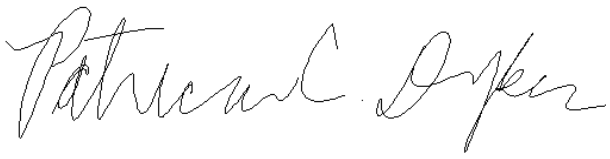
services." We additionally encouraged CMS to double the PI Program points from 10 to 20 for public health reporting and require Syndromic Surveillance Reporting, Immunization Registry Reporting, and Reportable Lab Results Reporting, with the option to choose Electronic Case Reporting, Public Health Registry Reporting; or Clinical Data Registry Reporting as a menu option.

While we understand that such reporting requires investment by hospitals, absent CMS requirements these kinds of reporting simply would not be prioritized. In fact, had CMS not required minimal public health reporting as part of the last 8 years of the EHR Incentive Payment program, we may have had a larger communications gap between healthcare and public health today. For example, the CDC currently supports the National Healthcare Safety Network (NHSN),[2] which enables hospitals to report daily counts of patients with suspected or confirmed COVID-19 diagnoses, current use and availability of hospital beds and mechanical ventilators, worker staffing and supply status and availability. The data, however, can only be submitted using manual entry or CSV files. This state of affairs and the need for timely, accurate data represents a unique opportunity for the federal government to prioritize data exchange for public health.

AMIA again urges CMS to use its policy levers to encourage better, more consistent reporting from hospitals to public health authorities. As the nation continues to navigate the COVID-19 pandemic, it is more vital than ever for CMS do to everything in its power to encourage public health interoperability.

We hope our comments are helpful as you undertake this important work. Should you have questions about these comments or require additional information, please contact Jeffery Smith, Vice President of Public Policy at jsmith@amia.org or (301) 657-1291. We look forward to continued partnership and dialogue.

Sincerely,



Patricia C. Dykes, PhD, RN, FAAN, FACMI
Chair, AMIA Board of Directors
Program Director Research
Center for Patient Safety, Research, and Practice
Brigham and Women's Hospital

(Enclosed: Detailed AMIA Comments regarding CMS' FY21 IPPS NPRM)

[2] https://www.cdc.gov/nhsn/acute-care-hospital/covid19/index.html

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Proposed EHR Reporting Period in CY 2022

For CY 2022, CMS is once again proposing an EHR reporting period of a minimum of any continuous 90-day period in CY 2022 for new and returning participants (eligible hospitals and CAHs) in the Medicare Promoting Interoperability Program attesting to CMS.

AMIA Comments: AMIA agrees with CMS's reasoning in the NPRM and supports the continuation of this flexibility that will allow more eligible hospitals and CAHs to successfully participate in the PI Program.

Proposed Changes to Measures Under the Electronic Prescribing Objective

Query of PDMP Measure

CMS is again proposing to make the Query of PDMP measure optional in CY 2021 and eligible for 5 bonus points. They are also proposing that, in the event they finalize these changes, the e-Prescribing measure would be worth up to 10 points in CY 2021 and subsequent years.

AMIA Comments: AMIA supports these proposed changes. We do not believe such a measure should be required until CEHRT supports it. We recommend that CMS work closely with ONC and its Certification Program to ensure standards are adopted by health IT to enable functionalities in support EHR-PDMP integration.

Proposed CQM Reporting Periods and Criteria for the Medicare and Medicaid Promoting Interoperability Programs in CY 2021, 2022, and 2023

CMS is proposing to progressively increase, over a 3-year period, the number of quarters for which hospitals are required to report eCQM data, from the current requirement of one self-selected quarter of data to four quarters of data. CMS is also proposing to publicly report eCQM performance data for the first time, beginning with data reported for the CY 2021 reporting period

AMIA Comments: AMIA supports these proposals.

Future Direction of the Medicare Promoting Interoperability Program

CMS is considering changes which support a variety of HHS goals, such as reducing administrative burden, supporting alignment with the Quality Payment Program, supporting alignment with the 21st Century Cures Act, advancing interoperability and the exchange of health information, and promoting innovative uses of health IT. More specifically, with regard to the 21st Century Cures Act final rule, CMS is considering potential areas of overlap, such as information blocking, transitioning from the Common Clinical Data Set (CCDS) to the United States Core Data for Interoperability (USCDI), finalization of a new certification criterion for a standards-based API using FHIR, and other updates to 2015 Edition health IT certification criteria and the ONC Health IT Certification Program. CMS is thus soliciting comment on how Medicare can best support these areas of overlap.

AMIA Comments: As articulated in our FY2019[3] and FY 2020[4] IPPS proposed rule comments, we again urge CMS to more aggressively pursue a Promoting Interoperability Program that abandons the constructs of measure reporting in favor of (1) setting clear deadlines for adoption of new certification functionality and (2) enabling organizations to demonstrate clinically meaningful use of health IT for their specific patient populations and priorities through activity-based approaches, such as Inpatient Improvement Activities (IIAs).

[3] AMIA Response to CMS FY19 IPPS NPRM. June 25, 2018. Available at: https://www.amia.org/sites/default/files/AMIA-Response-to-CMS-2019-IPPS-NPRM.pdf
[4] AMIA Response to CMS FY20 IPPS NPRM. June 24, 2019. Available at: https://www.amia.org/sites/default/files/AMIA-Response-to-2020-IPPS-NPRM.pdf