

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

September 6, 2016

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1656-P
P.O. Box 8013
Baltimore, MD 20244-8013

RE: Docket ID: CMS-1656-P

Dear Administrator Slavitt:

On behalf of the National Association of County and City Health Officials (NACCHO), I am writing to provide comment on the Center for Medicare and Medicaid Services' (CMS) Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value-Based Purchasing (VBP) Program. NACCHO is the voice of the 2,800 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities.

NACCHO applauds the requirements for eligible providers, eligible hospitals, and critical access hospitals (CAHs) to submit public health data for meaningful use using certified electronic health record technology (CEHRT). However, the proposed modification to the Public Health and Clinical Data Registry Reporting Requirements in proposed changes to the Objectives and Measures for Stage 3 Meaningful Use (proposed 42 CFR 495.24(c)(8)) in 2017 and 2018 will limit the meaningful use of CEHRT. The proposed change would reduce the data required to be reported to any combination of three measures, therefore adding no additional value from Modified Stage 2 to Stage 3 requirements.

While accounting for the concerns of hospitals and hospital associations is important, the proposed change would not fulfill the intent of the law, which is to ensure data are used to promote the health of the public. The proposed change notes that CMS has feedback "from hospitals and hospital associations indicating that it is often difficult to find registries that are able to accept data that will allow them to successfully attest," including administrative burdens to outreach to public health registries. However, the rule, in its current form, provides many options to satisfy the public health and clinical data registry reporting while only requiring reporting to three registries. Current options include immunization registry, syndromic surveillance, electronic lab, or specialty registry reporting measures. While efforts by hospitals are required to seek out the registries to fulfill this requirement, public health has gone through great efforts to ensure information about reporting is readily available for hospitals to reduce

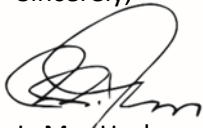


the administrative burden as much as possible. Public health reporting is an essential component of advancing CEHRT use and healthcare information exchange, and in order to protect the public's health we must continue to build on the previous meaningful use stages and advance CEHRT.

Furthermore, NACCHO is concerned that hospitals will choose to meet the Public Health and Clinical Data Registry Reporting Requirements solely through the Clinical Data Registry Reporting Measure, undermining the meaningful use of electronic health record (EHR) data. In future years, NACCHO supports expanding required measures in both number and breadth for eligible hospitals and CAHs to include the Immunization Registry Reporting Measure, Syndromic Surveillance Reporting Measure, Electronic Case Reporting Measure, and Electronic Laboratory Reporting Measure. The future expansion of requirements for eligible hospitals and CAHs to include the Electronic Case Reporting Measure would meet both a central surveillance function for public health as well as a critical legal function of public health reporting for hospitals. Additionally, the implementation of CEHRT offers an unprecedented opportunity to improve the completeness and timeliness of case reporting, leading to reductions in infectious diseases, injuries, and other public health concerns.

NACCHO appreciates the efforts of CMS to gather input on the proposed change and future implementation of Meaningful Use measures. As the use of CEHRT becomes more ubiquitous, improvements in healthcare and public health can be realized simultaneously. NACCHO and local health departments value the role that healthcare has in this partnership and have worked to ensure the meaningful use of data and information. NACCHO looks forward to continuing to collaborate with CMS as a partner in this effort. For more information, please contact Eli Briggs, Senior Government Affairs Director at ebriggs@naccho.org or 202/507-4194.

Sincerely,



LaMar Hasbrouck, MD, MPH
Executive Director