May 29, 2015

Via http://www.regulations.gov

Andrew M. Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8013  
Baltimore, MD 21244-8013

RE: CMS-3310-P; Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 3; Proposed Rule, March 30, 2015 Federal Register

Dear Mr. Slavitt,

The Society for Healthcare Epidemiology of America (SHEA) appreciates the opportunity to provide comments in response to the proposed rule for Stage 3 of the Electronic Health Record Incentive Program as published in the March 30, 2015 Federal Register.

SHEA represents more than 2,000 physicians and other healthcare professionals globally with expertise in healthcare epidemiology and infection prevention. SHEA is dedicated to advancing the science and practice of healthcare epidemiology and preventing and controlling morbidity, mortality, and the cost of care linked to healthcare-associated infections.

SHEA’s response pertains to Objective 8, Public Health and Clinical Data Registry Reporting for Meaningful Use in 2017 and subsequent years. SHEA supports CMS’ efforts to align the goals of the Meaningful Use program with other national healthcare quality reporting programs and to promote improvements in interoperability of health IT programs with a focus on achieving the aims of the National Quality Strategy. Streamlining the Meaningful Use program under a single standard approach will encourage adoption and push eligible providers (EPs), hospitals and critical access hospitals (CAHs) toward Stage 3 attestation.

SHEA notes that while registries such as the National Healthcare Safety Network (NHSN) can receive electronic data transmissions, many state and local public health departments and registries do not have the same infrastructure in place that would allow electronic data exchange with
electronic health record (EHR) systems that are compliant with Meaningful Use standards. This may cause providers and facilities in certain regions to have difficulty meeting some of the measures outlined in Objective 8.

SHEA supports explicitly recognizing NHSN as a registry that meets the goals of data reporting under the Meaningful Use program. However we are concerned that over the evolution of the Meaningful Use program, EHR systems have been developed without the necessary infrastructure to support adequate collection and reporting of data on infection rates, or functionality to support surveillance needs. This inadequate infrastructure lacks interoperability with NHSN despite the growing urgency in the need for surveillance due to the global antibiotic resistance crisis. Many EHRs systems also lack the ability to either collect or query such data from the clinical medical record.

CMS should consider incentives through the Meaningful Use program for EHRs that can adequately capture infection data to support surveillance and reporting to NHSN through the Meaningful Use program. In addition, NHSN has introduced an antimicrobial use module that can provide risk adjusted inter- and intra-facility benchmarking of antimicrobial usage and evaluate usage trends over time at the local and national level. Given the serious threat of emerging resistant organisms, important information regarding trends in usage patterns at the local and national level is of utmost importance. Because of the complexity of the multiple data sources required for this module, manual entry is not available. Providing this essential information to the CDC cannot be accomplished without IT interoperability.

SHEA thanks CMS for soliciting public comment on Stage 3 of the Electronic Health Record Incentive Program. We support policies that facilitate communication of critical healthcare data for the prevention of healthcare-associated infections and promoting the adoption of antimicrobial stewardship programs across the healthcare continuum. For future inquires on this submission, please contact Lynne Batshon at 703-684-0761 or lbatshon@shea-online.org.

Sincerely,

Anthony D. Harris, MD, MPH, FSHEA, FIDSA
President, SHEA