



March 15, 2010

David Blumenthal, MD, MPP
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Ave., SW., Suite 729D
Washington, DC 20201

Re: Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Interim Final Rule

Dear Dr. Blumenthal:

The American College of Gastroenterology (ACG), the American Gastroenterological Association (AGA), and the American Society for Gastrointestinal Endoscopy (ASGE) appreciate the opportunity to provide comments on HHS' Interim Final Rule (IFR), entitled, *Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology* [45 CFR Part 170] that was posted in the *Federal Register* on Jan. 13, 2010.

The certification criteria outlined in the IFR establishes the requirements with which vendors and providers of EHRs must comply in order for eligible professionals and hospitals to meet the proposed meaningful use Stage 1 requirements under the Medicare and Medicaid EHR Incentive Programs. The gastroenterology (GI) societies have provided separate, comments on the companion proposed rule published by CMS on meaningful use entitled, *Medicare and Medicaid Programs: Electronic Health Record Incentive Program*.

The requirements set forth in the IFR are overly ambitious and it is important for ONC to carefully weigh the comments received by the provider/vendor community of EHR products to make implementation of this rule feasible. Physicians must use certified products that meet the specifications in the IFR otherwise they will be unable to meet the meaningful use criteria in their practices to be eligible for bonus incentive payments. Physicians must not be penalized if their vendor has difficulty meeting the certification criteria and it must not be the responsibility of the physician to determine whether the

products or modules they are purchasing are compatible or meet meaningful use criteria as that responsibility must be borne by the vendors. It is necessary to have the appropriate implementation of the IFR requirements in place before CMS can determine and measure "meaningful use" of certified products.

It is also important that physicians are able to ensure that modules they are purchasing can interface with each other, for example having a laboratory system that allows physicians to send a request for a pathology interpretation.

We are concerned that up until now, the certification process has been voluntary and very rigorous. CCHIT is now allowing certification of "modules" and has changed its certification specifications to correspond to meaningful use. They have now created "site specific" criteria for practices who are early adopters of EHR technology, who also have developed their own software or who have combinations of different products. We are pleased that this issue is being addressed to ensure that physicians are purchasing software that is certified or clearly certifiable. We think it would benefit the physician community if the ONC would develop a national website where vendors would provide their specific products or modules to indicate that they meet the certification standards set forth in the IFR. This would assist physicians who have not yet purchased EHR systems to determine the best products or modules for their practice.

The American College of Gastroenterology, the American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy appreciate the opportunity to provide comments on this interim final rule. If we may provide any additional information, please contact Brad Conway, Vice President of Public Affairs, ACG, at (301) 263-9000 or bconway@acg.gi.org; Anne Marie Bicha, Director of Regulatory Affairs, AGA, at (240) 482-3223 or abicha@gastro2.org; or Camille Bonta, consultant to ASGE, at (202) 320-3658, or cbonta@summithealthconsulting.com.

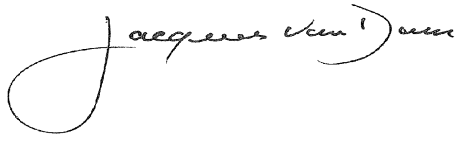
Sincerely:

A handwritten signature in black ink, appearing to read "Philip O. Katz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Philip O. Katz, M.D., FACC
President, American College of Gastroenterology

A handwritten signature in blue ink, appearing to read "Robert Jandler". The signature is cursive and somewhat stylized.

Robert Sandler, MD, MPH, AGAF
Chair, American Gastroenterological Association

A handwritten signature in cursive script that reads "Jacques Van Dam". The signature is written in black ink on a white background.

Jacques Van Dam, MD, PhD, FASGE
President, American Society for Gastrointestinal Endoscopy