American Society of Anesthesiologists

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February 18, 2011

Karen Trudel
Deputy Director, Office of E-Health Standards & Services
Centers for Medicare and Medicaid Services
Mail Stop: S2-26-16
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Trudel:

As discussed during our October 8, 2010, meeting, the American Society of Anesthesiologists (ASA) and its 46,000 members have serious concerns about the implementation of the HITECH Act, the Electronic Health Records (EHR) Incentive Program and its potential impact on anesthesiologists and the patients for whom we provide high quality and safe care. We are very supportive of the general goals of the HITECH Act and believe strongly in the value of having EHRs in as many areas of care as possible, particularly the perioperative setting.

Given the current Stage 1 requirements for meaningful use, the majority of anesthesiologists will be deemed eligible for the incentive but unable to successfully satisfy the criteria due to the nature of our practices and ways in which we use EHR systems. We are requesting, through our enclosed comprehensive chart, that CMS and ONC revise the Stage 1 requirements to ensure that the majority of anesthesiologists eligible for the incentive program have relevant and applicable criteria for which we can demonstrate compliance.

To reiterate our prior discussion, we have analyzed and determined that the vast majority of anesthesiologists will not be considered a hospital-based professional and, therefore, exempt from the meaningful use requirements; rather, most anesthesiologists will be eligible due the fact that more than 10% of their anesthesia services are billed using POS codes 22 (outpatient hospital) or 24 (ASC).

We believe the substantive adjustments to the meaningful use rules and certification requirements that we detail in our enclosed chart could enable millions of patients to have their critical perioperative data collected by anesthesiologists using certified AIMS technology. These perioperative EHRs can improve patient care, collect critical structured data for comparative effectiveness research, and ultimately reduce cost. Regarding the latter issue, we note that approximately 65% of hospital expenses in the country are associated with perioperative services, an area in which anesthesiologists provide and record much of the care. Meaningful data collection and applications in perioperative care can certainly reduce complications and expenses. We believe that the modifications we are proposing are consistent with the goals of the CMS and ONC to ensure true meaningful use of EHRs for patients in all care settings.

As a related issue there are many anesthesiologists who practice solely in an ASC or an office-based setting. Their ability to satisfy the meaningful use requirements is even more limited because there are currently no commercially available products to support anesthesiologists who provide necessary anesthesia services in multiple, distinct locations. Given the current meaningful use and certification criteria, the AIMS vendors do not have a market incentive to develop products for ASC or office-based settings.

ASA requests a meeting with CMS and ONC of sufficient time to work through the issues identified in the chart and establish a reasonable pathway for anesthesiologists to meet the meaningful use requirements. Given the Stage 1 deadlines and the fact that Stages 2 and 3 have been released, we request this meeting occur as soon as possible in order to provide anesthesiologists with adequate and timely guidance. Please feel free to contact Jason Byrd, J.D., Director of Practice Management, Quality and Regulatory Affairs, via email (j.byrd@asawash.org) or phone (202-289-2222) with questions or to schedule such a meeting.

Thank you for your consideration and we look forward to working with you on this important initiative.

Sincerely,

Mark A. Warner, M.D.
President
American Society of Anesthesiologists

cc: David Blumenthal, M.D., M.P.P.
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