

May 28, 2013

The Honorable Lamar Alexander
455 Dirksen, Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
217 Russell, Senate Office Building
Washington, DC 20510

The Honorable Tom Coburn
172 Russell, Senate Office Building
Washington, DC 20510

The Honorable Michael Enzi
379A Russell, Senate Office Building
Washington, DC 20510

The Honorable Pat Roberts
109 Hart, Senate Office Building
Washington, DC 20510

The Honorable John Thune
511 Dirksen, Senate Office Building
Washington, DC 20510

Dear Senators Alexander, Burr, Coburn, Enzi, Roberts, and Thune,

The American Association for Cancer Research (AACR) is pleased to offer comments regarding the Meaningful Use (MU) incentive program managed by the Centers for Medicare and Medicaid Services (CMS). Through the “Reboot: Re-examining the Strategies Needed to Successfully Adopt Health IT” report you have indicated an interest in a dialog of stakeholders on this issue. As the world’s oldest and largest professional organization dedicated to advancing cancer research, we are happy to provide a research perspective on the issue.

Health IT Is Transforming Research and Patient Care

AACR’s membership includes 33,000 laboratory, translational and clinical researchers; health care professionals; and cancer survivors and advocates in the United States and more than 90 other countries. We appreciate and value the potential that information technology has for transforming medical research and patient care. Yet, in an era where digital devices permeate many aspects of daily life, our healthcare system lags significantly behind in the digital revolution.

The MU program has set the trajectory for accelerating the adoption of information technology in the healthcare sector and plays an important role in driving the development of the infrastructure and standards that will be necessary for delivering high quality care to patients. When fully implemented, a standardized, digitized and interoperable electronic health records (EHR) system will enable the generation, sharing and use of enormous amounts of data, including submission of data to cancer or public health registries and the calculation and tracking of quality metrics, which allow the system to learn what works best by capturing every patient encounter. EHRs also facilitate the inclusion of automated clinical decision support, which ensures that the latest research findings are quickly applied to improve patient care.

Protecting Patient Privacy is Essential

The AACR shares your concern about the importance of protecting patient privacy, and CMS must take responsibility for doing all that is possible within the MU program’s purview to ensure that patient privacy is protected and their data are secured. The MU program is, however, only one element in our nation’s overall privacy/security framework. The AACR has previously expressed

support for strengthening data security protections for health information under the framework of the HIPAA Security Rule and calibrating the level of security to the sensitivity of information. Ultimately, strong data security coupled with enforcement of strong penalties for illegal data release may be the best way to ensure adequate protection of health information.

The Goal of Meaningful Use is to Improve Personal Health

CMS is the largest healthcare payer in the U.S., and the rest of the sector looks to it to provide leadership and direction in areas of healthcare efficacy and reimbursement. Through its incentives program, CMS has significantly expanded the adoption of standardized EHRs. It is unlikely that any other entity or payer could drive this initiative as effectively as CMS.

We fully agree that the MU incentive program should be designed in ways that avoid increasing aggregate health care spending while simultaneously improving health outcomes and the efficiency of the healthcare system. A healthcare system must first and foremost focus on continually improving the health of the people that it serves. For example, use of MU criteria to document, inform and iteratively enhance immunization and smoking cessation initiatives has widespread impact way beyond the possibilities of what CMS can measure. Any evaluation of the effect of MU implementation must also compare healthcare quality and patient outcomes, in addition to costs, before and after the implementation of MU, considering the American population as a whole and not just people served by CMS.

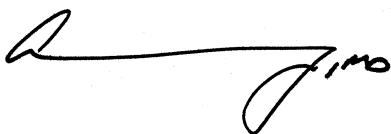
The Meaningful Use Program Should Be Continued

The MU program has been a key driver in modernizing the healthcare information technology infrastructure, and we strongly support continuing the program. At the same time, we appreciate the importance of evaluating the program to ensure that it is being implemented effectively and to identify ways by which it could be optimized. We encourage the evaluation of the program on criteria beyond just cost. We especially encourage evaluation of the program's ability to improve patient outcomes and contribute to additional knowledge generation and improved care.

The AACR has previously commented on [Stage 2](#) and [Stage 3](#) meaningful use criteria, and we stand ready to provide any further information or assistance on this issue. If you have questions, please feel free to contact the AACR through Mark Fleury, Ph.D., Associate Director for Science Policy, at 215-446-7147 or mark.fleury@aacr.org.

Thank you for your consideration of AACR's comments.

Sincerely,



Amy P. Abernethy, M.D.
Chair, Health Policy Subcommittee
American Association for Cancer Research



Margaret Foti, Ph.D., M.D. (h.c.)
Chief Executive Officer
American Association for Cancer Research