

March 19, 2013

The Honorable Diane Black
1531 Longworth House Office Building
Washington, DC
20515

Dear Congressman Black:

As the nation's healthcare system is undergoing a transformation in an effort to improve quality, safety, and efficiency of care, the undersigned organizations support the use of electronic health record (EHR) technology to implement such changes. While the Health Information Technology for Economic and Clinical Health (HITECH) Act was created to stimulate the adoption of EHRs by providing financial incentives to eligible health professionals who demonstrate "meaningful use," those incentives require reform in order to ensure EHR adoption by small practices who do not have and who simply cannot afford health information technology.

A study in the March 2011 edition of *Health Affairs* estimated that the total first-year costs of EHR implementation for a five-physician practice to be \$233,297, with average per-physician costs of \$46,659 – a large expense for any business to incur. For small practices, the high cost of EHR adoption is not offset by existing financial incentives. To the contrary practitioners face uncertainty regarding the value they will receive. This is because the initial financial benefits of adoption, if they even exist, are difficult to quantify.

For these reasons, we commend you for reintroducing the Electronic Health Records Improvements Act, legislation which if enacted, would implement much needed reforms to the Medicare and Medicaid Electronic Health Records Incentive Program, ensuring small practices are better prepared to adopt EHRs.

This EHR legislation would make common sense reforms, including:

- Creating a hardship exemption for solo practitioners and physicians in and near retirement to avoid exacerbating workforce shortages;
- Shortening the gap between the performance period and the application of the penalty;
- Expanding options for participation in the Incentive Program and improving quality measures through incorporation of specialty-led registries;
- Increasing participation among rural health care providers;
- Tailoring requirements to meet specific needs of certain specialties; and
- Establishing an appeals process before application of penalties.

We appreciate your leadership on these issues and look forward to working together to ensure that small practices are better able to adopt EHRs, improving the quality, safety and efficiency of care.

Sincerely,

American College of Surgeons
American Society of Colon and Rectal Surgeons
National Coalition of Healthcare Providers
Medical Group Management Association
American Society of Plastic Surgeons
American Society of Cataract and Refractive Surgery
American Society of Breast Surgeons
Society of American Gastrointestinal and Endoscopic Surgeons
American Society of Anesthesiologists
American Academy of Otolaryngology- Head and Neck Surgery
American Congress of Obstetricians and Gynecologists
American Association of Orthopaedic Surgeons
American Academy of Ophthalmology
American Gastroenterological Association
American Osteopathic Association
The Society of Thoracic Surgeons
Society for Vascular Surgery
American Academy of Dermatology Association
American College of Gastroenterology
Congress of Neurological Surgeons
American Association of Neurological Surgeons