

April 3, 2020

Donald Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St. SW, Floor 7
Washington, DC 20201

Via online submission at www.healthit.gov

RE: Draft 2020-2025 Federal Health IT Strategic Plan

Dear Dr. Rucker:

I am pleased to submit the following comments on behalf of the Ambulatory Surgery Center Association (ASCA) in response to the Office of the National Coordinator for Health Information Technology (ONC) Draft 2020-2025 Federal Health IT Strategic Plan. ASCA represents the interests of more than 5,700 Medicare-certified ambulatory surgical centers (ASCs) nationwide. ASCs are located in every state and offer a high-quality, convenient and low-cost choice for patients who do not require hospitalization after surgical or diagnostic procedures.

Health IT in ASCs

In your letter introducing the strategic plan, you state that “most health care providers and most health systems now use electronic health records”. However, this is simply not the case in our industry. While ASCs represent a leading edge of outpatient surgical technique, EHR and health IT adoption lags behind many other facility types. Estimates from ASC EHR vendors put overall EHR penetration in ASCs at 15 to 20 percent, significantly lower than the 90 percent or greater penetration in hospitals and physician offices.

Some aspects of low penetration can be attributed to choice; ASCs tend to be small businesses that operate with a small staff and thin margins. Many centers simply do not have the financial means or staffing capability necessary for procurement, implementation, and ongoing operation of a health IT system. Additionally, the core purpose of an ASC – to provide a single, episode of care in less than 24 hours – does not require the ongoing, ancillary coordination often required for treatment in an office or hospital.

However, low penetration is undoubtedly also attributable to exclusion from the Meaningful Use (MU) program. ASCs were not eligible for stimulus payments under meaningful use, and the original MU objectives were specifically tailored to providers and hospitals. ONC’s foundational 2011 Edition certification was designed to match MU requirements, and further stimulated the development of complete systems designed for use in either a physician office or hospital.

The lack of EHR (and health IT in general) proliferation has been noted both legislatively and regulatorily. Congress included Section 16003 in the 21st Century Cures Act, which states that no payment adjustment related to meaningful EHR use will be made for eligible professionals who furnish “substantially all” of their services in an ASC¹. Although the Meaningful Use program has changed considerably, this exemption continues via automatic reweighting of the Promoting Interoperability performance category in the Merit-Based Incentive Payment System (MIPS) for ASC-based clinicians. This exemption will last until three years after the Secretary of Health and Human Services determines that certified EHR technology “applicable to the ambulatory surgery center setting is available.”

ASCA and ONC Collaboration

In July 2017 ASCA staff began holding a regular call for ASC stakeholders to discuss EHR-related issues. Call participants include vendors offering health IT products for ASCs, facility staff, physicians, management company representatives and more; call agenda items typically include regulatory and legislative updates, general industry news discussion, and announcements of EHR education opportunities. From this group, ASCA formed a smaller workgroup of volunteers who would work towards developing a specific set of certification criteria most applicable for the ASC setting. Group participation was limited to one representative per vendor to encourage product-agnostic discussion.

The workgroup began by looking at the current 2015 Edition Criteria. Workgroup members were asked to independently provide responses as to whether they believed each criterion was applicable to ASCs. Responses were compiled and the group discussed their experiences regarding certain criteria in the ASC setting. Criteria were eventually separated out into three groups: mandatory inclusion, optional inclusion, and criteria that would be included but needed to be re-written for ASCs.

In November 2017 ASCA staff and a workgroup representative met with ONC leadership to discuss obstacles to EHR development and uptake in ASCs. Subsequent meetings throughout 2018 led to the formation of a discrete team of ONC staff, primarily from the Office of Policy, to work with ASCA on developing ASC-specific EHR recommendations. A draft work plan with project goals and timelines was created but never finalized.

2020-2025 Strategic Plan

As previously mentioned, the goals and objectives outlined in the strategic plan are constructed on the underlying assumption that EHRs have been widely implemented. However, we know this not to be the case. It is likely that the vast majority of millions of outpatient procedures performed each year in ASCs are being captured mostly on paper. This despite the fact that the importance and breadth of outpatient surgery continues to grow with the advent of new techniques and technology. Complex orthopaedic procedures are already migrating to the outpatient space, and other complex surgical specialties such as cardiovascular and spine are likely to follow.

¹ The definition of “substantially all” was clarified in the CY 2018 Inpatient Prospective Payment System (IPPS) Final Rule; an ASC-based eligible professional is one who furnishes 75 percent or more of covered professional services in an ASC setting.

Given this, ASCA requests that ONC explicitly include work towards ASC EHR recommendations in the agency's 2020-2025 Federal Health IT Strategic Plan. This work could fall under strategies listed to address Objective 4a (Advance the development and use of health IT capabilities). However, it is our belief that collaboration with the ASC industry should be an explicit goal, similar to ONC's work with the pediatric industry over the past decade that culminated in recommendations in the Information Blocking Final Rule.

Understanding that it may not be possible to create an entirely separate, ASC-specific certification, it would still benefit the industry to have a cohesive set of recommendations that support the operation of individual facilities and the role of ASCs within the larger health care ecosystem. Such recommendations would provide a blueprint for ASCs to implement EHRs without the fear of major operational disruption and/or long-term compliance risk, fears that are currently major barriers to technology uptake.

We ask that ONC codify the aforementioned ASC project work plan within the 2020-2025 Federal Health IT Strategic Plan and continue to work with ASCA's EHR Stakeholder Group to develop ASC-specific EHR certification guidelines and recommendations.

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ASCA appreciates ONC acknowledging that all settings of care and practices of all sizes are necessary in order to provide higher quality and more efficient care, and the Agency's willingness to listen to our concerns as we strive to help our members the ability to continue providing provide high-quality patient care. We look forward to continuing to work with you and your staff. If you have any questions, please contact Kara Newbury at knewbury@ascassociation.org or 703.636.0705.

Sincerely,



William Prentice
Chief Executive Officer
Ambulatory Surgery Center Association