



October 17, 2018

Don Rucker, MD  
National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Washington, DC 20201

**Re: Request for Information Regarding the 21st Century Cures Act Electronic Health Record Reporting Program**

Dear Dr. Rucker:

The American Society of Cataract and Refractive Surgery (ASCRS) is a medical specialty society representing nearly 9,000 ophthalmologists in the United States and abroad who share a particular interest in cataract and refractive surgical care.

We appreciate this opportunity to provide comments in response to the request for information on the EHR Reporting Program. Ophthalmologists have a high rate of adoption of Certified EHR Technology (CEHRT) and participation in MIPS and its predecessor legacy programs, including EHR/Meaningful Use. Despite that high rate of adoption, ophthalmologists and their practice administrators often report that CEHRT was not developed with ophthalmic practices in mind and often struggle to exchange relevant clinical information electronically as part of the Promoting Interoperability category of MIPS. With that in mind, we are pleased that ONC is seeking feedback on the development of the EHR Reporting Program and appreciate that the RFI is specifically seeking information related to the needs of small and specialty practices.

A summary of our key recommendations to ONC as it develops the EHR Reporting Program is as follows:

- **Prioritize evaluating EHR systems' interoperability by their ability to exchange clinically relevant information.** Since certification standards do not require that ophthalmic data be included in clinical data summaries, ophthalmic practices often have no way to exchange clinical information relevant to the care they provide electronically.
- **Evaluate the usability of EHR systems' patient communication tools.** Patient portals may be inconvenient and difficult for patients to use, especially elderly Medicare beneficiaries under the care of ophthalmologists. Physicians need user-friendly features to communicate relevant clinical information to their patients.
- **Evaluate EHR systems on their ability to transfer to and receive data from other EHRs if a physician or practice wants to change EHR systems.** Since so many ophthalmology practices already use EHR, they are no longer purchasing systems for the first time. When they do

---

purchase new systems, it is often to change to a new EHR, and they need to consider how that transition will affect their practice and clinical workflow.

- **Evaluate EHR systems on their ability to integrate with clinical data registries.** Most ophthalmologists use the IRIS Registry to track clinical outcomes and report MIPS data. When determining what system to use, ophthalmologists need assurance that the system will work well with IRIS.

Full comments on these recommendations are below.

### ***Interoperability***

- **Ophthalmologists continue to struggle to exchange relevant clinical information about their patients electronically because EHR certification standards do not require any ocular data to be included in clinical summaries.** Ophthalmologists do not typically coordinate care with other physicians who are not focused on the eye. However, ophthalmologists frequently refer to or coordinate with other eyecare professionals, such as referring to sub-specialists focused on the retina or cornea or co-managing post-operative care with optometrists. While the information currently required to be part of the clinical summaries focused on the patient's allergies, problem list, and history is vital for ophthalmologists, they also need information on the physiological function and the anatomical status of the eye, visual system, and its related structures, which is not included in the clinical summary. Even EHR systems that are designed specifically for ophthalmology do not include this data in clinical summaries because there is no certification requirement to do so. This lack of ophthalmic data in the clinical summary may also prevent some ophthalmologists who co-manage post-operative care with other physicians from reporting certain MIPS quality measures. Currently, some surgeons who perform cataract surgery, but do not provide the post-operative care to the patient, are unable to report Quality measure 191, Cataracts: 20/40 or Better Visual Acuity 90-Days Following Cataract Surgery, because either the physician performing the final visual acuity cannot exchange the data electronically, or if it is received electronically, the surgeon's EHR may not be able to incorporate the data without creating a new visit—that did not occur—in the record. **We recommend the EHR Reporting Program evaluate EHR systems on their ability to exchange data that may not be required as part of the certification but is clinically relevant to the users of the system.**
- **We do not recommend that ONC evaluate a systems' interoperability using data about performance based on MIPS Promoting Interoperability measures because they are not relevant to ophthalmology.** Since compliance with MIPS is a key factor in prompting physicians to adopt CEHRT, knowing how users fare on MIPS overall would be useful for prospective users in general. However, MIPS data from the Promoting Interoperability category should not be used to evaluate a system's interoperability. ASCRS has opposed the measures related to health information exchange since they were first included in the Meaningful Use program and then retained in the Promoting Interoperability category of MIPS. Not only are these measures flawed because, as mentioned above, the clinical summaries do not contain relevant ocular data, but they rely on the actions of other physicians. If other physicians have not adopted CEHRT, an ophthalmologist who is ready and able to exchange data with other physicians cannot earn credit in the current MIPS program or in the previous Meaningful Use program. **Given**

---

**these factors, rating an EHR system based on how well its users achieve MIPS measures is not a relevant method of rating interoperability.**

- **ASCRS also recommends that ONC not confuse how widely used a specific EHR product is with interoperability because ophthalmologists tend to practice in small groups and not larger multi-specialty or hospital-based groups that all use the same EHR system, making information exchange easier.** In recent years, many primary care physicians and hospital-based specialists have joined or formed larger groups, many centered around large hospital systems. Often, these large groups use the same EHR system, allowing all physicians access to patients' records to get full details on history and treatment. While this arrangement may be preferable for other practitioners, ophthalmologists have not followed this pattern. Ophthalmic care is provided solely in outpatient facilities and paid only under Medicare Part B, with no inpatient encounters. And, as noted above, ophthalmologists tend to coordinate care with other eyecare physicians rather than primary care or specialists focusing on other organ systems. Due to these factors, ophthalmologists continue to practice in solo or small groups and tend to use EHR systems designed for ophthalmic care, instead of the systems used by hospitals or large groups.

In seeking to increase or protect their market share, most EHR systems use some method of data-blocking to ensure that physicians outside their systems do not have access to all clinical data, and often make what is required to be shared through the certification criteria difficult to use. EHR vendors' data-blocking may not have a negative impact on physicians' ability to share information if they are all using the same system. However, ophthalmologists, who generally do not practice in large or hospital-based groups, are often unable to share information electronically, since they must communicate using different EHR systems. The ability to share clinical data should not depend on the type of EHR a physician uses. **We ask that ONC recognize that a large number of users of one particular EHR system sharing patient information is not truly interoperability, and it should focus its efforts on determining how well physicians are able to exchange data with their colleagues who use different systems.**

### ***Communication with Patients***

- **In addition to difficulties communicating with other physicians, ophthalmologists report that the current tools provided by EHRs to communicate with patients electronically are not well suited to ophthalmic care.** Ophthalmologists treat a high volume of older Medicare patients. Common eye diseases, such as cataracts, glaucoma, and macular degeneration, overwhelmingly affect elderly adults. While some older patients may be more technologically savvy than others, many ophthalmologists' patients may not have access to computers or other electronic devices, and they may not be comfortable communicating with their physicians through non-traditional means. Furthermore, many patients suffering from eye disease may not physically be able to communicate through electronic means. Chronic eye disease, such as glaucoma and macular degeneration, often leads to irreversible vision loss. Treatment for these diseases can only prevent them from worsening. Patients suffering from these diseases may not be able to see well enough to use a computer or other device to communicate with their physicians. **We recommend that ONC consider that not all currently required features of CEHRT may be appropriate for all specialties, particularly ophthalmology.**

- **When ophthalmologists' patients do want to communicate electronically, the methods available through EHR systems are often difficult to use or limited in their utility.** While we recognize that personal health information must be transferred through secure systems, this often means that patients' data is difficult to access. Patients are forced to log into cumbersome patient portals that may require several clicks or steps to authenticate and confirm the patient's identity. When they can access the portals, patients may not be able to find the relevant information they are looking for or may face additional steps or roadblocks to accomplish the task they set out to do. For example, some practices report that sending secure messages through the portal is not useful because they are limited to an arbitrary number of characters, making it difficult to provide full details. **When evaluating patient communication methods for the EHR Reporting Program, we recommend ONC investigate how well the system can communicate with various specialties' patients, and the usability of those communication tools.**

#### *Ease of Data Transfers When Switching EHRs*

- **ASCRS recommends ONC include some metric of how feasible it is to transfer data into a new EHR system from an existing system.** As noted above, EHR use is currently widespread in ophthalmology. Given their high volume of Medicare patients, most ophthalmologists began adopting EHR five to seven years ago in response to the previous incentive program and continue to participate in MIPS. Therefore, if a practice were to consult the ratings in the EHR Reporting Program to purchase a new system, it would likely be for information about replacing an existing system rather than implementing EHR for the first time. As experienced EHR users, ophthalmologists have developed extensive electronic records on individual patients and would want to ensure they are still able to access that information in a new system. **The EHR Reporting Program should include some method of evaluating the ease of transferring and accessing data from an old EHR system to a new one.**

#### *Integration with Clinical Data Registries*

- **ASCRS recommends ONC provide information in the EHR Reporting Program on how well EHR systems integrate with clinical data registries, specifically the IRIS Registry.** In addition to having a high level of participation in Medicare quality reporting programs, such as MIPS, the majority of ophthalmologists participate in the IRIS Registry. The IRIS Registry is the nation's largest and most comprehensive registry focused on eye disease. It is physician-led and maintained by the American Academy of Ophthalmology. Most ophthalmologists using EHRs have seamless integration between IRIS and their EHR, which improves their ability to track clinical outcomes and report to MIPS. While most EHR systems integrate well with IRIS, some may offer their own proprietary registries and, therefore, may not be as willing to integrate, or even actively discourage it. It has been some of our members' experience that an EHR vendor will advertise that their product integrates with IRIS, but when the physician has purchased the system, the vendor will not be helpful in, or will even try to prevent, the integration with IRIS. **ONC should evaluate how well individual EHR systems integrate with clinical data registries, such as IRIS, as part of the EHR Reporting Program.**

## Conclusion

Thank you again for the opportunity to provide input on the development of the EHR Reporting Program. Ophthalmologists rely heavily on their EHR systems to assist in providing patient care, and additional non-biased information will be a welcome tool as they evaluate new systems. As mentioned above, we urge ONC to consider the perspectives of ophthalmologists, and other specialists who most often are solo practitioners or practice in small groups. We ask that ONC prioritize interoperability, the ability to communicate electronically with patients, ease of data transfer, and the ability to integrate with clinical data registries when implementing the EHR Reporting Program.

If you have questions, please contact Allison Madson, manager of regulatory affairs, at [amadson@ascrs.org](mailto:amadson@ascrs.org) or 703-591-2220.

Sincerely,

A handwritten signature in black ink that reads "Thomas W. Samuelson MD". The signature is written in a cursive style.

Thomas W. Samuelson, MD  
President, ASCRS