



May 29, 2015

Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Baltimore, MD 21244-8013

RE: CMS-3310-P Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 3

To Whom It May Concern:

As participants in the Adult Vaccine Access Coalition (AVAC), we appreciate the opportunity to comment on CMS-3310-P Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 3.

AVAC consists of organizational leaders in health and public health that are committed to tackling the range of barriers to adult immunization, to raise awareness of and to engage in advocacy on the importance of adult immunization. Our mission is informed by a growing body of scientific and empirical evidence of the benefits of immunization by improving health, and protecting lives against a variety of debilitating and potentially deadly conditions, as well as by saving costs to the healthcare system and to society as a whole.

AVAC priorities and objectives are driven by a consensus process with the goal of improving access and utilization of adult immunizations. A top priority for AVAC is encouraging greater utilization of health information technology to support clinical decision making and to improve reporting of adult immunization data to state immunization information systems (IIS). Stage 1 and Stage 2 Meaningful Use has begun to align the immunization documentation, reporting and communication systems and the usefulness of the information to patient care, and we are encouraged by the agency's work to further enhance the objective outlined under Measure I (Immunization Registry Reporting).

Query Function for Measure I: The proposed rule includes the addition of a query function for the immunization registry measure for Stage 3. AVAC believes encouraging bidirectional data exchange between provider EHRs (including medical, pharmacy and health system information systems) and state IIS' is a significant step forward that will inform and enhance clinical decision support at the provider point of care. While funding for IIS falls outside the scope of this proposed rule, we believe it is important to be mindful that the new query function requirement will only be successful if State and territorial jurisdictional IIS' have adequate resources to manage the increased volume and onboarding efforts required to ensure that all bidirectional interfaces meet Meaningful Use timelines and align with current and anticipated standards. In addition, support for ALL adult immunization provider engagement and timely enrollment is vital to achieving comprehensive and impactful immunization registries.

Measure I Core Provider Objective: We are also concerned that the proposed rule no

longer includes immunization registry reporting as a core objective for health care organizations. Stage 1 and Stage 2 Meaningful Use included Measure I as a core objective which we believe has helped to dramatically improve reporting of immunization data. Maintaining Measure I as a priority in Stage 3 is critical to sustaining progress, particularly as new capability requirements are being added to this measure. Abandoning Measure I at this time jeopardizes the progress that has been made to improve IIS reporting. We encourage CMS to maintain Measure I as a core objective under Stage 3.

Replacing Ongoing Submission requirement with Active Engagement requirement:

AVAC supports the transition from Ongoing Submission to Active Engagement requirement since it provides greater clarity to the various stages providers are required to go through to achieve successful electronic submission of data to the PHA or CDR. We also strongly support the proposal to create a centralized repository of national, state and local PHA and CDR readiness. We are encouraged by the work of the Office of the National Coordinator on a pilot project to overcome challenges in the cross jurisdictional exchange of immunization data and hope that work can be expanded to more parts of the country.

Bidirectional Data Exchange required to satisfy Objective 8 Measure I: AVAC supports and represents this advancement and believes that it will enhance the value of immunization registry data to clinicians. The ability to receive timely information regarding the immunization status of a patient as well as providing cues as to appropriate immunizations for that individual based on their age and health status is a remarkable step forward in improving the quality of patient care and as well as avoiding preventable conditions. However, it is critical that IIS' are in a position to receive the information from clinicians as well as respond to inquiries of the registry in a format that complies with Meaningful Use standards and having minimum burden on the provider.

We thank you for this opportunity to offer our perspective on the Stage 3 Meaningful Use proposed rule. Please contact the AVAC Coalition Manager at (202) 540-1070 or lfoster@nvgllc.com if you wish to further discuss our comments or learn more about the work of AVAC.

Sincerely,

Asian & Pacific Islander American Health Forum
Biotechnology Industry Organization
Infectious Diseases Society of America
GSK
National Association of County and City Health Officials
National Minority Quality Forum
Novavax
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Trust for America's Health