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The Honorable Renee Ellmers
United States House of Representatives
1210 Longworth House Office Building
Washington, DC 20515

Dear Representative Ellmers:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing in strong support of your legislation, H.R. 3309, the “Further Flexibility in HIT Reporting and Advancing Interoperability Act” or “Flex IT 2 Act.” This legislation would provide needed flexibility in the Meaningful Use (MU) program and enhance Electronic Health Records (EHRs) to improve patient care and access to health information.

Thanks in part to significant federal support, over 80 percent of physicians have implemented EHRs into their practices. Yet, despite this broad adoption, the efficient exchange of information remains limited and costly. Furthermore, physicians face broad usability challenges that limit the benefit of this technology. Physicians are facing financial penalties, not because they are not using EHRs, but because MU measures lack relevance to how medicine is actually practiced and are not reflective of the current state of technology. Furthermore, we have serious concerns that the MU program is being developed separately and apart from other quality programs, including the recently enacted Merit-based Incentive Payment System (MIPS), creating a lack of alignment and erecting barriers for physicians who want to move toward new payment and delivery models.

The Flex IT 2 Act addresses these problems by removing the pass-fail approach of the MU program and providing the flexibility needed for different specialties, patients, and regions to use this technology effectively in caring for their patients. This legislation also addresses key interoperability challenges by ensuring EHR systems are capable of sending, receiving, and seamlessly incorporating patient data, which are fundamental goals of the program. Finally, the legislation coordinates the MU program with other quality programs, including the MIPS timeframe, so that physicians can move towards an outcomes-based care environment. We applaud your leadership in introducing this legislation, and look forward to working with you to advance this important bill to improve EHRs for both patients and physicians.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD