American Cancer Society
Cancer Action Network
555 11th Street, NW
Suite 300
Washington, DC 20004
202.661.5700
www.acscan.org

May 29, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building,
200 Independence Avenue, S.W., Washington, DC 20201

Re: Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 3
Notice of Proposed Rulemaking (CMS-3310-P)

Dear Mr. Slavitt:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to
comment on the Stage 3 Proposed Rule of the Medicare and Medicaid Electronic Health Record
Incentive Program. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American
Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate
cancer as a major health problem. As the nation's leading advocate for public policies that are
helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families
have a voice in public policy matters at all levels of government.

In 2015, there will be an estimated 1,658,370 new cancer cases diagnosed and 589,430 cancer
deaths in the U.S. Health information technology (IT) has the potential to improve how
successfully we prevent, treat, and beat cancer by enabling more data-driven decision making
on the part of patients, physicians and public health professionals. As such, our comments focus
on three objectives within the Stage 3 proposed measures relevant to cancer patients. . These
include patient electronic access to health information, coordination of care through patient
engagement, and health information exchange.

Objective 5: Patient Electronic Access to Health Information

Measure 1 (Access)

Easy, electronic access to health information can be a useful catalyst for engaging patients in
their care. Patients who use online access more frequently report a substantial increase in
positive impact on knowledge of their health and the desire to do something to improve their

health.[1] Giving cancer patients the ability to access lab results, care summaries and plans, as well as view upcoming appointments and other functionalities made available by electronic health records (EHRs) is a critical function. It can help patients better understand their diagnosis, improve individual treatment adherence, and support overall care coordination by keeping patients informed and engaged across the care continuum.

- **We strongly support increasing both the percentage of unique patients that are offered access, as well as accelerating to 24 hours the timeframe that information is made available to the patients or their representative.**
- **We support the move toward making Application Program Interfaces (API) publicly available in order to improve patient access, however, we urge CMS to consider the privacy and security risks associated with third party applications.**
- **We recommend CMS and ONC work with the appropriate federal agencies to develop and publish guidance for app developers to assure adherence to appropriate privacy and security protections for protected health information**.

Measure 2 (Patient Specific Education Materials)

Providing cancer patients and their families with understandable information about a cancer diagnosis, prognosis, the benefits, harms, and costs of treatments as well as discussing patients' options, including revisiting and implementing advance care plans, are critical elements to improve quality and patient experience of care. Existing patient specific education materials (PSEM) services such as *MedlinePlus Connect* easily allow health organizations and health IT providers to link patient portals and EHR systems to authoritative up-to-date health information resource for patients, families, and health care providers.[2]

- **We recommend that PSEM reflect patient preferences such as, preferred language and format (print or online) in the measure.**

Objective 6: Coordination of Care through Patient Engagement

Measure 2 (Secure Messaging)

For segments of the U.S. population the benefits associated with secure messaging (e.g., improved care coordination) are not guaranteed. This is especially the case among the elderly population who may be physically unable and/or lack the technological means or knowledge to

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[1] National Partnership for Women and Families. Report. Engaging Patients and Families: How Consumers Value and Use Health IT. December, 2014. http://www.nationalpartnership.org/research-library/health-care/HIT/engaging-patients-and-families.pdf

[2] National Institutes of Health (NIH). Medline Plus Connect Overview. http://www.nlm.nih.gov/medlineplus/connect/overview.html

navigate their online patient portal while undergoing cancer treatment. In many cases, these patients rely on authorized representatives to assist them throughout their care.

- **We support the inclusion of patient authorized representatives as those who can receive secure messages to meet this measure.**

Measure 3 (Patient Generated Health Data)

Patient-generated health data (PGHD) is a source of valuable information that can inform and enhance care. This "non-transactional health data" includes everything from questionnaires on patient health history, symptoms, or a treatment to biometric data collected through traditional medical devices like a blood glucose monitor. If captured appropriately within the EHR, PGHD can provide unique insight into a patient's health that can drive improvements in the quality of care.

- **We recommend that PGHD be captured in a standardized format that specifies the type and source of data.**

Objective 7: Health Information Exchange

People with cancer often receive fragmented and uncoordinated care, because their treatments frequently require multiple clinicians including, surgeons, oncologists, primary care physicians, and other specialists. Providing care that is coordinated requires access to all of a patient's data by all of his or her providers, an essential function that EHRs can provide.

Measure 1 (Send Summary of Care)

- **We support the requirement that a Summary of Care must be sent electronically during transitions of care and referrals between the Eligible Professional, Eligible Hospitals or Critical Access Hospital.**
- **We support the use of a Common Clinical Data Set that contains inclusion of assessment, plan of treatment, patient goals, health concerns, and demographic information.**

Measure 2 (Incorporating Summary of Care)

- **We support the requirement of a provider receiving the Summary of Care to incorporate it into the patient's EHR. This measure effectively closes the referral loop and achieves real-time coordination of care.**

Conclusion

Finally, we are pleased that CMS continued to include measures that ensure patient personal health information is protected to prevent unlawful and unintended use. Given the high digitization rate of health care information and the current level of health information exchange, the protection of personal health information is essential to ensuring the success of Stage 3 and the overall program.

We appreciate the opportunity to comment on the Electronic Health Record Incentive Program—Stage 3 Proposed Rule. If you have any questions, please feel free to contact me or have your staff contact John De Carlo at john.decarlo@cancer.org or 202-585-3216.

Sincerely,

Christopher W. Hansen
President
American Cancer Society Cancer Action Network