

**Congress of the United States**  
**Washington, DC 20515**

October 2, 2018

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

Dear Secretary Azar:

We appreciate your continued efforts in working with Congress to achieve our shared goal that the Quality Payment Program (QPP) enhance the physician experience while improving patient care across the entire health care delivery system. Though much has been done to ease reporting requirements for physicians who participate in Medicare's quality improvement programs, there is still more to do to facilitate providers' efforts to address the needs of a growing and diversifying patient population.

We believe Qualified Clinical Data Registries (QCDRs) have great potential to capture these efforts, and translate them into data-driven policy changes to improve outcomes. To that end, we would like to work with you to strengthen QCDRs by removing barriers that limit the utility and usability of QCDRs for physicians participating in the QPP.

We appreciate the progress made with respect to this goal in the 2017 Merit-based Incentive Payment System (MIPS) performance score adjustment that granted credit for participation in a QCDR. Rewarding physicians for participating in QCDRs supports Congress' goal of simplifying reporting requirements, managing costs, and improving quality of care for all Americans. QCDR participation is not only a way of measuring quality but also a means for improving clinical care.

However, improvements in the flow of secure patient information between QCDRs and providers' electronic health records (EHR) is critical to the success and growth of the program. It has come to our attention that barriers exist within some EHR systems that inhibit the transfer of patient information to the QCDR. For example, some EHR vendors require providers to pay a large fee to share their data with the registry. Additionally, some EHR vendors require the purchase of intermediary software systems owned by the EHR in order to send information to the registry. We are concerned that these practices may limit access to and discourage utilization of QCDRs; data interoperability and data sharing must be a priority if QCDRs are to advance under QPP.

We encourage the Office of the National Coordinator for Health Information Technology (ONC) to take into consideration the impact of these practices as it develops rules to define information blocking as required by the passage of provisions in the 21st Century Cures Act (Pub. L. 114-146). ONC policy must support the uninhibited electronic flow of data between EHRs and QCDRs to unlock QCDRs' potential to develop meaningful quality measures.

We are pleased that the Centers for Medicare and Medicaid Services (CMS) has indicated further reduction in physician reporting will come through increased credit for the use of QCDRs. Many physicians received credit for reporting through a QCDR in 2017 – and the QCDR helped them avoid penalties, and be recognized as high performers due to reporting additional measures. We share the goal of encouraging participation in QCDR reporting and request that CMS continue to incentivize QCDRs through the MIPS program. A closer alignment of QCDR reporting with MIPS credit could encourage EHR vendors to ease patient data, since MIPS creates an incentive to use EHRs.

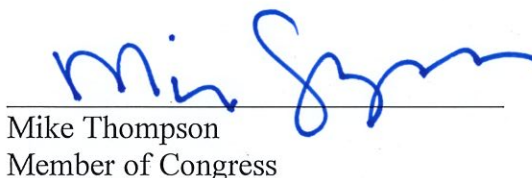
We look forward to working with you to simplify physician reporting while increasing the value of the data they report. In doing so, we can leverage the unprecedented innovations in health technology to create a health care system that improves quality of care for all Americans. Thank you for your consideration.

Sincerely,



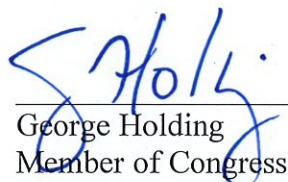
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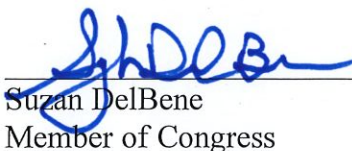
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Terri A. Sewell  
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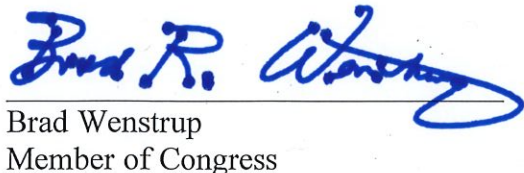
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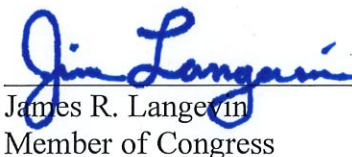
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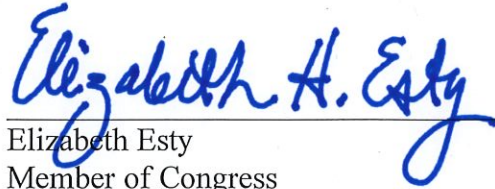
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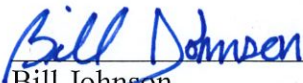
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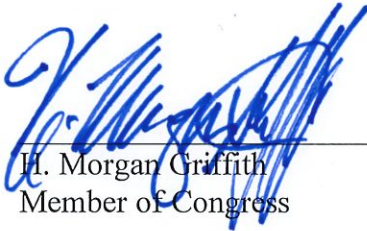
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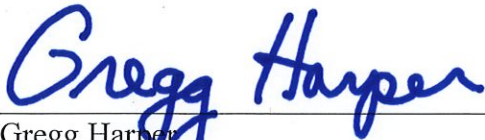
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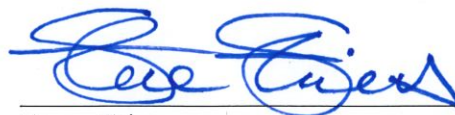
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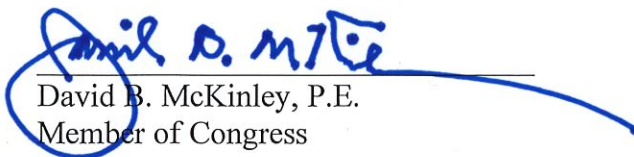
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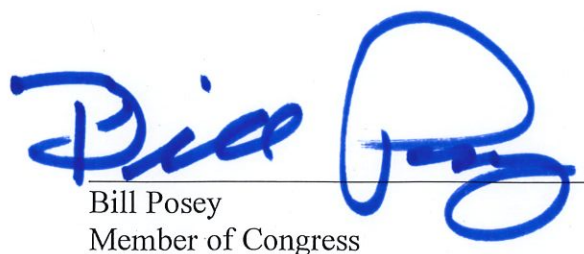
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