

May 7, 2012

Centers for Medicare & Medicaid Services Department of Health and Human Services P.O. Box 8013 Baltimore, MD 21244–8013

Re: CMS-0044-P

Dear Sir/Madam:

The American Association for Clinical Chemistry (AACC) appreciates the opportunity to provide input to the Centers for Medicare and Medicaid Services (CMS) on their March 7, 2012 proposed rule, which specifies the Stage 2 criteria that eligible professionals (EPs), hospitals, and critical access hospitals (CAHs) must meet to qualify for Medicare and/or Medicaid electronic health record (EHR) incentive payments. Our comment follows.

Section (6) Objectives and Their Associated Measures; (a) Objectives and Measures Carried Over (Modified or Unmodified) From State 1 Core Set to Stage Core Set CMS is proposing that hospitals increase from 30 percent (the stage one objective) to 60 percent the number of medications, laboratory tests and radiology orders recorded using computerized physician order entry (CPOE). A hospital achieving this objective would be eligible for EHR incentive payments. AACC believes this is a reasonable recommendation. We do suggest the agency review one aspect of the proposal, however.

AACC urges CMS to ensure that point-of-care testing (POCT) is accurately counted within the CPOE compliance rate for laboratory orders. We are concerned that bedside glucose monitoring may be recorded as a single CPOE "order" even though the protocol for monitoring a patient often results in dozens of blood samples and glucose determinations over the course of a patient's stay. In fact, most POCT results originate from these "unsolicited" orders in which the POCT device generates both the order and result simultaneously. Since no actual order pre-exists the test this activity is not captured in CPOE. AACC looks forward to working with you on this important proposal.

By way of background, AACC is the principal association of professional laboratory scientists-including MDs, PhDs and medical technologists. AACC's members develop and use chemical concepts, procedures, techniques and instrumentation in health-related investigations and work in

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hospitals, independent laboratories and the diagnostics industry worldwide. The AACC provides international leadership in advancing the practice and profession of clinical laboratory science and its application to health care. If you have any questions, please call me at (804) 828-0375, or Vince Stine, PhD, Director, Government Affairs, at (202) 835-8721.

Sincerely,

Greg Miller, PhD

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President, AACC