

January 28, 2019

VIA ELECTRONIC MAIL

www.healthit.gov

Donald Rucker, MD
National Coordinator for Health Information Technology
Department of Health and Human Services

Re: Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs

Dear Dr. Rucker,

On behalf of the Adventist Health Policy Association (AHPA), we appreciate the opportunity to provide the following comments in response to the Office of the National Coordinator (ONC) report titled “Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs.” Our organization is the policy voice of five Seventh-day Adventist affiliated health systems that include 84 hospitals and more than 300 other health facilities in 17 states and the District of Columbia.

AHPA represents a major segment of the U.S. hospital sector. Our member hospitals operate in a variety of settings, ranging from rural Appalachia to urban areas of California, Texas and Florida. With such diverse facilities, populations served and geographical locations, we strive to provide an objective and sound policy voice that works across health care providers.

AHPA commends the Agency for seeking to encourage the use of health information technology (“health IT”), such as Electronic Health Records (EHRs), while reducing the administrative burden on the health care system. New technologies have revolutionized the way providers collaborate and access patient information, however, they have also introduced new challenges. The following comments build on the work that the Agency has done, offering suggestions on select strategies and recommendations in the following areas of the report:

- Clinical Documentation
- Health IT Usability and the User Experience
- EHR Reporting
- Public Health Reporting

Clinical Documentation

Strategy 1: Reduce regulatory burden around documentation requirements for patient visits.

Recommendation 1: Continue to reduce overall regulatory burden around documentation of patient encounters [...]. Using the EHR to satisfy documentation requirements for Evaluation and Management (E/M) codes should generate greater efficiencies. Yet, in practice clinicians frequently use documentation templates to create clinical notes in the EHR that record unnecessary information for a patient encounter in order to meet billing requirements at the expense of a coherent record, resulting in what has come to be referred to as “note bloat.”

AHPA agrees with this recommendation and assessment. We ask that the Department of Health and Human Services (HHS) set a minimum standard requirement for patient data associated with E/M documentation. Documentation requirements generate a significant amount of provider burden, particularly because providers must meet a wide-ranging array of requirements from various payers. A lack of standardization causes providers to over-document patient encounters in an attempt to meet varying, and at times conflicting, billing requirements. Therefore, setting a minimum standard requirement for E/M documentation will provide clarity.

AHPA affirms the Agency’s efforts to simplify and streamline E/M documentation requirements but cautions that reduced administrative burden can only be achieved if private payers follow suit. If they do not, physicians will still be required to perform different types of documentation for Medicare and commercial insurance. The logistical difficulty of determining a patient’s insurance status before documentation is completed greatly reduces the effect of E/M documentation reform. We encourage HHS to continue to engage in provider discussions on ways to reduce administrative burden and refine policies.

Recommendation 2: Leverage data already present in the EHR to reduce re-documentation in the clinical note.

AHPA strongly supports leveraging data already housed within the EHR. Physicians and providers currently verify or review this information, whether entered by the ancillary staff or the beneficiary. Re-documentation only adds clerical time to the work day and diverts time away from patient care.

Recommendation 3: Obtain ongoing stakeholder input about updates to documentation requirements.

AHPA agrees that HHS should continue to incorporate key stakeholder input across diverse areas and specialties. The input from providers, payers, developers and manufacturers should be used to inform technology solutions. Regulatory drivers should be enacted after the health information technology is already available to meet those requirements. The reverse places undue burden on physicians, who have little control over what EHR software will permit.

Strategy 3: Leverage health IT to standardize data and processes around ordering services and related prior authorization processes.

AHPA agrees with this recommendation and urges HHS to establish an Electronic Data Exchange (EDI) standard for prior authorizations. We believe that the establishment of an EDI standard would ameliorate many of the current challenges surrounding prior authorization. AHPA asks that HHS continue its exploratory work on reducing provider burden associated with prior authorization and provide specific recommendations to that end in future proposals.

AHPA also recommends that covered medications be shown in the EMR at the time of ordering. Medication coverage denials by insurance companies often cause delays for patients and providers. We recommend that pharmacies be required to report medication alternatives for a given drug class within the EMR that may be covered by the patient's insurance. This would allow physicians to choose covered medications at the initial point of patient contact.

Health IT Usability and the User Experience

Strategy 1: Improve usability through better alignment of EHRs with clinical workflow; improve decision making and documentation tools.

Recommendation 1: Better align EHR system design with real-world clinical workflow.

AHPA agrees that EHR systems should be better aligned with the real-world needs of physicians. One way to promote user-centered design in EHRs would be to design for usability. For example, some EMRs require that a physician restart the documentation process from the beginning if a mistake is made in data entry. In this instance, **AHPA recommends ensuring that there is a streamlined ability to add the missing data or documentation while maintaining the rest of the entry.**

Strategy 4: Improve usability by promoting the importance of implementation decisions for clinician efficiency, satisfaction and lowered burden.

AHPA agrees that a disconnect exists between real-world clinical workflows and the design of health IT systems. By ensuring that clinicians are consulted during the development of clinical decision-making and documentation tools, vendors can avoid creating impractical or burdensome electronic workflows. Many of the current standards put forth by the ONC and CMS seek to reduce provider burden, however, providers rely on vendors for their implementation. To help guarantee the timely implementation of standards, **AHPA requests that HHS provide vendors with defined timeframes for updates to health IT software.**

EHR Reporting

Strategy 2: Leverage health IT functionality to reduce administrative and financial burdens associated with quality and EHR reporting programs.

Recommendation 2: Adopt additional data standards to make access to data, extraction of data from health IT systems, integration of data across multiple health IT systems and analysis of data easier and less costly for physicians and hospitals.

AHPA supports the adoption of additional data standards aimed at improving provider access to data, including Fast Healthcare Interoperability Resources-based APIs. However, we believe that the implementation of such standards will not be effective unless health IT vendors are required to meet a defined timeline for compliance.

Public Health Reporting

Strategy 2: Inventory reporting requirements for federal health care and public health programs that rely on EHR data to reduce collection and reporting burden on clinicians.

Recommendation 3: HHS should provide guidance about HIPAA privacy requirements and federal confidentiality requirements governing Substance Use Disorder (SUD) health information in order to better facilitate electronic exchange of health information for patient care.

AHPA believes that additional guidance on privacy requirements governing SUD health information is critically important. The current lack of clarity impedes providers' ability to coordinate

care, particularly between Emergency Department physicians and those treating patients with SUD in other settings. Additionally, vendors currently have no federally-set privacy standard to follow for SUD and behavioral health data. This results in vendors having to develop technologies that meet state-based standards, which often vary widely between states.

Conclusion

AHPA believes this report is a positive first step in exploring ways to reduce providers' administrative burden related to health IT. We commend the Agency for taking this step and encourage HHS to take concrete actions to reduce burden, including proposing an implementation plan for acting on these recommendations, with opportunity for public comment.

AHPA welcomes the opportunity to further discuss any of the recommendations provided above. If you have any questions or would like further information, please do not hesitate to contact me at Carlyle.Walton@AdventistHealthPolicy.org or Julie Zaiback-Aldinger, Director of Public Policy and Community Benefit, at Julie.Zaiback@AdventHealth.com.

Sincerely,



Carlyle Walton, FACHE
President
Adventist Health Policy Association