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VIA ELECTRONIC SUBMISSION TO
www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-use-health-it-and-ehrs

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

Dear Dr. Rucker:

Cigna welcomes the opportunity to respond to the draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs* ("draft Strategy"). We believe health information technology (IT), including electronic health records (EHRs), offers tremendous promise to improve patient care and increase innovation in the health care system while reducing costs. However, a common sense approach is required to ensure the burdens imposed can make that promise a reality rather than simply overwhelming the system and those that work within it. We appreciate the chance to share our comments with the Office of the National Coordinator for Health IT (ONC) and the Department of Health and Human Services (HHS).

Cigna Corporation, together with its subsidiaries (either individually or collectively referred to as "Cigna"), is a global health service organization dedicated to helping people improve their health, well-being, and sense of security. Our subsidiaries are major providers of medical, pharmacy, dental, disability, life and accident insurance, and related products and services, with over 160 million customer relationships in the more than 30 countries and jurisdictions in which we operate. Worldwide, we offer peace of mind and a sense of security to our customers seeking protection for themselves and their families at critical points in their lives.

Cigna completed its merger with Express Scripts in December 2018, bringing together approximately 74,000 employees around the world. The combination integrates two complementary companies, each with industry-leading cost trend capabilities, which together are positioned to deliver better care, expanded choice, and drive down health care costs. The combined company's medical, clinical, pharmacy, behavioral, and wellness insights empower us to deliver improved affordability, choice, predictability, and high-quality care through connected, personalized solutions that advance whole person health.

Within the U.S., Cigna provides medical coverage to approximately 14.3 million Americans in the commercial segment, of whom almost 9 million receive integrated medical and pharmacy coverage. We also provide integrated coverage in the individual insurance segment in several states, both on- and off-Exchange, to about 360,000 people. Additionally, we serve approximately 4.2 million people through our Medicare Advantage, Medicare Prescription Drug Program, and Medicare Supplemental products.

Our collaborative work with employers, health care providers, and individuals, including through our subsidiaries like Cigna Medical Group, provides us significant experience providing health care services and wellness solutions, as well as ensuring peace of mind for the clinicians, clients, and customers we are honored to serve.

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With that context as background, Cigna offers the following comments on the draft Strategy.

Cigna appreciates that the draft Strategy prioritizes patients and their needs. We support breaking down silos of patient information that may deprive patients of access to the best quality and most affordable care. We share the goal of driving down costs with smart and innovative use of IT. Our comments focus on the three primary goals outlined in the draft Strategy, which are to:

1. Reduce the effort and time required to record information in EHRs for clinicians during care delivery;
2. Reduce the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and health care organizations; and
3. Improve the functionality and intuitiveness (ease of use) of EHRs.

Reduce the effort and time required to record health information in EHRs for clinicians during care delivery

Cigna agrees the burden and time required to record health information in EHRs for clinicians should be reduced. Specifically, the regulatory burden around documentation requirements for patient visits should be lessened. To that end, we support the harmonization of documentation requirements across programs, particularly Medicare and Medicaid.

We also support HHS partnering with all stakeholders to encourage adoption of best practices related to documentation requirements. A successful approach requires input from all those who develop technology, those who use it, and those who would benefit. Developing standard templates for clinicians to comply with documentation requirements would be helpful. The variation in documentation requirements that exists today prevents maximum efficiency and adds unnecessary burden for physicians. Instead, EHR vendors should be encouraged to ensure the templates align with common data requirements and account for clinician workflows so they do not hinder performance or consume more than the minimum necessary amount of time. In addition, EHRs need to allow for the successful use of physician messaging within the EHR to promote better communication among the clinicians providing care and contributing to the patient record. We encourage the ONC to continue working with the EHR developers, the provider community, and relevant industry associations on this issue.

With regard to leveraging health IT to standardize data and processes around ordering services and prior authorization, HHS can play a role in helping to evaluate and address process and clinical workflow factors contributing to the associated burden. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates that payers use the ASC 278 X12 standard. We would like to see this expanded to also include emerging technical standards such as Fast Healthcare Interoperability Resource (FHIR). However, we recommend adopting the new technology as a floor, not a ceiling, in an effort to continually encourage the use of the most effective technical capability and moving away from a specific, must-have, technical standard. The development of a standardized form for prior authorization would also be help increase efficiency. America's Health Insurance Plans, the leading health insurer trade association, is in the process of launching a pilot project on auto-authorization, the results of which may be helpful in establishing best practices related to prior authorization.

Furthermore, the Health Level 7 (HL7®) Da Vinci project supported by industry leaders and health IT technical experts are working together to accelerate the adoption of HL7 Fast Healthcare Interoperability Resources (FHIR®) as the standard to support and integrate health information data exchange across communities. Cigna is participating in this work. HHS and ONC should continue to support and incentivize the work of the FHIR at Scale Task Force and other initiatives to open up digital transmission paths that avoid the need for costly, custom, EHR connections across stakeholders to transmit data.

Moreover, Cigna concurs that varying state and local regulatory requirements also impact how prior authorization compliance is achieved. We recommend HHS undertake a review of state and local requirements and promulgate a new federal standard that alleviates the current disparity in regulatory mandates.

Finally, we support efforts to improve data blocking by EHR companies to ensure the full exchange of personal health information for providers, payers, and patients. Today we offer our customers MyCigna – a free mobile application for iOS and Android devices. Our customers can access their personal health information, including medical, dental and pharmacy claims data from their device anytime, anywhere. In addition, the application provides access to provider directories and coverage information, like deductible expenses and account balances.

Reduce the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and health care organizations

Cigna appreciates the efforts to date to improve program reporting and lessen burdens by simplifying program requirements and incentivizing new approaches that are both easier and provide better value to clinicians.

We have seen a reduction in the quantity of reporting requirements through the Quality Payment Programs, under both Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs), as well as the Promoting Interoperability Programs, formerly known as the EHR Incentive Programs, where physicians and hospitals report electronic data collected through the EHR on both quality and health IT measures.

We support reducing effort and time requirements to meet regulatory reporting requirements for clinicians, hospitals, and health care organizations. We encourage HHS to review industry-approved best practices for data mapping to improve data accuracy and reduce administrative and financial burdens associated with health IT reporting. We suggest working with the Qualified Clinical Disease Registries (QCDR) in an effort to make quality reporting less burdensome.

Furthermore, Cigna encourages federal agencies, in partnership with states, to improve interoperability between EHRs and prescription drug monitoring programs (PDMPs) through the adoption of common industry standards consistent with ONC and CMS policies and the HIPAA Privacy and Security Rules. Today states have separate PDMPs with different standards, and harmonization would greatly enhance the utility of the PDMPs, which is especially important as the opioid crisis continues to grip the nation. HHS should incentivize the adoption of electronic prescribing of controlled substances with access to medication history to better inform appropriate prescribing of controlled substances.

Moreover, we agree HHS should convene key stakeholders to inventory reporting requirements, and work together to identify commonly reported data for state and federal programs. HHS should continue to work to harmonize reporting requirements across federally-funded programs requiring the same or similar EHR data from health care providers to streamline the reporting process across state and federal agencies using common standards. HHS should provide guidance about HIPAA privacy requirements and federal confidentiality

requirements governing substance use disorder (SUD) information in order to better facilitate electronic exchange of health information for patient care.

Finally, we believe HHS should provide additional guidance and education bout the federal confidentiality of alcohol and drug abuse patient records regulation (42 CFR Part 2) which requires the protection of the confidentiality of certain SUD-related information, and the privacy requirements of the HIPAA Privacy and Security Rules, which govern privacy and security of patient health information maintained by or for most providers, and applicable state law requirements. We would welcome the opportunity to comment further on this topic as appropriate.

This education and outreach should include the availability of new technical standards and technologies to enable privacy and data segmentation of health information, as well as technical assistance to help health care providers and organizations adopt and use existing health IT solutions for protecting patient privacy and managing patient consent.

Improve the functionality and intuitiveness (ease of use) of EHRs

Cigna Medical Group is an award-winning medical practice with more than 120 primary and specialty care providers practicing at 20 locations. Our strong focus on the patient and improved care coordination delivers better outcomes through a more efficient and effective model of patient-centered care delivery. Our Cigna Medical Group clinicians agree EHR system design should better align with real-world clinical workflow, as well as improve support for clinical decision-making. Establishing best practices among EHR systems on common order entry data sets would be improve clinical documentation and functionality while avoiding so-called "note bloat" and "cut and paste" practices.

Many of the EHR systems today were not built for the physical environments in which clinicians practice. We encourage ONC to work with human factor engineers and EHR companies to properly integrate of the physical environment with EHR use. Another opportunity that will improve EHR effectiveness is a focus on data quality. There is significant variability between vendors in how standards are executed and implemented, resulting in a significant divergence across EHR data streams. Perhaps ONC could quantify the burden of normalizing and aggregating data across stakeholders through some level of industry capability inventory and feedback gaps and opportunities to vendors in a transparent, collaborative, way.

Finally, we support the work ONC has done to improve the functionality and intuitiveness the Payer-Provider (P2) FHIR taskforce (now FAST) to help pilot, test, and spread FHIR solutions nationwide. We are currently engaged in the Da Vinci project working alongside other payers, providers, and EHR vendors to address heath care delivery problems in a manner that will improve coordination of care and reduce the administrative burden on providers. We urge HHS to continue its partnership and funding of this type of work.

Thank you for your consideration of these comments. Cigna would welcome the opportunity to discuss these issues with you in more detail at your convenience.

Respectfully,

David Schwartz