



Pennsylvania
MEDICAL SOCIETY®

ADVOCATE. EDUCATE. NAVIGATE.

January 11, 2019

Danae M. Powers, MD
President

Lawrence R. John, MD
President Elect

Michael A. Dellavecchia, MD, PhD, FACS
Vice President

John P. Gallagher, MD
Chair

Erick J. Bergquist, MD, PhD
Secretary

Martin P. Raniowski, MA
Executive Vice President

Donald W. Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW
Floor 7
Washington, DC 20201

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

Dear National Coordinator Rucker,

On behalf of Pennsylvania physicians and the patients they serve, the Pennsylvania Medical Society (PAMED) would like to commend the Office of the National Coordinator for Health Information Technology (ONC) on the draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*. It is evident that great care was taken in compiling stakeholder feedback to address the issues and challenges creating strategy to reduce physician burden and creating an effective, usable, interoperable health information technology (IT) community.

Recognition of the goals set forth in the Strategy are promising as physicians have assumed great challenges in their daily practice to maintain compliance with the regulatory and administrative processes. As stated in the draft, "These challenges affect productivity, increased organizational cost, and detract from patient focus, resulting in negative experiences using health IT." We couldn't agree more.

Clinical Documentation

Upon review of the recommendations, the efforts to advance new standard approaches to support prior authorization remain a high priority for PAMED. Adoption of the HIPAA mandated electronic transaction standards for the ASC X12N 278 Health Care Services Review and Response is lacking. In fact, physicians are directed to a payer portal for most prior authorization requests. The lack of uniformity leads to delays in patient care, sometimes to the patient's detriment. We agree the U.S. Department of Health and Human

777 East Park Drive
PO Box 8820
Harrisburg, PA 17105-8820

Membership Inquiries
855-PAMED4U
(855-726-3348)

Tel: (717) 558-7750
Fax: (717)-558-7840
Email: KnowledgeCenter@pamedsoc.org
www.pamedsoc.org

Services (HHS) should pursue consensus through the National Committee on Vital and Health Statistics (NCVHS) to adopt standards for real-time multi-payer prior authorization.

We support the collaboration of payers, vendors, physicians, and other providers through the Da Vinci Project and most recently the Payer-Provider (P2) HL7 Fast Healthcare Interoperability Resources (FHIR) taskforce. Leveraging FHIR Application Programming Interfaces (APIs) to create common data elements and templates promotes interoperability as well as eases the process of sharing documentation in order to meet the needs of prior authorization requests for medical services.

Standardized automation through FHIR APIs will help to streamline the process for better patient care. The availability to use common interoperable templates in order to decrease response time will improve efficiency and decrease patient risk from current delays in care.

In offering our comments, we ask for transparency in multiple regards. Physicians need transparency for the care of their patients in various settings.

- First and most importantly, the implementation and upgrade process must be clearly demonstrated so that physician may anticipate potential interruptions to care and adjust workflows.
- Additionally, transparency of the financial responsibility of implementation and ongoing support required of the physician practice to update software is necessary. We recommend that as rules are proposed and finalized, time and cost for both implementation and workflow changes as well as maintenance or support costs are included. Health IT standards should not come at the expense of patient care.
- Finally, payer criteria for medical services requiring approval must become more transparent. The Documentation Requirement Lookup Service (DRLS) currently under development by CMS aims to reduce physician burden and ensure authorization criteria is available. Contingent upon successful testing, a FHIR-based solution should be made standard to promote adoption by payers on a national level.

Health IT Usability and the User Experience

We agree the EHR should be better aligned with real-world clinical workflow. Clinical data should display relevant patient information without the need to sift through meaningless data. The development of standards for multiple types of user interfaces and user-centered design will increase user satisfaction if the displayed clinical information is both intuitive and germane to the delivery of patient care. In this case, users are physicians, other health care practitioners, and clinical staff. Creating EHR vendor standards that require consistency between user interfaces, order entry, results displays, and integration of multiple EHRs systems within a physical environment could alleviate communication barriers and collaboration between multispecialty systems where multiple EHRs could be in play due to the effectiveness of the software.

EHR Reporting

The financial and administrative burdens that are associated with quality reporting utilizing EHR is a point of contention. The current landscape has practices of all sizes questioning the relevancy of programs such as the Quality Payment Program and Promoting Interoperability.

It is well known that although physicians have invested in their EHR systems, extracting meaningful and accurate data is a challenge that comes at a substantial price. Improving the functionality of their investment dollars spent on an EHR is of great importance, as reporting requirements through regulation steadily increase from year to year. The addition of data standards to ease the burdens of extracting data from multiple health IT systems, while improving data mapping to increase reliability of the data within the software, will lessen the amount of administrative fact-checking and reduce financial liability associated with the need to contract with a third-party vendor for reporting assistance.

Public Health

Upon review of the public health reporting recommendations, we applaud efforts to improve interoperability between health IT and Prescription Drug Monitoring Programs (PDMPs). In some cases, depending on the EHR vendor, integrating state PDMPs and Electronic Prescribing of Controlled Substances (EPCS) into a physician's workflow can prove to be a heavy financial lift. Establishing a strategy that would develop common standards to support the integration of state PDMPs and health IT through collaboration of federal and state agencies, as well as health IT developers, will be beneficial to patient care. Partnering with common standards eases costs to practices through funding made available via SUPPORT for Patients and Communities Act is key in promoting integration of the technology to enhance patient safety.

Harmonization of requirements for public health reporting and EHR will also be impactful. Many practices describe their experiences as a laborious process to integrate a public health registry with an EHR. If common data elements and standards are adopted, EHR data could ultimately prove to be a reliable source for public health reporting. Again, leveraging the interoperability of the EHR reinforces the value of the physician's investment in their EHR and advances the overall value of health IT.

We appreciate the opportunity to submit comments on the draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*. As the 21st Century Cures Act addresses clinician burden, PAMED is pleased to represent Pennsylvania physicians in urging better utilization of investments in health IT, which in turn promotes better patient care, lowers health care costs, and lets physicians to return to the art of medicine.

Sincerely,

A handwritten signature in black ink, reading "Martin P. Raniowski". The signature is written in a cursive, flowing style.

Martin P. Raniowski, MA, FCPP
Executive Vice President