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January 28, 2019

Don Rucker, M.D.

National Coordinator for Health Information Technology  
Department of Health and Human Services  
330 C Street NW  
Washington, DC 20201

[Submitted online at: <https://www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-use-health-it-and-ehrs>]

Re: Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs, Draft for Public Comment

Dear Dr. Rucker:

The American Society of Clinical Oncology (ASCO) appreciates the opportunity to comment on the *Draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*. ASCO is the national organization representing more than 45,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. ASCO members are also dedicated to conducting research that leads to improved patient outcomes, and we are committed to ensuring that evidence-based practices for the prevention, diagnosis, and treatment of cancer are available to all Americans.

Below we provide our comments on ONC's proposed strategies for burden reduction in clinical documentation, electronic health record reporting, and public health reporting including electronic prescribing of controlled substances and prescription drug monitoring programs.

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***Clinical Documentation Strategies***

***Documenting in the Electronic Health Record***

Many pieces of information that clinicians enter in clinical notes already exist in other places in the EHR. As discussed in the CY 2019 Physician Fee Schedule (PFS) final rule, starting in 2019, CMS is expanding and clarifying current policy for history and exam of office/outpatient E/M visits, such that certain data already present in the medical record need not be re-documented. Rather, it can be reviewed, updated, and signed off on by the billing practitioner. ASCO supports such streamlining of workflow as it decreases redundancy and allows for time better spent with patients.

ONC notes that, as part of the effort to revise the documentation guidelines, HHS should continue to receive wide stakeholder input that includes key participants (e.g., government, industry, health care providers, payers, EHR developers, standards developers) to inform future documentation guideline modifications; further, stakeholders have suggested that a representative task force would be useful. Finally, ONC specifically identifies that clinical specialty societies could continue to provide input to define proper clinical standards for documentation and establish what is required for high quality patient care. ASCO is supportive of multi-stakeholder efforts in this area and welcomes the idea of a representative task force to include clinical specialty societies. We would like to highlight here that ASCO is actively continuing its work on the mCODE™ project, an effort designed to result in a parsimonious set of consensus-developed oncology data elements necessary for critical information exchange between EHRs, for clinical care, quality reporting, and other use cases. We have previously engaged ONC with our description of this work and will continue to keep the agency abreast of our efforts; we are currently planning a pilot project with a large healthcare system and in addition will be showcasing a preliminary app at HIMSS. We hope for an opportunity for further discussions with ONC as findings from these efforts emerge and refinements continue to be made.

#### *Prior Authorization*

Clinicians have long identified documentation requirements for items and services associated with prior authorization as significant sources of burden, and ASCO, along with other professional societies, has been active in advocating for relief from often-unnecessary requirements that additionally suffer from process and system flaws. ONC believes that HHS can play a role in helping to evaluate and address process and clinical workflow factors contributing to the burden, in conjunction with health IT solutions. ONC suggests that HHS could expand on current work to identify common data elements and standardized templates that can be implemented by health IT developers to support more automation around these processes, and that HHS could also explore ways to incentivize clinicians to adopt technology certified to conduct these transactions according to recognized standards. Testing these new approaches is important, and ONC suggests that HHS could engage a wide variety of payers, health care providers, and other third-party intermediaries in working toward robust standards-based automation of these transactions. The *Draft Strategy* highlights the Da Vinci Project, led by Health Level 7 (HL7), in which Medicare fee-for-service is engaging with the private sector to find ways to reduce provider prior authorization burden with the use of HIT. The ultimate goal of these and other efforts is the adoption of standards that support real-time, multi-payer prior authorization; ASCO is supportive of HHS' efforts to explore practical solutions to reach this goal and would be pleased to have the opportunity to provide perspectives from the oncology community.

#### *EHR Reporting*

It has long been recognized that true electronic measurement would not only potentially increase the value and meaningfulness of clinical quality measures but would almost surely decrease burden on providers. ONC suggests that CMS could establish a "first-year test" reporting approach for new electronic clinical quality measures (eCQM)s, thus relieving some of the technical issues and confusion surrounding these measures when they are first released. We believe this is a promising approach and should be explored further, as measures that are tested and refined prior to full implementation would better reflect clinician performance and true variations in care.

ONC also notes that, in future rulemaking, CMS will evaluate the use of measure combinations in the Quality Payment Program (QPP) that would give clinicians a recommended set of related eCQMs,

Promoting Interoperability health IT measures, and Improvement Activities that are tied by a common thread and can be used by clinicians to maximize their participation in the program. ASCO has received feedback from its members that such measure combinations would be a welcome addition to the QPP, and we have been supportive of such an approach in other comments to HHS. In fact, ASCO earlier developed tools for its members that linked together select measures from all three MIPS categories in an attempt to create a more cohesive and uniform approach to overall quality improvement, and we would be pleased to work with CMS on further exploring these measure combinations for oncology.

ONC also suggests that HHS should look for opportunities within existing reporting programs to incentivize clinicians that participate in activities that demonstrate advanced interoperability, such as taking part in ONC’s recently proposed Trusted Exchange Framework (TEF) with an appropriate Health Information Network (HIN). ASCO earlier submitted comments on the TEF that were supportive of ONC’s overall approach but noted that practices should not bear excessive financial burden in order to participate. Incentives for participation could ease this burden on practices, especially small and rural practices and those caring for under-served populations.

Finally, ASCO welcomes ONC’s recommendation that HHS should implement an open API interface for its own electronic systems such as the National Plan & Provider Enumeration System (NPPES) and the Provider Enrollment, Chain, and Ownership System (PECOS) that use and maintain administrative information. Ideally, this approach should support bidirectional data integration, which would allow health IT to seamlessly integrate with these systems and regularly update information related to physicians. ASCO believes this would save a significant amount of time and effort on the part of clinicians and their administrative staff and would encourage HHS to pursue such an approach.

***Public Health Reporting / Electronic Prescribing of Controlled Substances (EPCS) and Prescription Drug Monitoring Programs (PDMPs)***

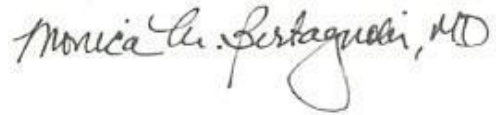
Through the implementation of the SUPPORT for Patients and Communities Act, CMS will require controlled substances covered under Medicare Part D to be electronically prescribed. States receiving the 100 percent federal matching funds for qualified PDMPs will need to meet the requirement for the integration of medication history from PDMPs into the prescribers’ workflow and health IT for EPCS. EPCS, when properly integrated into the EHR, allows all prescribing to remain in a single workflow, reduces the time clinicians spend on medication reconciliation, automates CDS such as drug-drug interactions, and facilitates the tracking of prescription fulfillment. The SUPPORT Act also requires DEA to update multifactor authentication requirements that will permit biometrics and modern approaches to authentication that can be more easily integrated into provider workflows. ASCO supports less burdensome, more streamlined, and more secure prescribing of controlled substances, and would encourage DEA and HHS to allow flexibility for practices in the implementation of these requirements, and to consider the availability of competing versions of any required types of technology. It is important that clinicians have access to choices in the marketplace that will enable the adaptation of this technology to specific needs and workflows; it is also important that practices not be penalized with excessive financial burdens when attempting to conform with required prescribing practices.

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We thank ONC for the opportunity to comment on the “*Draft Strategy*” and remain committed to working with ONC and HHS on practical solutions to decrease the administrative and regulatory burdens that take time away from patient care and have been shown to lead to clinician burnout. We look forward to further

discussions as these efforts move forward.

Sincerely,

A handwritten signature in black ink that reads "Monica M. Bertagnolli, MD". The signature is written in a cursive style with a large, stylized initial 'M'.

Monica M. Bertagnolli, MD, FACS, FASCO  
President, American Society of Clinical Oncology