



Sound Policy. Quality Care.

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January 28, 2019

Don Rucker, MD  
National Coordinator for Health IT  
Department of Health and Human Services  
Washington, DC

Submitted electronically via [www.healthit.gov](http://www.healthit.gov)

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

Dear Dr. Rucker:

On behalf of more than 100,000 specialty physicians from 15 specialty and subspecialty societies, and dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care, the undersigned members of the Alliance of Specialty Medicine (the "Alliance") appreciate the opportunity to provide feedback on the on agency's strategy on reducing regulatory and administrative burden relating to the use of health IT and electronic health records (EHRs).

*Draft Strategy*

Among its overarching goals designed to reduce clinician burden, the Office of the National Coordinator (ONC) looks to reduce the effort and time required to record health information in EHRs for clinicians; reduce the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and healthcare organizations; and improve the functionality and intuitiveness (ease of use) of EHRs.

Generally, the Alliance supports ONC's broad-base efforts to reduce burden associated with the use of health IT. We provide additional context and recommended actions in the below paragraphs.

*Clinical Documentation*

As discussed in the draft strategy, CMS is currently working to address documentation burdens associated with patient encounters, including evaluation and management (E/M) services. While the Alliance opposes CMS policies that would bundle E/M payment into a single level, we appreciate some of the finalized modifications that would streamline certain aspects of documentation, such as eliminating duplicative documentation requirements. Nevertheless, we remind ONC that documentation is not solely for the purpose of payment; rather, documentation primarily serves as the basis for current and future patient care decisions, and serves as evidence in legal proceedings. While CMS' and ONC's efforts to reduce burden are laudable, their reach extends only so far. We urge ONC to work in concert with CMS and health care professionals, taking into account the American Medical Association (AMA) CPT and Relative Value System Update Committee (RUC) proposal, as these efforts are ongoing.

We also appreciate ONC's efforts to address burdens associated with prior authorizations. We strongly support a streamlining prior authorization processes to minimize delays in patient care and urge ONC to work with CMS to finalize the Attachment Standard, as well as work with CMS to issue Model Prior Authorization forms that could be included as part of EHR systems.

Further, as we stated in our comments on CMS' proposed rule aimed at Modernizing Part D, we believe the proposed real-time benefit tool (RTBT) should include automated prior authorization processes. For straightforward prior authorizations where limited information is needed to render a determination, CMS should require plans to automate approvals so they occur within minutes. For more complex prior authorizations where more detailed information may be necessary, CMS should require plans to automate the process as much as possible and render determinations within 24 hours. We urge ONC to work with CMS to promote these activities as part of the Administration's shared interest in reducing regulatory burden.

#### *Health IT Usability*

We appreciate the vast majority of ONC's recommendations to address usability and the user experience, and recommend ONC to specify the need to include specialists in these activities.

In addition, we again remind the agency that challenges with usability in health IT can result in patient safety and adverse events, and that there are no structured mechanisms by which health IT-related patient safety events can be reported to, and subsequently addressed, when they are identified by providers. The Institutes of Medicine (IOM) and the American Medical Informatics Association (AMIA) have raised concerns about this issue. In its *Health IT Patient Safety Action & Surveillance Plan*, ONC discusses the use of CMS' Conditions of Participation (CoPs) as one way to address the issue, which would benefit those in hospital settings, but CMS has not revised its CoPs to support this. We urge ONC to work with all providers and the vendor community to establish structured mechanisms for reporting patient safety and adverse events, while holding providers harmless from liability due to functionality and usability of EHRs.

#### *EHR Reporting*

We appreciate ONC's recognition of the challenges clinicians are facing in the Promoting Interoperability (PI) performance category of the Merit-based Incentive Payment System (MIPS). The Alliance continues to be concerned with the "all-or-nothing" approach and urge increased flexibility, particularly for specialists, where a number of the "meaningful use" measures still do not apply. We have previously urged CMS to allow clinicians to "pick and choose" measures from a "menu" of objectives and measures, rather than require certain objectives and measures to be met. We support ONC's recommendation to simplifying the scoring model for the PI performance category.

In addition, as many of our specialty societies have invested in qualified clinical data registries (QCDRs), and as we have previously requested of CMS, we urge ONC to work with CMS to emphasize the use of clinical data registries, allowing clinicians to fully satisfy MIPS requirements when they participate in a robust clinical data registry. This would decrease clinician burden and emphasize robust collection of meaningful quality measurement in domains of care that matter most to specialty clinicians.

More importantly, we urge ONC to release its proposed rules that aim to address data blocking and interoperability challenges between EHR systems and QCDRs, a significant day-to-day challenge for specialists that depend on registries in delivering optimal patient care.

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We appreciate the opportunity to share our concerns. Should you have any questions, please contact us at [info@specialtydocs.org](mailto:info@specialtydocs.org).

Sincerely,

American Academy of Facial Plastic and Reconstructive Surgery  
American Association of Neurological Surgeons  
American College of Mohs Surgery  
American College of Osteopathic Surgeons  
American Society of Cataract and Refractive Surgery  
American Society for Dermatologic Surgery Association  
American Society of Echocardiography  
American Society of Plastic Surgeons  
American Society of Retina Specialists  
American Urological Association  
Coalition of State Rheumatology Organizations  
Congress of Neurological Surgeons  
North American Spine Society  
Society for Cardiovascular Angiography and Interventions