

BY ELECTRONIC MAIL

January 28, 2019

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

To Whom It May Concern:

On behalf of Atrius Health, I am writing to provide input to the US Department of Health and Human Services (HHS), Office of the National Coordinator (ONC) for Health Information Technology on the proposed “Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs” as required by the 21st Century Cures Act (Public Law 114-225, Section 4001) released on November 28, 2018.

Atrius Health is a practice located in Eastern Massachusetts: an innovative nonprofit healthcare leader providing effective connected care to more than 720,000 adult and pediatric patients; 32 clinical locations, more than 50 specialties and 825 physicians; working together with home health and hospice services using its VNA Care subsidiary, and in close collaboration with hospital partners, community specialists and skilled nursing facilities. Our vision is to transform care to improve lives. Atrius Health provides high-quality, patient-centered, coordinated, cost effective care to every patient we serve. By establishing a solid foundation of knowledge, understanding and trust with each of its patients, Atrius Health enhances their health and enriches their lives. Learn more about Atrius Health at www.atrusheralth.org.

Atrius Health applauds HHS for their attention to reducing regulatory burden relating to the use of electronic health records (EHRs) and the willingness to take into consideration the viewpoints of physician practices on this important topic. The last 10 years have been transformative for the health care industry as the number of health systems using EHRs has grown from about 10% to 90%. Unfortunately, nationally recognized studies have widely reported a concurrent rise in provider burnout to epidemic proportions with over 50% of practicing providers experiencing a syndrome of emotional exhaustion, depersonalization, and reduced efficacy. The EHR is commonly cited as a major contributor.

Further, regulatory burden surrounding various incentive programs are estimated to add over \$15 billion in administrative expenses among health care systems and are considered a factor in crowding out focused attention on improving the usability of health information systems, many of which have evolved incrementally over the past 30 years.

Against this backdrop, the “Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs” (hereafter, the Strategy) could not come at a better time. Atrius Health appreciates that this is a guiding document that may inform future policies and/or regulation and further appreciates the opportunity to share our general feedback.

Clinical Documentation

Atrius Health providers spend approximately 45% of their time in the electronic health record documenting. More than half of this time is outside of direct patient contact. This is a known source of frustration among providers and limits time spent among providers on higher impact activities such as managing the health of populations. Atrius Health applauds efforts to Promote Patients over Paperwork and encourages HHS to continue to partner with clinical stakeholders and, as a payer through CMS, to reduce overall documentation burden necessary to deliver care.

The **prior authorization process** is frequently identified at Atrius Health as a challenge among providers and care teams. The availability of structured data in the EHR may enable alternatives to the onerous, paper-intensive processes of today. However, Atrius Health urges HHS to pilot further prior authorization alternatives and secure industry-wide engagement before implementing new processes. To date, prior authorization processes may have eluded automation in part because of frequent changes that break software solutions. Recent experiences with mandated decision support software such as certified technologies for PAMA's Appropriate Use Criteria for Advanced Diagnostic Imaging demonstrate the early state of the industry. The state of the art in clinical decision support -- interruptive alerts that require additional, often duplicative data entry to proceed -- place work that was previously delegable directly in front of providers where they may at best have to spend additional time documenting information already appearing in their note, or worse, break cognitive flow opening the door for errors. Lacson and colleagues' recent research may evidence this having demonstrated that data appearing in such imaging requisition orders were frequently incomplete (81%) or even discordant (42%) relative to information appearing in clinician notes (*JAMIA* 2018).

Atrius Health remains optimistic about the development and judicious application of clinical decision support, robotic process automation, and natural language processing technology to circumvent the need for duplicate manual entry by health care professionals or separate dedicated teams. We share the vision of a fully-electronic authorization process accessed through standard, programmable doorsteps (often called APIs). We suggest that there may be helpful mile markers to reach in standardizing data elements and logic first on low fidelity electronic or even paper templates in advance of the fully-deployed, API-based methods. Our suggestion comes from our experience that, despite years of investigation in improving the prior authorization process, one of the most helpful technologies Atrius Health has encountered in streamlining the prior authorization process is a website acting as a virtual switchboard to download the many different forms of prior authorization needed across payers. Encouraging or legislating use of a single form across payers, for example, would eliminate the need for this switchboard and may represent a helpful prerequisite to driving adoption of an electronic standard.

Usability and User Experience

There is little doubt that a **usability gap exists** between clinical grade software and the applications and devices used for everyday activities. Some of the dialogue has centered on the number of "clicks" needed to perform clinical actions such as orders or responding to patient messages. While the recommendations about clicks is well-meaning, our experience has been that **what is at the heart of complaints about clicks is the scattered information and cognitive burden associated with pulling together disparate data** existing in the electronic filing cabinet model of the EHR that exists today. We caution about too much attention to literal clicks as it has led to other alternative solutions which by anecdote has done little to ease the cognitive burden associated with the electronic health record among our providers.

Atrius Health concurs with the recommendation to address "copy and paste" via industry collaboration with customers and implementation of institutional policy. Copy and paste is a tool that is evolving. New

capabilities such as identifying text as having been copied can help subsequent readers in interpretation. It is our opinion that where it is overused, it is likely a symptom of the local practice environment best addressed locally.

We believe that one barrier to improvements in Usability and User Experience continues to be **ambiguity about what constitutes appropriate sharing of EHR scenarios or screenshots** needed to communicate information about usability. Atrius Health applauds HHS, which through the ONC, has educated EHR customers about common contract terms and their relationship to the law in documents such as “EHR Contracts Untangled.” Unfortunately, as Ratwani and colleagues point out, despite this education effort and Section 4002 of the 21st Century Cures Act, sharing information related to usability at best still requires a cumbersome process – often under the banner of EHR vendor intellectual property protection – that is likely to chill discourse on usability (*JAMA Network* 2018). Vendor intellectual property is worthy of protection, but not at the cost of delays in improvements in EHR usability and safety.

In truth, vendors are making exciting inroads to understanding usability of their software. However, clinical medicine is varied and complex. Software is configured in non-standard ways throughout the US health care system. Indeed, standard workflows are unlikely to exist even in a single organization. Atrius Health agrees with the Strategy to better align the EHR system design with real-world workflows. This will require new, industry-wide research into existing workflows leveraging emerging tools such as audit log data and workflow analyzers. Atrius Health suggests that HHS invite **additional research into understanding variation and digital process analysis of common workflows** such as medication reconciliation; medication, laboratory, and imaging ordering; results review; problem list interaction; medical history input; and clinical documentation authoring and review.

Finally, Atrius Health agrees that there is room to grow in **making clinical decision support (CDS) more usable**. Although CDS holds much promise to improve the safety, quality, and efficiency of care, the promise will be realized only after improvements in data exchange and interoperability occur. **Reliable data is foundational to CDS effectiveness** and right now medical records are plagued with incomplete or discordant data. Evidence suggests, for example, that little more than half of the medications listed in the electronic medical record are accurate when compared to patient report. Data exchange may exacerbate these problems unless they are closely paired with new information tools to de-duplicate and combine data elements. Vendor-led initiatives are making headway, but it remains a cumbersome process for provider organizations to perform and maintain the needed mappings that are only partially serviced through resources such as the Value Set Authority Center. Atrius Health encourages HHS through ONC and initiatives such as the Interoperability Standards Process and the US Core Data for Interoperability to continue to convene and support stakeholders in order to advance the adoption of both clinical data and workflow data standards.

Regulatory and Public Health Reporting

Atrius Health appreciates the additional focus on regulatory and public health reporting. We agree that HHS should convene key stakeholders to inventory and then to harmonize reporting requirements and data. As the Strategy notes, the **biggest gaps appear to emerge at the interface between federal and state programs**. In Massachusetts, local efforts in support of public health reporting such as implementation of a bidirectional immunization interface or connection with the Prescription Drug Monitoring Program database have been far from straightforward. Our experience with setting up technical interfaces for these programs has required months of effort and significant education on both sides. Atrius Health suggests that to the extent that states have discretion in implementing federal programs, that standards are developed concurrently or even in advance of the mandate through early engagement of EHR vendors and providers so as to reduce the administrative burden associated with implementing the reporting requirement.

Thank you for the opportunity to provide comments on these important regulations. If you have any questions regarding this testimony or require further information, please contact me at (617) 559-8179 or Kathy Keough, Director of Government Relations at (617) 559-8561.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Kimura', with a horizontal line extending to the right.

Joe Kimura, MD
Chief Medical Officer