

January 28, 2019

The Honorable Donald W. Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
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Floor 7
Washington, DC 20201

Submitted electronically via <https://www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-use-health-it-and-ehrs>

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

Dear Dr. Rucker:

On behalf of CoverMyMeds, I am pleased to have the opportunity to comment on Office of the National Coordinator for Health Information Technology's (ONC) *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs ("Burden Report")* as published on November 28, 2018 for consideration by the Department of Health and Human Services, Office of National Coordinator.

CoverMyMeds applauds the endeavors of the ONC to reduce regulatory and administrative burdens realized in the healthcare space related to the use of health information technology and EHR utilization. CoverMyMeds appreciates this opportunity to respond specifically to some facets of the strategies outlined in the draft as required by provisions of the 21st Century Cures Act.

CoverMyMeds is a recognized leader in the healthcare IT space. CoverMyMeds streamlines the medication PA process, electronically connecting providers, pharmacists and plan/PBMs to improve time to therapy and decrease prescription abandonment with electronic prior authorization (ePA). Additionally, we offer groundbreaking decision support to prescribers at the point of prescribing via our real-time prescription benefit tool, RxBenefit Clarity™ (RxBC). RxBC provides precise prescription benefit and prior authorization (PA) information across all payers at the point of prescribing. Leveraging the nation's leading pharmacy network, RxBC delivers the most accurate patient pay and real-time benefit information in the prescribing workflow today.

General Comments:

The areas of focus in the Burden Report; Clinical Documentation, Health IT Usability and the User Experience, EHR Reporting and Public Health Reporting are all areas that can improve not only the provider's EHR burden but also improve patient outcomes and their healthcare journey. Our specific comments to ONC focus on the areas of Clinical Documentation and Health IT Usability.

CoverMyMeds encourages and recommends that certification of an EHR be performed not in a test environment, as is currently done but, certification should be accomplished in a live environment. Many times, what is tested in the certification process is not what gets deployed or implemented and, therefore, leaves significant gaps in usability.

Codification over documentation and innovation beyond the current status quo should be a mantra adopted and continually encouraged by HHS and ONC. HHS and ONC should not only require the use of standards exchange of healthcare transactions between EHRs, providers, plans/payers and their intermediaries, such as claims and prior authorization, but HHS and ONC should clearly advise how these partners should use, exchange and implement these standards vs. simply or broadly requiring or calling out the use of said standards. HHS and ONC should provide guidance beyond the minimum necessary to ensure EHRs and their partners continue to innovate beyond minimum expectations.

We recommend that HHS and ONC continue to work with all stakeholders in this process, including ANSI Accredited SDOs that create standards using a consensus process and work on current solutions and directives while keeping the future of healthcare IT in clear view for future, imaginative innovations.

Specific Comments:

Clinical Documentation: In the Burden Report, three (3) strategies in the area of clinical documentation are addressed and various recommendations to improve this burden area are also identified. The intent of these proposed strategies is to mitigate the EHR-related burden associated with a variety of administrative processes.

CoverMyMeds concurs that ONC should continue to move forward with these strategies and further adds the following:

Reduce regulatory burden around documentation requirements for patient visits.

- HHS and ONC should continue to engage with EHRs, Provider, Plans/Payers and intermediaries who are involved in creating standards and coding to those standards to garner appropriate and ongoing stakeholder input about updates to documentation requirements.
- EHRs should be required to leverage data already present in their systems to reduce re-documentation in clinical notes. If information is already present in the medical record, practitioners should not be required to duplicate that information for the purposes of billing.
 - Templates used by EHRs today, should be required by HHS/ONC to be codified by EHRs, reducing the need for providers to manually enter data or re-enter data that is present in the system.
 - Data should be normalized and presented in the EHR vs. the use of the documentation.
 - Focus on ensuring that if data is entered in one place in the EHR, the data should be pushed and pulled into the appropriate portions of the patients record.
- Unnecessary administrative duplication creates opportunities for cut-and-paste-errors that could omit changes to the patient record that have occurred between visits. This may cause inconsistencies in a patient's medical history, posing significant risks to the healthcare system.
- Clinical and coding representatives should continually be used as subject matter experts in the documentation improvement process to ensure the clinical needs of the provider are met, while the financial and audit compliance processes are also met.

Continue to partner with clinical stakeholders to encourage adoption of best practices related to documentation requirements.

- We concur that clinical documentation best practices should be pursued and encouraged by HHS/ONC; however, the need for documentation best practices should be reduced with the encouragement and eventual requirement of EHRs to codify vs load/download documents.

Leverage health IT to standardize data and processes around ordering services and related prior authorization processes.

- NCVHS and industry stakeholders have repeatedly acknowledged the Prior Authorization transactions named under HIPAA (ASC X12N 278 for medical and Telecommunication Version D.0 for pharmacy), are not sufficient for completing, in workflow, the prior authorization process; however, the National Council for Prescription Drug Programs (“NCPDP”) SCRIPT Electronic Prior Authorization (hereinafter referred to as ePA) transactions are better suited for the exchange of prior authorization information between providers, pharmacies, payers, PBMs and their vendor partners.
 - The NCPDP SCRIPT Standard ePA transactions should be named in regulation. Continued adoption of the NCPDP SCRIPT ePA transactions will streamline and standardize the prior authorization process nationwide.
 - Utilization of the NCPDP SCRIPT Standard ePA transactions:
 - Expedites patient access to their needed medications which supports the CMS 5-Star Quality Rating system by giving plans, providers and pharmacies a mechanism to facilitate primary adherence to the patients’ needed medication, specifically in the measurement areas of management of chronic conditions and medication adherence for diabetes, hypertension and statins.
 - Helps CMS achieve the intent of supporting innovative approaches to improving program quality, accessibility and improvement of the CMS beneficiary experience.
 - Reduces the administrative burden for providers, pharmacists and plans in the CMS Medicare Part D program by minimizing manual activities such as printing, faxing, phone calls, and mailing.
 - Supports CMS’s intent of establishing a framework and addressing the opioid epidemic in which plan sponsors may establish a drug management program for beneficiaries at risk for prescription drug abuse or misuse.
 - Improves clinical decision making for plans and providers to ascertain quickly, via real-time data exchange, the clinical efficacy of the prescribed treatment and eventual dispensing of the medication.
- Real-time prescription benefit is available via standards utilization and exchange, including but not limited to, RESTful APIs, FHIR (CDS Hooks) and also the NCPDP Telecommunication and SCRIPT Standards. A real-time prescription benefit solution at the point of prescribing, when appropriately implemented should include information about the need for PA for the medication, specific to the patient. Further this technology should support the electronic processing of the needed PA by the prescriber. A real-time prescription benefit solution that surfaces PA requirements and uses standards to electronically request and respond to the PA, will assist in reducing the provider’s burden associated with PA requirements.
 - This consensus-based, standards development process has led to the healthcare technology successes realized for a patient’s prescription benefit; however most early discussions of solution deliverables are focused on the patient’s insurance benefit and not inclusive of deliverables that help the large population of patients who are uninsured and underinsured. Real-time prescription benefit should surface to the prescriber in workflow, not only the information available as a part of the patient’s benefit but also cash pay information so the uninsured and underinsured are appropriately assisted.
- While the use of FHIR based technology shows great promise and we encourage ONC to continue down the path of investigating its potential for reducing burden and streamlining processes, we strongly encourage ONC to provide clear guidance on how these standards should be used for both patient and healthcare IT applications.

- HHS and ONC should ensure that when standards are regulated for use by EHRs and their vendor/intermediary partners, that HHS and ONC specifically interpret how and by whom the standards are to be utilized to securely exchange healthcare information.
- ONC should look at additional ways to incentivize adoption of technology which can generate and exchange standardized data supporting documentation needs for ordering and prior authorization processes.
 - Work with payers and other intermediary entities to support pilots for standardized electronic ordering of services.
- In the standards process, and with appropriate implementation, common data elements and structure for use are the norm. Codification of elements that are exchanged is the norm as well, which reduces the need for a “template” to be used. A template can be interpreted as a hard-coded PDF document, which does not reduce the providers burden. If by the word Template, ONC is trying to communicate a best practices or implementation guides along with interpretation on programming and use, then yes, templates would be okay. It is, however, our recommendation that the terms best practices and implementation guides be used vs. templates as these are terms readily used in the prescription electronic PA process.
- Finally, HHS should work closely with the ANSI-Accredited SDOs, commercial payers, EHRs, pharmacies, healthcare information technology vendors and others to support and coordinate efforts to improve upon already established standards and advance new standard approaches supporting prior authorization.

Health IT Usability and the User Experience: The ability of all EHRs, large, medium and small to create and evolve the user experience is critical to the success of Health IT usability. If provider’s go outside of workflow, the likelihood of success for them or their patient is greatly reduced.

As a means to promote harmonization surrounding clinical content contained in health IT to reduce burden, NCPDP has published the following recommendations related to harmonization of drug descriptions:

1. Information transmitted must be clear and not cause confusion in patient safety.
2. The prescriber and the pharmacist must have final review of the medication to be prescribed or dispensed.
3. EHR, electronic prescribing, and pharmacy systems are strongly encouraged to use a commercial compendia source for ePrescribing Drug Names.
4. EHR, electronic prescribing, and pharmacy systems are strongly encouraged to support timely and accurate updates for drug files from a recognized authoritative source.
5. The drug compendia use industry recognized best vocabulary, practices of vocabulary and publication. These same practices should be followed by electronic prescribing and pharmacy vendors who do not choose to use a drug compendium.

Detailed recommendations and best practices for drug compendia, EHR, ePrescribing, and Pharmacy Systems can be found at: [SCRIPT Implementation Recommendations](#).

New technological tools, such as real-time prescription benefit and ePA are on the market today and continue to evolve. The standards based, technological advances when deployed within the EHRs are effective in reducing provider, patient, plan and pharmacy burden.

CoverMyMeds recommends that ONC continue to engage and work with health IT organizations that are working to effectuate valuable change through technological solutions and the SDOs to produce and promote standards that will further the exchange of electronic health information to improve interoperability, usability, and reduce burden.



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CoverMyMeds appreciates the opportunity to comment on these important provisions and looks forward to working with you to continue improving the healthcare IT environment. If you have any questions, or if we can provide additional information, please contact Kim Diehl-Boyd at kdiehlboyd@covermymeds.com.

Sincerely,

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