January 28, 2019

Dr. Donald Rucker, M.D.
National Coordinator for Health Information Technology
Office of the National Coordinator (ONC)
HHS Office of Security and Strategic Information (OSSI)
200 Independence Avenue, S.W.
Washington, DC 20201

RE: Request for Public Comments on the DRAFT: Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs, November 2018

Dear Dr. Rucker:

The Digital Bridge initiative is pleased to submit the following comments on the Draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs on the Electronic Health Record (EHR) Program, part of the statutory requirements of §4001 of the 21st Century Cures Act.

A partnership of key decision makers in health care, public health, and health information technology (IT), Digital Bridge creates a forum for these stakeholders to collaborate on ideas and solutions for a nationally consistent and sustainable approach to using electronic health data. Through this collaboration, Digital Bride fosters a better connection between health care and public health, a relationship that is integral to efficient public health surveillance. Digital Bridge partners aim to build a multi-jurisdictional approach to electronic case reporting (eCR), reducing the manual burden of public health reporting by automating the data exchange process and implementing a single standard for reporting criteria.

Attached is additional background on this initiative and comments on the issues and challenges related to the EHR burden. The Digital Bridge governance body commends the ONC's leadership in taking steps towards reducing provider burden and appreciates the opportunity to provide responses on the strategies and recommendations to address the issues and challenges.

Responses are provided on behalf of Digital Bridge **governance body organizations**[1].

Please send any questions or concerns to **info@digitalbridge.us**.

Sincerely,

Vivian Singletary

Vivian Singletary, JM, MBA
Public Health Informatics Institute, Co-Principal Investigator, Digital Bridge

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[1] The Centers for Disease Control and the Office of the Chief Technology Officer are not participating in this commentary.

Digital Bridge is a public-private partnership among health care delivery systems, health information technology developers and public health agencies to enhance bidirectional information flow between health care and public health. Below is background information about Digital Bridge and comments on the 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. We applaud the Office of the National Coordinator for Health Information Technology (ONC) for taking steps toward reducing provider burden and hope our responses inform discussions and assist in the development of the strategy to reduce regulatory and administrative burden.

As its first project, Digital Bridge has designed a nationally scalable, multi-jurisdictional approach to electronic case reporting (eCR), the automated generation and transmission of case reports from the electronic health record (EHR) to public health agencies for review and action. To effectively test the technical approach, Digital Bridge is coordinating eCR implementations at selected demonstration sites through 2019. More details and a list of participants are available at digitalbridge.us.

Digital Bridge comments on the draft strategy

The Digital Bridge is deeply invested in reducing the burden of health IT use to focus provider energies and effort on caring for patients while at the same time protecting public and population health. Our demonstration of an automated and standardized approach to electronic public health case reporting (eCR) (details here) testifies to our resolve and the depth of our experience. We comment on the ONC's draft strategy to offer our unique perspective and experience, and highlight synergistic opportunities. We stand ready to support the National Coordinator in implementing this strategy, and advancing interoperability for the public good.

We offer comment on the ONC's draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health ITs and EHRs* (Strategy) with regard to the following.
1. Overall
2. Clinical documentation
3. EHR reporting
4. Public health reporting

Our comments are organized per strategy section and in reference to specific recommendations, which are reproduced for convenience.

Overall comment

The draft *Strategy* and the Digital Bridge share common goals. Specifically, we see alignments with the following strategy goals.
- Ease the burden and costs for all stakeholder groups through a unified approach to information exchange.
- Advance greater standards-based information exchange across public health and health care.
- Lay the foundation for greater bidirectional exchange of data so that clinicians can be more informed about population health, environmental risks and outbreaks.

With these goals, Digital Bridge is aligned and demonstrating the implementation of reducing provider burden within health care. The initial Digital Bridge use case shows that health care, health IT and public health can collaborate within a disciplined governance framework—designed for agile and quick

decision making—and achieve tangible improvements to information sharing that foster a culture of health.

Comments on clinical documentation
Strategy 1: Reduce regulatory burden around documentation requirements for patient visits.

Current public health case reporting processes require health care providers to remember, during their clinical duties, what is reportable relative to the local jurisdiction and the patient to whom they are providing care. As a result, health care providers have historically underreported disease cases. The Digital Bridge collaborative defined a multi-jurisdictional approach to electronic case reporting (eCR) to reduce the burden of public health reporting of infectious diseases while improving the timeliness, accuracy and completeness of the data. Demonstration sites will implement the Digital Bridge eCR approach and technical infrastructure in a phased roll-out that began in 2018. Each site includes a public health agency, a health care organization and a health information technology (IT) developer. They are testing the eCR approach with patient data originating in the health care organization's electronic health record (EHR) system related to five conditions: pertussis, gonorrhea, chlamydia, salmonellosis and Zika virus infection.

Recommendation 3: Obtain ongoing stakeholder input about updates to documentation requirements.
Digital Bridge supports this effort and agrees that stakeholder input with representation from all participants, including public health agencies or authorities (e.g., health departments, commissions and boards), should inform documentation guideline modifications.

Strategy 3: Leverage health IT to standardize data and processes around ordering services and related prior authorization processes.

Recommendation 3: Incentivize adoption of technology which can generate and exchange standardized data supporting documentation needs for ordering and prior authorization processes.

Digital Bridge supports this recommendation. The implementation of the first Digital Bridge use case on reportable conditions standardizes the reporting of data to public health.

Comments on health IT usability and the user experience

Strategy 1: Improve usability through better alignment of EHRs with clinical workflow; improve decision making and documentation tools.
Recommendation 4: Improve presentation of clinical data within EHRs.
Digital Bridge supports this recommendation. The first use case for Digital Bridge is electronic initial case reporting by automating the sending of data that is often disparate in the electronic health record, reducing provider burden.

Strategy 2: Promote user interface optimization in health IT that will improve the efficiency, experience, and end user satisfaction.

Recommendation 3: Improve internal consistency within health IT products.

Digital Bridge supports this recommendation. By convening health care providers and health IT vendors, Digital Bridge provides an opportunity for them to be part of the conversation and

solution to effective data exchange, and creates internal consistency of initial electronic case reports within health IT products.

Strategy 3: Promote harmonization surrounding clinical content contained in health IT to reduce burden.

Recommendation 1: Standardize medication information within health IT.

Digital Bridge supports this recommendation. Five reportable conditions (gonorrhea, chlamydia, pertussis, salmonellosis and Zika) are being implemented in the demonstration of the Digital Bridge approach of electronic case reporting. Treatment information, specifically medication details, is relevant to the public health epidemiologists' follow-up on conditions.

Recommendation 2: Standardize order entry content within health IT

Digital Bridge supports this recommendation and has found with the implementations of electronic case reporting, standardization is critical to implementation. The Digital Bridge eCR approach of reporting to public health includes the criteria that a table of trigger codes are consumed and maintained within the health IT module to determine which encounters should initiate an initial case report being sent to public health. When a trigger is matched, an initial case report is sent to public health.

Strategy 4: Improve health IT usability by promoting the importance of implementation decisions for clinician efficiency, satisfaction, and lowered burden.

Recommendation 4: Continue to promote nationwide strategies that further the exchange of electronic health information to improve interoperability, usability, and reduce burden.

The Digital Bridge approach to electronic case reporting is just this–a nationwide strategy that furthers the exchange of health data, ultimately reducing the provider burden of reporting. Digital Bridge promotes the use of national health IT infrastructure to alleviate the administrative burden and costs of outdated, siloed data exchange practices. It allows public health to speak with one voice by encouraging collaboration across all jurisdictions. By convening health care providers and health IT vendors, Digital Bridge provides an opportunity for them to be part of the conversation and solution to effective data exchange.

Comments on EHR reporting

Strategy 1: Address program reporting and participation burdens by simplifying program requirements and incentivizing new approaches that are both easier and provide better value to clinicians.

Recommendation 1: Simplify the scoring model for the Promoting Interoperability performance category.

Digital Bridge strongly recommends that the scoring model for Promoting Interoperability continue to support programs that support interoperability between health care providers and public health. With the incentives offered in Meaningful Use, much progress was made by providers to automatically exchange data with public health and to improve public health outcomes and programs, like immunizations and registry reporting for birth defects and early hearing screening. While there is a desire to reduce reporting burden, there are concerns around reducing public health measures. The reduction of the measures may undermine

progress that was made and potentially jeopardize the success of new measures, such as electronic case reporting.

Recommendation 2: Incentivize innovative uses of health IT and interoperability that reduce reporting burdens and provide greater value to physicians.

Digital Bridge supports this recommendation. HHS could look at Digital Bridge use cases that are reducing the reporting burden and making it easier for public health agencies to pull data directly from health IT, facilitating faster and better reporting.

Recommendation 3: Reduce burden of health IT measurement by continuing to improve current health IT measures and developing new health IT measures that focus on interoperability, relevance of measure to clinical practice and patient improvement, and electronic data collection that aligns with clinical workflow.

Digital Bridge suggests that public health and providers be considered as CMS revises the Promoting Interoperability measures within MIPS and the Hospital Promoting Interoperability Program, formerly known as the Hospital EHR incentive program. While the measures are strongly supported by the hospital and clinician communities, it is important to include public health stakeholders in these discussions. Electronic data exchange of public health has improved the ability of public health to detect and respond to significant events.

Recommendation 4: To the extent permitted by law, continue to provide states with federal Medicaid funding for health IT systems and to promote interoperability among Medicaid health care providers.

Digital Bridge recognizes the importance of better funding for health IT systems to promote interoperability among Medicaid health care providers. As part of the Digital Bridge implementations, supplemental funding was made available to public health contacts at the Digital Bridge implementation sites, which allowed additional resources and better implementations. Funding may improve access to resources and provide adequate resources to assist providers in reporting to public health and improving interoperability between health care providers and public health. Electronic public health reporting identifies incidents of public health significance in a more timely and accurate manner, improving public health.

Strategy 2: Leverage health IT functionality to reduce administrative and financial burdens associated with quality and EHR reporting programs.

Recommendation 1: Recognize industry-approved best practices for data mapping to improve data accuracy and reduce administrative and financial burdens associated with health IT reporting.

The first use case of Digital Bridge is the automated generation and transmission of case reports from EHRs to public health agencies for review and action. The approach leverages existing electronic health record systems to automatically flag potentially reportable disease cases and create a case report by embedding the reportable conditions trigger codes in the EHR. The Reportable Conditions table is used by EHRs to scan all events and identify reportable conditions. The use of one table has streamlined reportable and improved data accuracy and reduced administrative burdens by automating reporting.

The report is then sent digitally to the central decision support service to validate its format and determine whether the case is reportable to public health. If the case is reportable, the report is forwarded to appropriate public health agencies. Case reports are evaluated against public

health reporting criteria by the Reportable Conditions Knowledge Management System (RCKMS), developed by the Council of State and Territorial Epidemiologists (CSTE).

Recommendation 2: Adopt additional data standards that makes access to data, extraction of data from health IT systems, integration of data across multiple health IT systems, and analysis of data easier and less costly for physicians and hospitals.

>Digital Bridge strongly supports the adoption of industry-wide data standards that make access and extraction of data and integration easier and less costly.

Comments on public health reporting

Strategy 2: Inventory reporting requirements for federal health care and public health programs that rely on EHR data to reduce collection and reporting burden on clinicians. Focus on harmonizing requirements across federally funded programs that impact a critical mass of health care providers.

Recommendation 1: HHS should convene key stakeholders, including state public health departments and community health centers, to inventory reporting requirements from federally funded public health programs that rely on EHR data. Based on that inventory, relevant federal agencies should work together to identify common data reported to relevant state health departments and federal program-specific reporting platforms.

>Digital Bridge strongly supports this recommendation. Digital Bridge governance demonstrates how health care, public health and providers can collaborate to identify common data reported to state and federal reporting platforms. A first-of-its-kind initiative, Digital Bridge creates a forum for key decision makers in health care, public health and health information technology (IT) to collaborate on ideas and solutions for a nationally consistent and sustainable approach to using electronic health data. A unique characteristic of Digital Bridge is its commitment to promoting bidirectional, or two-way, information exchange between health care and public health, ensuring that the needs of each stakeholder group are met and that their perspectives are included.

Recommendation 2: HHS should continue to work to harmonize reporting requirements across federally funded programs requiring the same or similar EHR data from health care providers to streamline the reporting process across state and federal agencies using common standards.

>Digital Bridge supports this idea while emphasizing the need for caution. While data standards are critical to reporting data elements and streamlining data reporting, harmonization should consider the needs of different programs and ensure programs are adequately represented.

Recommendation 3: HHS should provide guidance about HIPAA privacy requirements and federal confidentiality requirements governing substance use disorder health information in order to better facilitate electronic exchange of health information for patient care.

>Digital Bridge supports HHS providing guidance about HIPAA privacy requirements. Digital Bridge also supports increased coordination across health care providers and health IT vendors regarding data sharing governed by 42 CFR part 2 requirements.