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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 for Radiation Oncology (ASTRO) appreciates the opportunity to comment on the Office of the National Coordinator (ONC) for Health Information Technology's Draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs* ("Draft Strategy").

ASTRO members are medical professionals practicing at hospitals and cancer treatment centers in the United States and around the globe. They make up the radiation treatment teams that are critical in the fight against cancer. These teams include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers. They treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to reducing regulatory burden for radiation oncology services.

ASTRO applauds the ONC for recognizing the burden related to Health IT, and in general, supports the strategies and recommendations laid out in the report. We caution the ONC that focusing solely on EHRs and not on other electronic clinical documentation portals (such as treatment planning systems for radiation oncology or Qualified Clinical Data Registries (QCDRs)) is shortsighted. The Agency needs to consider interoperability across all electronic platforms to promote increased efficiency, both in terms of required data submission for federal and state programs but also for the improvement of patient care.

Interoperability is at the core of the Integrating Healthcare Enterprise – Radiation Oncology (IHE-RO) initiative. Sponsored by the American Association of Physicists in Medicine (AAPM) and ASTRO, IHE-RO, like other IHE domains, addresses specific clinical needs in support of optimal patient care. IHE-RO ensures a safe, efficient radiation oncology practice by improving system to system connectivity. The IHE-RO task force is composed of members of the radiation oncology clinical team, administrators, and industry representatives that work together to ensure

a safe and efficient radiation oncology clinic. The task force develops IHE Integration Profiles, which specify how industry standards are used to address specific clinical problems and ambiguities. These integration profiles are then integrated into radiation oncology products and tested at an annual "Connectathon," where vendors meet to test the ability to pass information across vendor products. We recommend that the ONC and HHS use the IHE initiative, in all domains, as a model as they work to improve efficiency and reduce regulatory burden in the use of Health IT.

Additionally, interoperability between EHRs and QCDRs is essential to accurately assess and appropriately improve quality. Improving the efficiency of data exchanges between EHRs and QCDRs will allow providers and clinicians to effectively make use of QCDRs for reporting under the Merit-based Incentive Payment System (MIPS). Interoperability between EHRs and QCDRs is often impeded because EHR companies refuse to share their data or charge customers excessive fees for data exchange. As previously mentioned, it is important that the ONC focus on the interoperability of all forms of data collection, not just EHRs.

We appreciate the ONC recognizing that HHS needs to work with stakeholders to develop policies stemming from these recommendations. We urge HHS to not only work with representatives from all medical specialties, but to ensure that representatives from all practice settings – academic, large integrated hospital groups, small/rural, private practices – are included, as implementation of these policies will be different across different practice settings.

The Draft Strategy focuses on four areas: Clinical Documentation, Health IT Usability and the User Experience, EHR Reporting, and Public Health Reporting. Below are ASTRO's comments on the strategies in these focus areas.

Clinical Documentation:
Strategy 1: Reduce regulatory burden around documentation requirements for patient visits.

ASTRO is appreciative of efforts to reduce the administrative burden associated with documentation requirements involving Evaluation and Management (E/M) Codes. We agree that physicians should be given more flexibility regarding the documentation of patient services, so they may spend more time focusing on patient care and improving healthcare outcomes.

We also support a shift from documenting the encounter to documenting the patient, as we believe this aligns with the shift from fee-for-service to value-based payment policies. To support this policy shift, ASTRO is in the process of developing a list of standardized data elements specific to radiation oncology for use in EHRs, registries, and other health IT platforms. We believe that these data elements will provide a standardized way for radiation oncology professionals to document care, reducing duplicative documentation in other areas or systems. We expect the list, together with specific definitions, to be published by the end of 2019 and will share with the ONC and CMS.

At the same time, however, many radiation oncologists feel that any new requirement for Health IT functionality is just an opportunity for vendors to charge more. HHS needs to apply pressure

on the vendors to not charge clinicians for costs associated with added functionality (including modules, tools, upgrades, etc.). Clinicians should not be forced to bare this burden alone.

ASTRO believes that the best way to develop codified and structured data fields is for HHS to work with a wide array of stakeholders – including medical specialty societies – who can provide insight into specific clinical scenarios and workflows, since most specialties will not fit into a one-size-fits-all template of data elements. Along this line, we support auto-populated data functionality, which will decrease both physician burden and the potential for patient safety incidents.

Finally, ASTRO supports the ONC's recommendation to waive documentation requirements as this may be necessary for purposes of testing or administering APMs, particularly for APMs that include defined episodes of care.

Strategy 2: Continue to partner with clinical stakeholders to encourage adoption of best practices related to documentation requirements.

As mentioned above, ASTRO supports recommendations that HHS partner with clinical stakeholders, and again suggests that that HHS work with a wide array of stakeholders, especially medical specialties across all practice settings, to ensure that all specialties are represented in this critical work. To date, many of the initiatives from the ONC have focused on hospital-based care, which may utilize a unified HIT. This work has proven effective for those larger systems, but much of the burden remains at the private practice level. Those practices, on different systems, cannot integrate currently with larger networks. ASTRO requests that this work move from the larger healthcare networks to focus more on the private practices that serve their communities.

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

ASTRO supports the recommendation that HHS evaluate and address other process and clinical work flow factors that contribute to the administrative burden associated with prior authorization. Prior authorization requirements restrict radiation oncologists from exercising their clinical judgment based on what is in the best interest of the patient. Standardized, electronically fillable forms, targeted to medical specialties, and modality of treatment, are one step in alleviating the many burdens associated with prior authorization.

ASTRO endorses professionally developed and vetted clinical practice guidelines and consensus-based model policies developed in a transparent manner with peer review and input as a foundation for clinical decision making. We publish a distinct series of model policies to efficiently communicate correct coverage policies for radiation oncology services. We work to maintain updated information and inform payers, as well as radiation oncology benefit managers, of all changes to existing policies. All of which can be used to develop standardized forms that can be sent to payers for approval.

The prior authorization process should utilize the adoption of standardized templates, data elements, and real-time standards-based electronic transactions between providers, suppliers and payers with the caveat that HHS work with medical specialty stakeholders, including software developers, to develop these templates and data elements. Not all templates and data elements are relevant for all medical specialties and a one-size-fits-all approach is not appropriate in this case.

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.

As mentioned earlier, ASTRO is concerned that the ONC is focusing solely on EHR operability, and not taking into consideration the other electronic systems that must also "talk" to the EHR, like treatment planning systems and information systems. Often this is because the various systems are developed by competing vendors and there is no incentive for them to work together. To mitigate this, clinicians develop work arounds, adding to burden and creating safety risks for patients.

We therefore recommend that HHS work with medical specialties and health IT vendors to develop standards to ensure that workflow is accurately captured. This is especially important for specialties such as radiation oncology that don't fit into a standard medical template. By working with medical specialties, health IT vendors will better be able to design standards and templates that fit the specific needs of the specialty's workflow.

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

ASTRO supports the harmonization of user actions for basic clinical operations across EHRs. Consistency across systems and vendors will improve clinician workflow and ensure patient safety. Once again, we are concerned with the ONC's sole focus on EHRs and recommend that the Agency expand its focus to include all electronic systems that house patient information.

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

ASTRO supports standardization and the promotion of harmonization for clinical content and recommends that HHS work with medical specialties and vendors to develop targeted clinical content.

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

ASTRO strongly supports cost transparency from health IT vendors. However, we are concerned that vendors use every new and regulatorily required update or module as an opportunity to generate additional charges and fees for their products. These excess charges are a financial

burden for many practices. This is especially concerning for small, rural practices which often find these costs prohibitive. We therefore recommend that HHS carefully consider the downstream financial impact of new requirements, and how they almost certainly result in increased costs for practices. These unfunded mandates undercut the potential benefits of health IT and must be avoided.

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.

ASTRO appreciates the ONC's recognition that scoring the Promoting Interoperability category in the MIPS program is complex and needs simplification to reduce burden and increase focus on interoperability and patient-focused care. As we have mentioned in previous comment letters, we believe that the new requirements will be very difficult to achieve without mandatory compliance from the vendor community. Radiation oncology data is housed in multiple electronic systems, including treatment planning software, oncology specific EHRs, hospital EHRs and others. Most of these systems struggle to interface with one another, making true interoperability difficult to achieve. We urge HHS to mandate that EHR vendors comply with the requirements set forth in the MIPS program and not hold physicians accountable for the lack of EHR interoperability to promote that exchange of data – whether between EHRs, from EHR to registry or to a digital device – be achievable, usable and impactful toward patient care.

The ONC recommends HHS look at "innovative uses of Health IT that can reduce the reporting burden itself by making it easier for federal agencies to pull data directly from health IT to facility reporting." While we agree with this recommendation in theory, in reality, this will require uniform data entry and language that currently does not exist. We recommend, therefore, that HHS start with developing uniform data and language, before pursuing this option.

Finally, feedback within quality programs is an important, if not vital, part of the overall program goals to improve patient care. However, without consistent, real-time feedback loops, the burden on clinicians is high, and does not improve the quality of patient care.

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

ASTRO supports the recommendation for HHS to implement an open a bidirectional Application Programming Interface (API) approach to allow for easy submission of data since many health IT programs do not easily integrate with current HHS systems. By implementing such an approach, submission of data could be easy and more accurate. However, health IT vendors can essentially use this connection as a data blocking tool. APIs are gateways for information but can also be used to hinder data access to third parties or as a payment check point for the use of the connection. ASTRO recommends increased transparency for API connections, which may curb potential negative consequences.

Strategy 3: Improve the value and usability of electronic clinical quality measures while decreasing health care provider burden.

We appreciate the ONC's focus to find ways to improve quality reporting. However, data relevant to quality measures are sometimes found in multiple Health IT systems, making reporting difficult or increasing the need for double entry. As quality measures focus more on patient experience and outcomes, it is important to be able to capture a larger patient history and touch points, showing coordinated care. Disparate systems that do not communicate make this sort of patient-focused reporting impossible. ASTRO again recommends a broader scope for interoperability initiatives to increase data capture capabilities.

Public Health Reporting:

Strategy 1: Increase adoption of electronic prescribing of controlled substances and retrieval of medication history from state PDMP through improved integration of health IT into health care provider workflow.

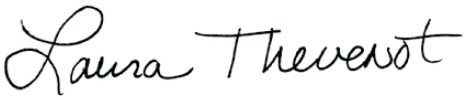
ASTRO supports efforts to increase adoption of electronic prescribing of controlled substances with access to medication history to better inform appropriate prescribing practices. In fact, access to all prescription history, not just for controlled substances, will better inform prescribing practices, and will increase quality of care.

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.

ASTRO supports recommendations to harmonize reporting requirements across federally funded programs. Having one set of submission requirements, data elements, and electronic submission portals, would significantly reduce burden on those clinicians required to report across multiple programs.

ASTRO appreciates the opportunity to comment on these important recommendations and looks forward to working with the ONC and HHS on implementation of the recommendations. If you have any questions, please do not hesitate to contact Cindy Tomlinson, Senior Manager for Patient Safety and Regulatory Affairs at cindy.tomlinson@astro.org or 703.839.7366.

Sincerely,



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