![Medical Alley Association logo]

January 28, 2019

Via Electronic Submission to www.healthit.gov

Donald Rucker, MD
National Coordinator for Health Information Technology
Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
Mary E. Switzer Building
330 C Street SW
Washington, D.C. 20201

Re: Strategy on Reducing Burden Relating to the Use of Health IT and EHRs

Dear National Coordinator Rucker,

The Medical Alley Association is grateful for the opportunity provide comments on the Office of the National Coordinator for Health Information Technology's (ONC) draft strategy to reduce burden on clinician's use of electronic health records (EHRs). By implementing public policies and regulations that encourage the adoption and use of advanced analytics and Application Programming Interfaces (APIs), clinicians can effectively leverage data they collect into actionable information that results in lower costs and better outcomes for patients, as well as a reduction in clinician burnout.

The Medical Alley Association is the only healthcare association in Minnesota with members from across the healthcare spectrum. Our members include medical device manufacturers, payors, providers, pharmaceutical manufacturers, diagnostics, biotechnology, and digital health (including health IT) companies. We are the collective voice and expertise of Medical Alley, and we deliver the influence, intelligence and interactions that support Medical Alley's global leadership.

All strategies relating to EHRs should have one overarching goal in mind: getting the clinician as much actionable information while adding as little as possible to the per-patient workload. Clinicians collect a significant amount of data on their patients and far too often it is never turned into useful, actionable information. There needs to be a plausible plan to turn collected data into information that will be used to improve patient care.

The implementation of EHRs was supposed to help accomplish this overarching goal. In many situations, however, their use has moved us further away from achieving this instead of closer. There are many factors contributing to this including: too many measurements, weak tool sets, and a poor user interface and workflow. Perhaps most critically, it is often extremely difficult to extract data from the EHRs. The failure of EHRs to easily turn collected data into actionable information is a significant contributor to burnout in clinicians.

Enabling and increasing the use of advanced analytics and API-based integration are an effective solution to turning data into actionable information. These tools make it much easier to connect applications to EHRs and extract data in real time. These features take raw data and refine it into much more accurate and useful information. The combination of APIs and advanced analytics can, and should,

be the basis for the next generation of reporting that will make it much easier and cost effective to set up and maintain. This will reduce the burden on providers and clinicians and provide them better quality information, allowing them to focus on treating patients and not on deciphering their EHR.

The recent moves by EHR vendors to implement APIs in general, and the FHIR API in particular, are a start but ultimately insufficient to meet the needs of health care organizations in a timely and effective manner. We recommend that policy and regulations be shaped so as to allow EHR customers to develop their own APIs and to consult and contract with other third parties to assist in this work. EHR vendors should be required, and their licenses structured, to provide the basic tools, documentation and access needed to facilitate their customer's pursuit of the API strategies that best support their often diverse needs.

Many of the strategies in the draft document look to accomplish the overarching goal of turning data into actionable information and are motivated by improving patient care through reducing administrative and financial burden and clinician burnout. Improving the use and applicability of EHRs is an effort that will require coordination from the government, healthcare IT companies and clinicians. Medical Alley Association will continue working with each of these parties in improving the quality of care for patients.

Thank you again for the opportunity to comment on these proposed changes. We look forward to continuing to work with ONC on additional strategies in the future.

Sincerely,

Shaye Mandle
President & CEO
Medical Alley Association