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<u>VIA ELECTRONIC SUBMISSION</u>

Don 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
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health Information Technology (IT) and Electronic Health Records (EHRs)*

Dear National Coordinator Rucker,

On behalf of the clinicians, administrators, and team members of Novant Health Medical Group (NHMG), thank you for the opportunity to provide comments on the draft recommendations included in the Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs (the "Draft Strategy").[1]

Part of Novant Health, an integrated network of physician clinics, outpatient facilities, and hospitals dedicated to delivering a seamless and convenient health care experience to communities in Virginia, North and South Carolina, and Georgia, NHMG is a physician-led multispecialty organization comprised of more than 2,500 physician partners and other highly skilled professionals providing care in over 550 clinic locations. We have fully integrated EHR technology into our patients' care and support the utilization of this technology to achieve our goals of improved patient access, enhanced clinical decision making, and greater efficiency in the sharing of patient information.

While EHRs have radically changed the delivery of health care services in the United States in a relatively short timeframe, this change has come at the cost of significant burden for the clinicians and administrators on the front lines of patient care. Onerous regulatory requirements and technological

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[1] Office of the National Coordinator for Health IT: Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs

limitations have resulted in less face-to-face time with patients and more time spent on check-the-box processes, as has been noted in multiple national studies. One such study conducted in 2013 by the American Medical Association (AMA) and the RAND Corporation posited, "Poor EHR usability, time-consuming data entry, interference with face-to-face patient care, inefficient and less fulfilling work content, inability to exchange health information between EHR products, and degradation of clinical documentation were prominent sources of professional dissatisfaction" among clinicians.[2] Six years after the publication of this study and nearly ten years after the enactment of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, these challenges remain and, as a result, clinician burnout has continued to increase.

Therefore, NHMG commends the Office of the National Coordinator (ONC) on taking steps to address the regulatory and administrative burdens created by EHRs and shares the stated burden reduction goals included in the Draft Strategy: "(1) Reduce the effort and time required to record information in EHRs for health care providers during care delivery; (2) Reduce the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and health care organizations; and (3) Improve the functionality and intuitiveness (ease of use) of EHRs." Achieving these goals will both increase clinician professional satisfaction and improve patients' care outcomes and experience. NHMG stands ready to collaborate with the ONC and the Centers for Medicare and Medicaid Services (CMS) as you seek to implement strategies to accomplish these priorities.

Below, please find NHMG's comments on recommendations included in the Draft Strategy:

EHR reporting and interoperability requirements in federal programs. As the adoption of EHR technology is now widespread and the majority of clinicians have demonstrated they meaningfully use it, the emphasis from both the ONC and CMS must be on patient safety and quality rather than the process-based utilization measures prioritized during the early stages of EHR adoption. This is accomplished by clinicians having the right information at the right time through interoperable technology and easily exchanged patient data.

However, both the newly renamed Promoting Interoperability (PI) performance category of the Merit-based Incentive Payment System (MIPS) and the Medicare and Medicaid PI programs create regulatory and administrative burdens for clinicians by placing the onus of EHR interoperability on them rather than on EHR vendors. Clinicians should not be held fully accountable for interoperability in these programs until there is greater standardization of data and the technology to share clinical information safely and seamlessly has been advanced by EHR vendors and Health Information Exchanges (HIEs). NHMG urges the ONC and CMS to prioritize the Trusted Exchange Framework and Common Agreement (TEFCA) and the Electronic Medical Documentation Interoperability (EMDI) initiative to ensure EHR technology products support interoperability before placing additional reporting requirements on clinicians.

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[2] Friedberg, Mark W., Peggy G. Chen, Kristin R. Van Busum, Frances Aunon, Chau Pham, John P. Caloyeras, Soeren Mattke, Emma Pitchforth, Denise D. Quigley, Robert H. Brook, F. Jay Crosson, and Michael Tutty, Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy. Santa Monica, CA: RAND Corporation, 2013. https://www.rand.org/pubs/research_reports/RR439.html.

There is also significant opportunity to reduce clinicians' current reporting burden in federal EHR programs. Clinicians currently must separately monitor and report performance on program-specific measures in MIPS and the Medicare and Medicaid PI programs, increasing both the technological requirements and administrative costs of reporting. To address this problem, NHMG advocates for alignment between the measures in these programs and urges the ONC and CMS to utilize a single data submission site (for example, the Quality Payment Program (QPP) website used for MIPS reporting) for aligned PI data.

Documentation requirements for patient visits. NHMG concurs with the ONC's assessment that documentation guidelines for outpatient evaluation and management (E/M) services have contributed to EHR-related burden. As we stated in our comments to the Calendar Year (CY) 2019 Physician Fee Schedule (PFS) proposed rule, we support the adoption of a new E/M documentation standard and the retirement of the outdated 1995/1997 E/M documentation guidelines. We also support the ability of clinicians to simply review and verify, rather than re-enter, information already entered in the EHR by ancillary staff or the patient.

However, NHMG disagrees with the assertion that a "single payment rate for several levels of office/outpatient visit codes… will enable a minimum documentation standard." We remain concerned that the establishment of such a single payment rate will not adequately account for the fact that more complex patients – those with multiple chronic conditions and those prescribed multiple medications – require more time, clinical expertise, and medical decision-making on the part of the clinician. NHMG encourages the ONC to continue to collaborate with CMS and industry stakeholders to determine a strategy for implementing a minimum documentation standard in a manner that does not diminish the necessary extra efforts on the part of clinicians to treat more complex patients.

Prior authorization requests. As the ONC has correctly noted in the Draft Strategy, prior authorizations represent a significant source of administrative burden for clinicians. While NHMG supports the intent of prior authorization requirements to curb avoidable or inappropriate utilization of services and/or medications, the current processes and practices are far too time-consuming. Clinic operations and patient care are impeded by the need to satisfy multiple disparate standards through ineffective and often antiquated tools and technology. Clinics and clinicians should be afforded the ability to spend their time caring for patients rather than "trying to determine whether prior authorization requirements exist for a given patient, diagnosis, insurance plan, or state" and completing prior authorization requirements through "payer-specific web-based portals, facsimile exchange (fax), and telephone-based processes."[3]

NHMG, therefore, fully supports the automation, alignment, and standardization of processes for prior authorizations by advancing Health Level 7 (HL7) and Fast Healthcare Interoperability Resources (FHIR) technology and standards. As the ONC noted in the Draft Strategy, collaboration among payers, clinicians, health systems, and EHR vendors will be vital to ensuring a holistic yet feasible solution. The current practice of addressing "prior authorization in an ad hoc manner" by individual stakeholders has only contributed to clinician burden, and we believe HL7, FHIR, and other technologies and standards will yield better results.[4]

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[3] Ibid. 27.
[4] Ibid. 27.

Furthermore, NHMG encourages the ONC to work with CMS, payers, and EHR vendors to implement standards and processes which reward appropriate utilization by clinicians. Those clinicians with a demonstrated history of approvals for prior authorizations, as well as those consistently and effectively utilizing clinical decision support (CDS) mechanisms, should be exempt from future prior authorization requirements.

Alignment of EHR technology with clinical workflows. Much of the regulations and policies impacting EHRs have historically focused on reporting, billing, and documentation requirements rather than appropriate patient care and ease of use for clinicians. This has naturally led, as the ONC has pointed out in the Draft Strategy, to a "disconnect between real-world clinical workflows and the design of health IT systems."[5] Perhaps more than any other factor, this has contributed to the high number of "clicks" required of clinicians.

NHMG supports the re-imagining of EHR templates and forms to more closely align with clinical workflows, as well as the adoption of technologies such as natural language processing (NLP) to support a self-directed, open-ended clinician narrative of their patients' visits. There certainly should be basic standard requirements developed in collaboration with clinicians across specialties in order to capture the most critical patient data points to share across systems and to ensure patient safety. However, exclusively focusing on data points risks depersonalizing the practice of medicine and losing the patient's medical story. Greater adoption of technologies such as NLP could allow clinicians to focus on the patient visit and their story while the technology itself captures discrete data elements.

Improving clinical decision support. Seamless integration of CDS mechanisms into the EHR in a manner that truly enhances a clinician's medical decision making has the potential to improve care quality, reduce unnecessary care variation, and increase patient safety. However, CDS alerts have contributed to "alert fatigue."[6] NHMG supports the ONC's assertion that CDS must "be improved and augmented beyond alerts to include predictive care suggestions to help make decisions at the point of care."[7] We encourage the ONC to continue collaborating with EHR vendors and other industry stakeholders to ensure CDS is patient-centric, evidence-based, and complements clinical workflows.

Electronic prescribing and Prescription Drug Monitoring Programs. At a time when opioid use has reached the level of a public health crisis in the United States, the ONC and CMS should examine all available avenues to increase safeguards against potential abuse and overprescribing. NHMG fully supports greater alignment and integration between state's Prescription Drug Monitoring Programs (PDMPs) and across corresponding regulatory requirements, as well as more widespread adoption of electronic prescribing of controlled substances. In order to ensure the process of electronic prescribing and querying a PDMP are easy for clinicians, we encourage the ONC and CMS to collaborate with EHR vendors and state PDMPs to make certain these activities are incorporated seamlessly into clinical EHR workflows.

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[5] Ibid. 51.
[6] Ibid. 51.
[7] Ibid. 51.

Thank you the opportunity to provide comments and feedback on the Draft Strategy. You may reach me at rhcapps@novanthealth.org with any questions you may have or to request additional information.

Sincerely,

R. Henry Capps, Jr. MD FAAFP
SVP & Chief Operating Officer
Novant Health Medical Group
Novant Health