January 22, 2019

Donald Rucker, M.D.
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St. SW, Floor 7
Mary Switzer Building
Washington, DC 20201

Submitted electronically via: http://www.healthit.gov

RE: Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs

Dear Dr. Rucker,

OCHIN appreciates the opportunity to submit the following comments in response to the request to address the Office of the National Coordinator's (ONC's) Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs. We recognize the ONC's effort to reduce provider burden, and appreciate the opportunity to provide comments on how the ONC orchestrates this reduction. OCHIN has experience with a number of interoperability efforts, and our goals run parallel to those of the ONC.

OCHIN is a 501(c)(3) not for profit community-based health information technology (HIT) collaborative based in Portland, Oregon. OCHIN receives support from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), and is an HRSA-designated Health Center-Controlled Network (HCCN). OCHIN's mission is to pioneer the use of health information technology (HIT) in caring for the medically underserved. As such, OCHIN serves community health centers (CHCs), including Federally Qualified Health Centers (FQHCs), rural and school-based health centers, safety-net providers and public health and correction facilities across the nation. OCHIN's comments will be through the lens of members we serve.

OCHIN advocates for reducing provider burden by:

- Creating clear national standards for the exchange of healthcare information using national HIE framework of either Carequality or Commonwell;
- Aligning national standards for provider reporting metrics for Medicaid and Medicare;
- Support the use of CCDA is the standard basis for health information exchange;
- Applying national standards for health information exchange, the Prescription Drug Monitoring Program (PDMP), and Social Risk Factors (SRF, or social determinants of health: SDH); and

- Aligning 42 CFR Part 2 with HIPAA.

OCHIN Overall Comments on Burden Reduction

- Clinical Documentation Strategies

Clinical exchange documents must be standardized nationally to improve interoperability and reduce health information technology costs. When data fields are standardized, information integrates seamlessly for increased usability through more directed information as opposed to an overwhelming data dump.

When health information technology providers are not required to customize a product to each provider or clinic, the cost decreases significantly and is not then an additional cost burden on the patient. This is even more critical for those clinics supporting those within the safety net, as they often rely on public funding and minimal patient support to cover costs. Currently, every health information exchange organization has individual standards, adding cost and complexity to a process which could be significantly simplified with national standards.

Every health information exchange organization (HIE), especially those on the local level, increase burden by operating on various misaligned standards. Many also prevent external queries. Because these HIEs are location-based in nature, they prevent physicians from having complete records as patients move.

  - OCHIN advocates for the continued adoption of telehealth reimbursement codes and integration of telehealth programs into the EHR.
  - Proposed guideline modifications and documentation requirements should always include stakeholder input as suggested in *Strategy 2*. A task force could fulfill this need. OCHIN strongly suggests representatives from those caring for safety net patients are included as they are chronically underrepresented despite a large patient population. One in twelve people living in the U.S. are seen at a community health center for primary care.
  - OCHIN supports standardization of data and prior authorization processes to improve workflow and reduce burden. Ideally, these would be processed from within the EHR and draw on existing data to more easily automate prior authorization requests. Further, closed-loop referrals incorporated into the EHR would allow for automatic updates of the EHR with clinical data from outside referrals. This would significantly reduce the expectation that a clinician exit their system to hunt for patient information.
  - This should include standardization of image transfer with CCDAs to reduce costs and burden of requiring unnecessary duplication of image diagnostics.
  - The OCHIN network has a successful record of piloting new HIT programs, and would like to volunteer as a pilot participant for standardization of electronic ordering services and closed-loop referral efforts.

- Health IT Usability and the User Experience Strategies

OCHIN strongly encourages the adoption of national standards for provider reporting metrics and data collection methods for information such as prescription drugs and social determinants of health, also

known as social risk factors. As the capture of social risk factors has not been embraced by all clinics and physicians, an opportunity lies to get in front of the expansive variety of factors and to set national standards for optimal interoperability and application.

We emphasize the necessity of requiring EHR vendors and providers to permit queries from external systems for patient data which enable accurate patient histories and single health records as opposed to duplicative and likely conflicting records of a single individual. eHealth Exchange, Carequality, and standards-based image sharing all support such data queries.

- OCHIN supports *Strategy 1*, aligning the EHR system design with workflow, which requires substantial and ongoing clinical input to HIT companies. However, it must be recognized that although these changes can be made to fit medical fields, each independent clinic should not aim for individualized standardization as this hinders interoperability between medical providers in a single field. We advocate instead for additional efforts to improve national consistency of standards.
- Adoption of the elements proposed in U.S. Core Data for Interoperability (USCDI) for data transfer beyond the forthcoming Trusted Exchange Framework and Common Agreement (TEFCA).

- <u>EHR Reporting Strategies</u>

OCHIN supports the standardization and streamlining of EHR reporting strategies to reduce burden on reporting entities, especially those engaged in Medicare and Medicaid reporting. As an organization operating in 47 states, each with different reporting requirements, we are directly impacted by the costs and burden of allowing states to individualize their reporting strategies. The application of national standards will subvert the need for addendums and multiple reports per year for those engaged in both programs, and these standards will drive scale.

- OCHIN agrees with *Strategy 1, Recommendation 2,* data standards should be formed to increase access to data across HIT systems to reduce burden, which requires national frameworks standards. We suggest using highly intraoperative current frameworks standards as a baseline and requiring all other systems comply with those standards for optimal interoperability.

- <u>Public Health Reporting Strategies</u>

OCHIN advocates for national rules applied to states regarding how data is accessed and who can access it, and when it can be used and disclosed. The current individual state variations complicate cross-state queries, a necessity to encourage safe prescription use by patients wherever they are.

- OCHIN encourages the national adoption of RxNorm codes for medication reporting, to be integrated into all state prescription drug monitoring programs (PDMPs) to increase interoperability and usability. Ideally, all PDMPs will be connected to the U.S. Department of Justice RxCheck Interstate Hub to allow for national queries for each patient.
- eHealth Exchange provides a sufficient platform to facilitate the integration of PDMPs into the EHR, increasing their use by reducing the additional steps required of physicians to access prescription information.

- 42 CFR Part 2 Reform

Current drug and alcohol treatment information is siloed, preventing movement to necessary physicians and subsequently putting patients at risk. When the essential health data is not supplied, physicians are left guessing and prone to subscribing a drug which will have dangerous interactions with an undisclosed prior prescription, or is unaware of drug use propensities, making patients vulnerable to past or waning addictions.

  - To increase interoperability and protections for patients, it is necessary to align 42 CFR Part 2 with HIPAA.
  - Access to a full patient's medical records, including addiction records, ensures the delivery of safe, effective, high-quality coordination of treatment and care. Current 42 CFR Part 2 restrictions place patients at risk of dangerous drug interactions and the possibility of relapse without extending protections which could be satisfied with current HIPAA regulations.

We appreciate your consideration of our comments and are eager to assist in any aforementioned pilot programs. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
EVP, Government Affairs and Public Relations