Comments submitted electronically at: https://www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-usehealth-it-and-ehrs

January 28, 2019

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

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

Dear Dr. Rucker:

We are writing on behalf of the undersigned national public health associations which represent the broad spectrum of public health policy and practice in the United States of America. We appreciate the opportunity to submit comments on ONC's draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*, a part of the statutory requirements of §4001 of the 21st Century Cures Act.

Electronic Health Records (EHRs) have greatly increased the ability to appropriately and quickly share health information and enhance the ability of public health agencies to promote, protect, and preserve population health in our communities. Rapid reporting of certain diseases allows for the early detection of cases and the prevention of additional cases. Without electronic exchange, clinicians are burdened with manual reporting processes. Manual reporting is often incomplete, and providers then need to respond to follow-up investigation and additional data needs.

Public health understands the burden that providers of care feel subsequent to the rapid adoption of Electronic Health Records (EHRs). And there are complex rules and regulations that have been implemented to try to help create a nationwide electronic infrastructure that can support the betterment of the health of the population. Public health is deeply invested in reducing the burden of utilizing health IT and to focus provider energies and effort on caring for patients while at the same time protecting and improving population health. Public health is also working hard to minimize provider burden while still meeting statutory public health requirements and essential goals for protecting population health. Public health appreciates ONC's focus on reducing burden regarding the use of health IT; however, it is also critically important to recognize those areas where health IT can reduce burden and bring value if is fully implemented.

We write to commend the efforts of all the working groups created to tackle these difficult problems and to suggest that framing some of the issues more specifically will be helpful for all of the working group areas: Clinical Documentation, Health IT Usability and User Experience, EHR Reporting, and Public Health Reporting. We believe these comments have relevance to all working group threads and that separating these activities actually adds to provider challenges.

True Provider Burden

- The Strategy should differentiate the burden of healthcare providers from the efforts of EHR vendors. There are interconnections between the two, but the substance of each differs and strategies to address them need to be considered separately.
- Most electronic public health efforts automate the accomplishment of statutory reporting requirements and, when fully implemented, actually reduce provider burden of what otherwise is difficult and time-consuming manual reporting. Interoperability not only lowers burden but brings value to providers by supplying information such as consolidated immunization records and forecasts at the point of care.
- Without more detailed analysis in the Strategy, anecdotal statements such as the one in "Public Health Reporting Strategy 2 Recommendation 1" that "Public health – related activities are known to contribute to administrative burden for physicians" are unclear and not constructive. Despite organizational separation in the United States, many public health activities are critical to population health and the functioning of our healthcare "system."
- Actual provider burden is minimized when automated programs like electronic Case Reporting (eCR), electronic laboratory reporting (ELR), immunization reporting, and syndromic surveillance: 1) work with data the at are already recorded for the purposes of care, 2) are consistently implemented, and 3) minimize or eliminate provider manual data entry and reporting.
- Perceived provider burden is also ameliorated by useful information and demonstrable value being returned to providers. Returned value like immunization forecasting, the electronic Case Reporting "Reportability Response" and others can help address perceived burden if their programs are fully advanced.
- One connection between provider burden and EHR vendor burden is the cost to providers of adding optional interoperability modules for public health. These costs can, and should, be driven out of the system by simplifying the current variability of EHR system implementation and making statutorily required public health data exchange a required function of all EHRs and not optional. Reporting and response capabilities should be an included capability of every basic EHR. As a required component, providers should not incur add-on charges for meeting requirements for activities that are required by law and policy.

EHR Vendor Challenges

- Many issues for EHR vendors arise from the variability in the way their products store and share data more than variability in public health reporting requirements. We commend the recommendations in the report to encourage more consistent coding of data in EHRs which would, in turn, have a significant positive impact on decreasing the effort of all kinds of data exchange.

- It is also important to separate out issues that may originate in activities associated more with information blocking than from substantive technical or operational challenges to implementation. Anecdotal assertions of burden without a more detailed analysis of causality does not help either healthcare or public health.

- EHR and health IT reporting infrastructure in clinical care can be better coordinated and standardized to further minimize the effort needed to report to payers, public health, other government agencies, and others. All of these reporting efforts can share more standards and EHR infrastructure and resultantly minimize effort.

- Public health has been actively working in the HL7 standards development organization to try to coordinate reporting tools and infrastructure. Programs like the Da Vinci healthcare payer project and government quality reporting can be brought together with public health to use common EHR reporting approaches and tools. Moving forward, automated interface development is quite possible under the HL7 FHIR API standards and would further reduce EHR vendor effort if supported.

- Public health is sensitive to the EHR vendor challenges of jurisdictional variability. Immunization information systems have made tremendous progress in making standardizing interoperability requirements, facilitating both submission of data and query of the consolidated record at the point of care. The electronic Case Reporting "all condition, all jurisdiction" HL7 eCR standards and the Council of State and Territorial Epidemiologists (CSTE) and Centers for Disease Control and Prevention (CDC) Reportable Condition Knowledge Management System (RCKMS) can help eliminate all EHR vendor challenges of State and Local variability for case reporting – if they are consistently advanced.

Promoting Interoperability Measures

- These burden-reducing public health programs need the help of the Promoting Interoperability Measures and other incentive programs to be consistently advanced going forward. Menu option programs are not consistently implemented, these irregularities cause problems, and existing implementations will lose clinical care participants when EHRs are upgraded / changed without ongoing support.

- The public health Promoting Interoperability measures have proven to be an effective tool for advancing the exact kind of nationwide consistency that is identified as being needed in this Strategy. Continued support of these measures and federal support will allow both public health and clinical care to further benefit from the significant investments made to date in exchanging health data.

- The implementation of the Promoting Interoperability measures is unduly complex. Complicated formulas, menu items, and inconsistent implementation are problematic.

- We support the Strategy's call for the significant simplification and a focus on interoperability. We believe that this can be achieved, in part, by making the core public health measures required, eliminating the complex formulas, and making sure that all EHRs implement the systems needed to support statutorily required reporting.

- Continuing to advance the Promoting Interoperability measures can also be used to recognize the accomplishments of those that already report.

Beyond an Inventory

- Public health reporting is an activity that involves State and Local public health agencies and clinical care as well as the Federal programs recognized in the strategy.
- Other, more inclusive and action-oriented strategies beyond a new Federal inventory will be important to enduring solutions:
    - Consensus-based standards play an important role when there are so many different EHRs, clinical care organizations, and public health agencies. They require multidisciplinary representation when formulating, developing refining these products if they are to promote interoperability and minimize burden. Public health needs to be included early and throughout the process.
    - State and Local public health agencies should be better supported in standard development organization participation
    - Federal programs should be required to support the development of consensus-based standards for all data "asks" so that manual provider data entry is minimized, and the broad value of real-time interoperability can be realized.
- Just as elsewhere in healthcare, there are real challenges to interoperability that need addressing. But from a provider burden perspective, the Strategy should focus on: advancing interoperability through consistent clinical data, data reuse, efforts like the USCDI that can establish a base for electronically available clinical data and adding provider value though bidirectional communications.

We will be pleased to discuss these strategies to help make ONC's Strategy as successful as possible. The national public health associations want to reduce burden wherever possible for all the participants in the nation's health system.

Sincerely,

American Immunization Registry Association (AIRA)
Association of Public Health Laboratories (APHL)
Association of State and Territorial Health Officials (ASTHO)
Council of State and Territorial Epidemiologists (CSTE)
National Association of County and City Health Officials (NACCHO)
National Environmental Health Association (NEHA)