

January 28, 2019

The Honorable Alex Azar, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Submitted electronically via healthit.gov

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

Dear Secretary Azar:

The Community Health Care Association of New York State (CHCANYS) appreciates the opportunity to provide comments in response to the draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*.

CHCANYS is the Primary Care Association representing federally-qualified health centers (FQHCs or “health centers”) across New York State. We represent 70 non-profit organizations serving 2.3 million patients at over 800 sites. New York’s FQHCs consistently deliver high quality primary and preventive care (including physical, mental health, substance use disorder services, dental care, well-person visits, and case management) to anyone regardless of insurance status or ability to pay. Indeed, 16% of our patients are uninsured and 59% are enrolled in Medicaid/CHIP. All FQHCs in New York have embraced varying forms of Health IT and EHRs to improve workflow, quality of care, and patient experience.

CHCANYS and its members appreciate the Department’s effort to reduce the burden associated with Health IT and EHRs and are largely supportive of the draft strategy. We support the comments submitted by the National Association of Community Health Centers (NACHC) and have supplemented those comments below. In the comments below, CHCANYS will focus on opportunities to help FQHC providers minimize burden of Health IT and EHRs and allow them to maximize their time spent on direct patient care. We welcome the opportunity to work with the U.S. Department of Health and Human Services (HHS) on opportunities for the implementation of the final strategy.

Better Align EHR System Design with Real-World Clinical Workflows

New York’s health centers have been leaders in the adoption of EHR systems – indeed, all health centers in New York State use EHRs. Improving the usability of health IT systems is a key step in reducing provider burden. As part of Strategy 1 of Health IT Usability and the User Experience (page 51), we encourage HHS to consider standards for how developers execute the initial implementation and deployment processes. In creating systems to embrace clinical workflow, it is imperative HHS considers the necessity to support systems that embrace **team-based care** in addition to workflow at the provider

level. High-functioning teams have led to increased clinical well-being. However, EHRs remain a major barrier to reaching the full potential of team-based care. Real-world, team based clinical work flows require EHR systems that allow for the sharing of actionable data between providers within the same health system, across health systems, and among varying provider types.

Standardize Results Display Conventions within Health IT

CHCANYS supports the recommendation in Strategy 3 of Health IT Usability and the User Experience (page 55) to standardize order entry and results display. However, there are vendors who are not yet compatible with certain health IT developers. CHCANYS encourages HHS to consider standards and enforcements for laboratory vendors to ensure compatibility with EHR systems to reduce the burdens associated with both sending laboratory tests and receiving results electronically.

Leverage Health IT Functionality to Reduce Administrative and Financial Burdens Associated with Quality and EHR Reporting Programs

As recommended in Strategy 2 related to EHR Reporting, CHCANYS supports the development of standards for promoting interoperability and patient access to health information. Standards for access, extraction, integration, and analysis of data has the potential to help health centers better coordinate care and bend total cost of care trends while improving population health. We would welcome the opportunity to help inform those standards and recommend providers be given ample time and opportunity to learn and be trained on such standards.

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 Affect a Critical Mass of Health Care Providers.

The Health Resources and Services Administration (HRSA) manages a standardized reporting system on performance measures that health centers are required to report annually. This system, known as the Uniform Data System (UDS), encompasses data on patient population demographics, staffing, services provided, clinical indicators, outcome measures, costs, and revenues. The UDS assists in identifying trends over time, improving health center performance, and comparing health center populations with the U.S. population. In addition to reporting data to HRSA, New York's health centers also collect and share data to inform care delivery and meet reporting requirements for health plans, the State's Office of Health Insurance Programs (OHIP) and other partners.

CHCANYS supports the recommendation in Strategy 2 of Public Health Reporting (page 66-67) to look at opportunities to inventory, harmonize, and provide additional guidance on reporting across federally funded programs. We thank the Department for recognizing community health centers as a key stakeholder in this effort and welcome the chance to partner with HHS to not only reduce burden but support targeted and coordinated approaches to care delivery across the health care system.

In addition to the comments outlined above, CHCANYS hopes that HHS will take the opportunity to expand access to data for health care providers. As New York State moves forward in increasing the share of value-based payments, accurate and timely data is critical to aid providers seeking to improve population health. Timely access to Medicaid and Medicare claims would allow New York’s health centers to make tailored decisions to support the care delivery of about 65% of their patient population.

Thank you for the opportunity to comment on the Draft Strategy. CHCANYS is happy to provide clarification or answer any follow up information on our comments. For follow up, please contact Marie Mongeon at mmongeon@chcanys.org.