



Via Electronic Submission to: <https://www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-use-health-it-and-ehrs>

January 28, 2019

Donald Rucker, MD
National Coordinator
Office of the National Coordinator
for Health Information Technology
330 C Street, SW, Room 7033A
Washington, DC 20201

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

Dear Dr. Rucker:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we appreciate the opportunity to submit comments on the *Draft Strategy on Reducing Regulatory Burden & Administrative Burden Relating to the Use of Health IT and EHRs*.

Pharmacists provide essential pharmacy and health-related services to patients. Additionally, pharmacists are users of health IT, and in particular, e-prescription and EHR systems. The Collaborative supports the use of these systems, which are important to pharmacists in working with other health care providers to provide needed medications and transmit patient information related to overall patient care, transitions of care, immunization (historical and administered), immunization registry reporting, medication lists, medication allergies, allergy reactions, patient problem lists, smoking status, reporting to public health agencies, clinical decision support services/knowledge artifacts, drug formulary checking, and electronic prescribing.

The Collaborative has been involved with the federal agencies, including the Office of the National Coordinator (ONC) and the Centers for Medicaid and Medicare Services (CMS), in developing the national health information technology (HIT) framework and standards since 2010.

The following are our comments regarding strategies proposed in the *Draft Strategy on Reducing Regulatory Burden & Administrative Burden Relating to the Use of Health IT and EHRs*, which includes important information for ONC about the new, interoperable, Pharmacist eCare Plan Initiative (<https://www.ecareplaninitiative.com/>) that was developed and recently launched by the Collaborative to reduce burden and increase productivity (see comments under Health IT Usability and User Experience, Strategy 1).

Clinical Documentation

Strategy 1: Reduce overall regulatory burden around documentation of patient encounters.

The Collaborative supports this strategy and recommendations proposed, particularly Recommendation 2: Leverage data already present in the EHR to reduce re-documentation in the clinical note. Information that already exists in other places within the medical record does not necessarily need to be re-documented in the clinical note. The Collaborative also supports ongoing stakeholder input about updates to documentation requirements, as noted in Recommendation 3, regarding working with health IT developers about solutions to support agreed upon revisions. The Collaborative suggests forming a task force of stakeholders to address this aspect.

Strategy 2: Continue to partner with clinical stakeholders to encourage adoption of best practices related to documentation requirements.

The Collaborative supports this strategy and the recommendation to partner with clinical stakeholders to promote best practices. The Collaborative encourages the ONC to partner with pharmacy organizations that develop and promote best practices in health IT and EHRs. The Collaborative is an organization that can provide ONC guidance and resources in this area.

Strategy 3: Leverage health IT to standardize data and processes around ordering services and related prior authorizations processes.

The Collaborative supports this strategy and the recommendations proposed. The Collaborative recommends that ONC work closely with standard developing groups, such as Health Level 7 (HL7) and the National Council for Prescription Drug Programs (NCPDP), particularly with regard to prior authorization processes. HHS should also consider incentivizing the adoption of health IT and support pilot programs to standardize electronic ordering of services.

Health IT Usability and the User Experience

Strategy 1: Improve usability through better alignment of EHRs with clinical workflow; improve decision-making and documentation tools.

As noted in Recommendation 1: Better align EHR system design with real-world clinical workflow, the Collaborative agrees there is a disconnect between real-world clinical workflows and the design of some health IT systems. Developers need to examine and understand how health care providers (including pharmacists) operate before developing a system. Although the recommendation mentions that health IT developers can take the lead by working with health care providers, the Collaborative believes ONC also has a role in helping to either connect developers with health care providers in this regard or developing guidelines that health IT developers can use. This appears to be an area in which ONC could create a task force of the various stakeholders to assist with this recommendation.

The Collaborative also supports Recommendations 2-4 to improve clinical decision support usability, clinical documentation functionality, and presentation of clinical data within EHRs.

To this end, the Collaborative recently launched the Pharmacist eCare Plan (PeCP) Initiative (<https://www.ecareplaninitiative.com/>), an evolved workflow system and interoperable standard, created to exchange information across the health care spectrum, reduce burden, and increase productivity.¹

The PeCP is a joint effort by multiple professional organizations and is based on HL7 standards. As pharmacists don't document the same way a physician does, PeCP allows pharmacies to receive and share information about active patient goals, health concerns, active medication lists, drug therapy issues, laboratory results, vitals, payer information, and billing for services.²

PeCP provides implementation information and tools for pharmacists, technology companies (technical specifications), payers, and laboratories.

The Collaborative also wishes to recognize ONC's High Impact Pilot (HIP) grant that helped fund the development of the Pharmacist eCare Plan.

Strategy 2: Promote user interface optimization in health IT that will improve the efficiency, experience, and end user satisfaction.

¹Pharmacist eCare Plan Initiative, <https://www.ecareplaninitiative.com/>

² "Pharmacy eCare Plan Developed as a Valuable Tool," *Pharmacy Times*, January 16, 2019;

<https://www.pharmacytimes.com/resource-centers/reimbursement/pharmacy-ecare-plan-developed-as-a-valuable-tool>

The Collaborative supports this strategy and the recommendations proposed. Harmonization for clinical operations across EHRs systems is critical, as is following best practices in performing workflow tasks. With regard to Recommendation 3: Improve internal consistency within health IT products, the Collaborative believes ONC has a role in developing guidance for developers to encourage them to review their software to ensure that all aspects of the system share a common user interface, especially modules that are written by different software engineering teams.

Strategy 3: Promote harmonization surrounding clinical content contained in health IT to reduce burden.

As noted previously, harmonization for clinical operations across EHRs systems is critical. The Collaborative supports this strategy and the recommendations to standardize medication information, order entry content, and results display conventions.

Strategy 4: Improve health IT usability by promoting the importance of implementation decisions for clinician efficiency, satisfaction, and lowered burden.

The Collaborative supports this strategy and the recommendations proposed.

EHR Reporting

Strategy 1: Address program reporting and participation burdens by simplifying program requirements and incentivizing new approaches that are both easier and provide better value to clinicians.

The Collaborative supports this strategy and the recommendations proposed, particularly Recommendation 4 to support state initiatives that promote interoperability within Medicaid.

Strategy 2: Leverage health IT functionality to reduce administrative and financial burdens associated with quality and EHR reporting programs.

The Collaborative supports this strategy and the recommendations proposed. The Collaborative also supports the adoption and use of HL7's Fast Healthcare Interoperability Resources (FHIR) standard for Recommendation 2, which, in part, is to make access to data easier, and encourages ONC to continue exploring the use of US Core Data for Interoperability (USCDI) beyond the Trusted Exchange Framework.

Public Health Reporting

Strategy 1: Increase adoption of electronic prescribing of controlled substances and retrieval of medication history from state PDMP through improved integration of health IT into health care provider workflow.

The Collaborative supports this strategy and the recommendations proposed for the integration of PDMP, though it is not without challenges.

Among the challenges regarding PDMP are that the nationwide integration of PDMPs is lacking, and PDMP usage issues (e.g., real-time interoperable databases among states; real-time response for validating accurate data; standard sets; etc.) that exist vary depending on the state. The Collaborative supports the nationwide standardized integration of PDMP.

The Collaborative also supports using NCPDP SCRIPT Standard, Implementation Guide Versions 10.6, 2017071 and 2013101 and HL7 FHIR Implementation Guide, US Meds STU2 for e-prescribing and requesting a patient's medication history from a state PDMP.

Strategy 2: 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 impact a critical mass of health care providers.

The Collaborative supports this strategy and the recommendations proposed. As noted previously, harmonization across EHRs systems is critical. Additionally, the Collaborative especially agrees with Recommendation 3: HHS should provide guidance about HIPPA privacy requirements and federal confidentiality requirements governing substance use disorder health information in order to better facilitate electronic exchange of health information for patient care.

The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. The Collaborative's membership is composed of the key national pharmacy associations involved in health information technology (HIT), the National Council of Prescription Drug Programs, and nine associate member encompassing e-prescribing, health information networks, transaction processing networks, pharmacy companies, system vendors, pharmaceutical manufacturers, and other organizations that support pharmacists' services.

As the leading authority in pharmacy health information technology, the Pharmacy HIT Collaborative's vision and mission are to ensure the U.S. health IT infrastructure better enables pharmacists to optimize person-center care. Supporting and advancing the use, usability, and

interoperability of health IT by pharmacists for person-centered care, the Collaborative identifies and voices the health IT needs of pharmacists; promotes awareness of functionality and pharmacists' use of health IT; provides resources, guidance, and support for the adoption and implementation of standards driven health IT; and guides health IT standards development to address pharmacists' needs. For additional information, visit www.pharmacyhit.org.

On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the *Draft Strategy on Reducing Regulatory Burden & Administrative Burden Relating to the Use of Health IT and EHRs*.

For more information, contact Shelly Spiro, executive director, Pharmacy HIT Collaborative, at shelly@pharmacyhit.org.

Respectfully submitted,



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