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Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue S.W.
Suite 729-D
Washington, D.C. 20201

Submitted electronically at: https://www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-use-health-it-and-ehrs

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

Dear Dr. Rucker,

Thank you for this opportunity to provide ONC with feedback regarding its Draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs. Epic is an electronic health records (EHR) developer based in Verona, Wisconsin that is committed to improving patient care by providing cutting edge tools that streamline provider efficiency while enhancing patient safety and outcomes.

Thanks to our years of experience supporting customers in navigating the complex policy space surrounding health IT, we are acutely aware of the impact regulatory and administrative requirements can have on clinicians, and we applaud ONC for coordinating this initiative to both streamline requirements and reduce burden for providers.

Many of the strategies identified by ONC will address areas ripe for improvement, and we urge ONC to continue working closely with stakeholders. Several examples that might be timely opportunities for intervention include:

1. The new opioid objectives included in Promoting Interoperability were written in a way that will increase burden for those who develop and implement them, and add clicks for clinicians simply to report on these measures. These measures should be rewritten prior to being used in the program so that they achieve intended public health benefits without undue burden.
2. The electronic patient access timelines for Medicaid Promoting Interoperability are not aligned with Medicare Promoting Interoperability or MIPS, causing additional complexity for provider organizations and software developers, despite previous indications that the programs are intended to be aligned.

3. Recent changes to CMS 138, an electronic clinical quality measure on tobacco cessation, screening, and counseling, add burden to clinicians by mandating that documentation of cessation occur at the same time as the documentation of screening. https://oncprojectracking.healthit.gov/support/browse/CQM-3179

As ONC works with its partners across HHS and in the legislature to implement their strategies and recommendations, we urge them to do so in a manner that engages industry stakeholders. Doing so will build consensus across the industry and provide policymakers with valuable insight on the real-world impacts of their proposals.

Thank you for your consideration.

Sincerely,

Sasha TerMaat
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