

January 28, 2019

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
US Department of Health and Human Services
Baltimore, MD 21244-1850

Donald Rucker, MD
National Coordinator for Health Information Technology
US Department of Health and Human Services
Washington, DC 20201

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

Dear Administrator Verma and Dr. Rucker:

The Academy of Managed Care Pharmacy (AMCP) appreciates the opportunity to provide comments to the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) in response to the draft [*Strategy on Reducing Burden Relating to the Use of Health IT and EHRs*](#). We look forward to continued dialogue with CMS and ONC on this topic as well as other programs included in provisions of the [*21st Century Cures Act \(Public Law 114 -255\)*](#).

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes and ensuring the wise use of healthcare dollars. Through evidence- and value-based strategies and practices, the Academy's 8,000 pharmacists, physicians, nurses and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government.

AMCP supports the implementation and expanded use of health information technology (health IT), including electronic health records. We appreciate the work undertaken thus far across the Department of Health and Human Services (HHS) to address clinical burden and workflow issues that must be resolved in order to realize the full benefits of health IT. As a member of the

Pharmacy Health IT Collaborative¹ AMCP supports its comment submission. AMCP has also leveraged our members' expertise to offer the additional recommendations that follow.

Clinical Documentation

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

AMCP supports this strategy and encourages CMS and ONC to grow its partnerships with pharmacy organizations, community stakeholder groups, industry, other federal agencies, and state government agencies that can collaborate on developing model practices around clinical documentation. In addition to the Pharmacy Health IT Collaborative, AMCP would be willing to provide CMS and ONC with guidance and resources in this area.

We also encourage CMS and ONC to create educational resources around new practices in this area to fully inform the health care community, including pharmacists, regarding implementation of potential documentation changes and ensure they have the resources necessary to succeed.

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

AMCP supports the use of electronic prior authorization (ePA) to enhance the electronic prescribing and prior authorization (PA) workflows and ensure a more complete information exchange between the prescriber, patient and payer to help identify and approve appropriate medications. AMCP is eager to work with CMS and ONC to identify ways to reduce pharmacist and prescriber burden associated with the prior authorization process.

In June 2019, AMCP will host a Partnership Forum called *Optimizing Prior Authorization for Appropriate Medication Selection* to provide recommendations to inform this growing area. AMCP Partnership Forums bring key decision-makers in managed care, integrated care, the pharmaceutical industry, and others together to discuss and collaborate on tactics and strategies to drive efficiencies and outcomes. This forum will examine how to improve decision making for PA and step therapy based on current market dynamics and considerations to ensure patients receive the most appropriate medications. The forum will also develop multi-stakeholder recommendations including: the impact of PA on patient outcomes, the return on investment for technology adoption, and ways to ensure good outcomes through policy and activities by the health care system. We welcome the opportunity to discuss outcomes from the Partnership Forum in more depth with CMS and ONC once forum proceedings are available.

¹ Pharmacy Health Information Technology Collaborative. Available at: <https://www.pharmacyhit.org/>. Accessed on January 25, 2019.

Health IT Usability Strategies

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

AMCP supports harmonizing user actions for basic clinical operations across EHRs. We encourage HHS to help facilitate the sharing of best practices around user-centered design so that clinicians, including pharmacists, encounter common interface and workflow design elements as they transition between different care settings as well as EHR technologies.

Public Health Reporting Strategies

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

- **Recommendation 1:** Federal agencies, in partnership with states, should improve interoperability between health IT and PDMPs through the adoption of common industry standards consistent with ONC and CMS policies and the HIPAA Privacy and Security Rules, to improve timely access to medication histories in PDMPs. States should also leverage funding sources, including but not limited to 100 percent federal Medicaid funding under the SUPPORT for Patients and Communities Act, to facilitate EHR integration with PDMPs using existing standards.

AMCP is fully supportive of efforts to improve interoperability between EHRs and state prescription drug monitoring programs (PDMPs) as well as increase adoption of EPCS. Tools such as PDMPs are mechanisms that identify patients at risk for harm and help coordinate patient care and improve outcomes. AMCP recognizes the challenges to effectively utilizing PDMP databases, including systems integration with use by pharmacists and prescribers to improve efficiency in workflow. To that effect, AMCP actively supports the National All Schedules Prescription Electronic Reporting Act (NASPER) reauthorization, as well as supporting state legislation that allows health plans and pharmacy benefit management companies to access PDMP data, facilitating data sharing among PDMPs and across state lines, and developing real-time solutions for PDMP data sharing that can be integrated into the workflow of pharmacists and prescribers.

In addition, AMCP supports interoperability of PDMPs that are integrated into EHRs and dispensing systems. Integrating PDMP data into EHRs would help minimize workflow issues and eliminate the necessity of navigating between two disparate IT systems that can act as a barrier to proper use of PDMPs. States have the ability to leverage enhanced federal funding to

build a PDMP or enhance PDMP functionality and AMCP encourages states to take advantage of these opportunities to improve patient safety while relieving burden.²

- **Recommendation 2:** HHS should increase adoption of electronic prescribing of controlled substances with access to medication history to better inform appropriate prescribing of controlled substances.

EPCS is a powerful solution to combating the opioid crisis by gaining better control of tracking opioid prescriptions and securely delivering them to pharmacies. EPCS is now legal in all 50 states and the District of Columbia and 95.3% of pharmacies are EPCS-enabled nationwide; however, EPCS is grossly underutilized with only 32.3% of prescribers EPCS-enabled nationwide.³ A growing number of states have been enacting laws that mandate EPCS use—the further broadening of EPCS adoption would help prevent additional diversion of opioids and improve patient safety. AMCP also encourages HHS to promulgate rules requiring EPCS for patients covered under Medicare Part D or Medicare Advantage under the SUPPORT for Patients and Communities Act (PL 115-271) as a way to encourage the adoption of EPCS.

- **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.**

Recommendation 3: HHS should provide guidance about HIPAA 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.

AMCP supports the creation of clear guidance from HHS on where the Health Insurance Portability and Accountability Act (HIPAA) of 1996 is aligned with 42 CFR Part 2 (Part 2) requirements on the confidentiality of certain substance use disorder patient records for the purpose of treatment, payment, and health care operations. AMCP continues to support the need for codification of these provisions into the HIPAA statute, but in the meantime, providers, patients and payers require clear guidance in this area. Lack of clarity around the intersection of HIPAA and Part 2 places a significant burden on clinicians to interpret compliance with existing regulations. If clinicians could better understand these regulations, they could better coordinate care and minimize a substantial source of burden.

² Centers for Medicare & Medicaid Services. Leveraging Medicaid Technology to Address the Opioid Crisis. June 11, 2018. Available at: <https://www.medicare.gov/federal-policy-guidance/downloads/smd18006.pdf>. Accessed on January 24, 2019.

³ Surescripts. EPCS Readiness: Which States Lead the Charge? December 2018. Available at: <https://surescripts.com/enhance-prescribing/e-prescribing/e-prescribing-for-controlled-substances/>. Accessed on January 24, 2019.

Conclusion

AMCP appreciates your consideration of the recommendations and concerns outlined above and looks forward to continuing work on these issues with HHS and ONC. If you have any questions regarding AMCP's comments or would like further information, please contact me at 703-684-2600 or scantrell@amcp.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Cantrell", with a long horizontal flourish extending to the right.

Susan A. Cantrell, RPh, CAE
Chief Executive Officer