



# American Association of Clinical Endocrinologists

245 Riverside Avenue • Suite 200 • Jacksonville, FL 32202 • Ph: (904) 353-7878 • Fax: (904) 353-8185 • [www.aace.com](http://www.aace.com)

January 25, 2019

The Honorable Alex Azar, II  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Azar,

Thank you for the opportunity to provide comments on the draft document, *“Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs”*. On behalf of the American Association of Clinical Endocrinologists (AACE), I commend you for the Department’s ongoing efforts to reduce administrative and regulatory burdens on clinicians.

The American Association of Clinical Endocrinologists (AACE) represents over 7,000 endocrinologists and is the largest association of clinical endocrinologists in the world. The majority of AACE members are certified in endocrinology and metabolism and concentrate on the management of patients with endocrine and metabolic diseases including diabetes mellitus, thyroid disorders, parathyroid disorders, osteoporosis, growth hormone deficiency, cholesterol disorders, pituitary, hypertension and obesity. AACE members are committed to providing the highest quality of care to the patients they serve.

AACE supports the following broad goals the Department has identified to reduce clinician burden:

- 1) Reduce the effort and time required to record health information in EHRs for clinicians;
- 2) Reduce the effort and time required to meet regulatory reporting requirement for clinicians, hospitals, and health care organizations; and
- 3) Improve the functionality and intuitiveness of EHRs.

The following are our comments on some of the specific strategies and recommendations outlined in the document.

## **Clinical Documentation**

Medical records are intended to capture physicians’ medical decision making for future reference or for relaying information regarding the patient and their conditions to other providers during transfers of care. Current documentation guidelines require physicians to include a variety of additional information simply to justify specific CPT code selection as opposed to prioritizing documentation relevant to the patient’s current and future treatment. Current Medicare and private payer documentation guidelines are often complex, ambiguous, and lead to suboptimal patient care by taking time away from providing direct patient care.

We appreciate the Administration's efforts to address the administrative burdens imposed by current documentation requirements for Evaluation and Management (E&M) codes and AACE fully supported the changes to E&M documentation guidelines finalized in the 2019 Medicare Physician Fee Schedule Rule. We urge CMS to work with vendors for electronic health record companies, now, to allow for the functionality of copying over unchanged previous visit information and for the attestation of accuracy of information recorded by practice staff. Although these changes will decrease the documentation required for Medicare billing, physicians may be forced to juggle between different documentation protocols based on private insurer requirements. We urge the Department to work with stakeholders, including the private insurance industry, to address these concerns and harmonize these documentation requirements across all payers.

We note that there is also considerable variation in prior authorization criteria and requirements among healthcare entities, especially private insurance and Medicare Advantage plans that demand a great deal of clinician and office staff time and contribute to increasing health care costs. AACE believes that prior authorization protocols should be in an electronic format and have standardized criteria to promote uniformity to reduce administrative burdens. With this in mind, we are particularly pleased to see the Administration pursuing proposals that support the automation of ordering and prior authorization processes for medical services and equipment through adoption of standardized templates, data elements, and real-time standards-based electronic transactions between providers, suppliers and payers.

AACE strongly supports the Administration's recommendations to leverage health IT to standardize processes around ordering services and related prior authorization requirements.

### **Health IT Usability and the User Experience**

Moving toward industry-wide adoption of electronic prior authorization transactions based on existing national standards has the potential to streamline and improve the process for all stakeholders. Additionally, making prior authorization requirements and other formulary information electronically accessible to health care providers at the point-of-care in electronic health records (EHRs) and pharmacy systems will improve process efficiencies, reduce time to treatment, and potentially result in fewer prior authorization requests because health care providers will have the coverage information they need to make optimal treatment decisions for their patients. Shared medical decision making at the time of a visit is a valuable tool to get patients engaged in their care and having the ability to discuss medications covered by the patient's insurance is critical to facilitate this engagement. Technology adoption by all stakeholders involved, including health care providers, health plans, and their trading partners/vendors, is key to achieving widespread industry utilization of standard electronic prior authorization processes. It is important as these fundamental tools are implemented in the EHR, that they be a basic requirement and not an extra cost to health care providers.

We strongly support the Administration's recommendations to improve health IT usability through better alignment of EHRs with clinical workflow, including improved decision making and documentation tools.

### **EHR Reporting**

The lack of interoperability of EHR systems and their inadequacy in supporting workflows and objectives related to high quality patient care has been a continued source of frustration for AACE members. Vendors should be held accountable for capturing data on quality metrics and for providing reports and

submission of data to CMS in a format suitable to satisfy physician-reporting requirements in the Quality Payment Program . Physicians should not be penalized for the failures of their EHR vendors.

We were pleased to see the steps taken to reduce the burden on physicians whose EHR systems vendors are not fulfilling their product obligations and the continuation of the hardship exception for small practices from the Promoting Interoperability performance category under the Quality Payment Program (QPP).

We strongly support the recommendations to address EHR reporting and QPP participation burdens by simplifying program requirements and incentivizing new approaches that are easier and provide better value to clinicians.

### **Public Health Reporting**

We appreciate your recommendation to convene key stakeholders to inventory reporting requirements for federal health care and public health programs and work together to identify commonly reported EHR data. AACE would be happy to provide any assistance you may require in accomplishing this task. We strongly support harmonizing public health reporting requirements and streamlining the reporting process across federally-funded programs to reduce the burden of reporting requirements on clinicians.

Once again, thank you for the opportunity to provide comments. If you have questions, please contact Sara Milo, Director of Legislation and Governmental Affairs, at [smilo@ace.com](mailto:smilo@ace.com).

Sincerely,

A handwritten signature in black ink that reads "Daniel L. Hurley". The signature is written in a cursive style with a large, stylized initial "D".

Daniel L. Hurley, MD, FACE  
President