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Don Rucker, M.D.
National Coordinator
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

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

Dear Dr. Rucker,

The American Academy of Neurology (AAN) is the world's largest neurology specialty society representing more than 36,000 neurologists and clinical neuroscience professionals. The AAN is dedicated to promoting the highest quality patient-centered neurologic care. A neurologist is a physician with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system. These disorders affect one in six people and include conditions such as multiple sclerosis (MS), Alzheimer's disease, Parkinson's disease, stroke, migraine, epilepsy, traumatic brain injury, ALS, and spinal muscular atrophy. All of these disorders require coordination of care between neurology specialists and primary care. Further, many neurologic disorders, especially at early stages, are well-known by all clinicians to be diagnostic challenges which often results in multiple visits and second opinions with various providers, which can particularly exacerbate known challenges with EHR interoperability in our specialty.

The AAN applauds the Office of the National Coordinator's (ONC) commitment to reducing regulatory and administrative burdens related to the use of health information technology (IT) and electronic health records (EHRs). Reducing the regulatory burdens associated with EHR implementation, usage, reporting burden, and interoperability are top priorities for the AAN. These elements need to improve so that physicians can spend more time with their patients and less time navigating through their EHR to find or input necessary information. Additionally, lack of interoperability contributes to the time physicians spend locating outside records, that could be better spent providing patients with the care they need.

Upon examining the draft strategy, the AAN believes that there are several ONC recommendations that warrant AAN support. Although support for some recommendations is warranted, the AAN is also deeply concerned by

ONC's apparent endorsement of the collapse of the evaluation and management codes (E/M). Additionally, while the AAN supports many of these strategies, it is of the utmost importance that the burden of complying with any requirements stemming from this report ought to fall first on EHR vendors, rather than on providers. Additionally, it is important that EHR vendors have sufficient time to implement required functionalities into their systems. It is burdensome on providers to seek out and utilize a third-party system in cases in which a required functionality is not inherent in an EHR system.

Furthermore, it must be noted that while the AAN is supportive of ONC's overall goal of reducing EHR related burden, as AAN membership experience with EHRs continues to develop, the AAN will continuously reevaluate our position on a variety of strategies aimed at reducing regulatory burden. Additionally, the AAN not specifically addressing a recommendation contained in this strategy, should not be misconstrued as either support or opposition to a given recommendation.

Recommendations related to evaluation and management codes

The AAN appreciates that the Centers for Medicare & Medicaid Services (CMS) and ONC have recognized the problems with the current E/M documentation guidelines. While we support efforts to reduce administrative burden, the collapse of the E/M codes threatens to uniquely impact neurologists and their patients who often have complex conditions. We are very concerned this will result in decreased patient access and quality of care for patients with critical and complex neurologic diseases. While we understand that ONC does not have policy making authority over the changes made to the E/M codes, the AAN is concerned by ONC's apparent endorsement of the collapse of the codes. Reduction of regulatory burden associated with E/M is needed, but implementation must be done thoughtfully to ensure that specialists, including neurologists, are not penalized for spending additional time with patients when necessary. It is of the utmost importance that perverse incentives to shorten patient visit times are avoided, and that the care needs of complex patients are recognized and properly compensated.

While the AAN is deeply appreciative that CMS did not implement the proposed collapse of levels 2-5, the AAN is still concerned by the proposed collapse of levels 2-4. As the AAN has noted in our previous comments, the AAN does not believe that patients or physicians can adjust to a collapse of the E/M codes without ramifications significantly impacting patient care of all Medicare beneficiaries, with a disproportionate impact on the sickest. The AAN is grateful for CMS's apparent openness to alternative proposals. The AAN recommends that CMS engage with the provider community, especially those providers most impacted by changes to E/M, like neurologists, in developing an alternative proposal for implementation in 2021.

Continuing, the AAN recommends that 5 levels are the minimum number needed to distinguish among E/M services. Collapsing to fewer levels will not adequately recognize physician services to complex patients. We do not believe the patients or physicians can adjust to a collapse of the E/M codes without ramifications significantly impacting patient care for all Medicare beneficiaries, with a disproportionate impact on the sickest.

The AAN recommends that CMS use total time as the basis for E/M coding.

Advantages for the provider:

- There would be no requirement to meet every bullet point.
- There is no need to time each visit to the minute.
- Compensation for complex services is attained when warranted.

For CMS:

- The information in the service note should be adequate to support the time attestation.
- Office schedules may be audited to assure that the combined service times for a day are reasonably close to total attested service times.
- Provider time, the provider's principal resource, is a critical component of valuation and a check on potential fraudulent overbilling.
- This system extends the current mechanism of the Physician Fee Schedule that values the variation in work values for medical services about 80% based on time according to MedPAC.[1]

For the patient:

- Physician time is maintained as an essential element for all E/M services.
- The provider spends most time on the most critical aspects of care.

We also caution ONC that, contrary to this draft strategy's stated goal of reducing administrative burden, documentation complexity would increase if other payers diverge from CMS's E/M standards. It is important to note that the E/M code collapse may not reduce documentation in many cases, and instead would just change the documentation format. If patients are to receive the best care, patients need meticulous documentation of their illnesses for accurate diagnosis, treatment, follow-up, for future referrals to other doctors, as a baseline if they are admitted to the hospital, and if other insurances do not accept the CMS standards.

Clinical Documentation

As clinical documentation requirements are updated, the AAN can be a critical resource for the Department of Health and Human Services (HHS) to understand how documentation requirements impact cognitive specialties and specialties that deliver complex care. If HHS or ONC is to convene a task force to obtain input from stakeholders, the AAN would be interested in participating. The AAN agrees with the need to obtain ongoing stakeholder input related to quality benchmarks. Specialty societies should continue to be involved on relevant task forces and in providing feedback on the quality benchmarks relevant to their specialty.

The administrative burden associated with complying with prior authorization (PA) requirements is the issue most frequently cited by AAN members as an impediment to providing the highest standard of effective care. The AAN applauds ONC's commitment to

[1] Rebalancing Medicare's Physician Fee Schedule toward Ambulatory Evaluation and Management Services. June 2018. www.medpac.gov/docs/default-source/reports/jun18_ch3_medpacreport_sec.pdf?sfvrsn=0. p. 74.

reducing PA related burden by streamlining electronic workflows and processes related to prior authorization. Developing and disseminating best practices for optimizing electronic workflows and promoting health IT-enabled processes that leverage existing data within the EHR to reduce the volume of prior authorization requests will help to reduce the substantial burden that PA places on physicians. Standardization and dissemination of best practices is needed to address an increasingly challenging landscape of pervasive implementation of prior authorization protocols.

Additionally, continued engagement with the physician community and specialty societies, including the AAN, is needed as ONC moves forward with the development of standardized templates and data elements for the automation of ordering and prior authorization processes within EHRs. Federal guidelines are needed on the standardization and bilateral exchange of clinical data related to complying with prior authorizations. The AAN supports ONC's recommendations to support pilots for standardized electronic ordering of services and to coordinate efforts to advance new standard approaches supporting prior authorization. These are needed steps towards standardizing electronic prior authorizations, which can save patients and providers significant time and resources, while speeding up the care delivery process.

Health IT Usability and the User Experience

The AAN agrees that EHR system design should be better aligned with real-world clinical workflow. The AAN cautions against being overly prescriptive in this area as it could become unwieldy for large, integrated health systems to manage over-personalization of workflows.

Continuing, the AAN agrees that clinical decision support usability could be improved. Implementation of this recommendation needs to be thoughtful and ought to be studied further to ensure that it does not place additional burden upon providers. The AAN does not support required submission of clinical decision support (CDS) data.

The AAN is concerned with the recommendation related to improving clinical documentation functionality. In the recommendation, ONC states that "Policies regarding copy-and-paste functionality should be put in place at an institutional level for the management of copied text that balances efficiency with safety." The AAN disagrees with the use of the word policies and recommends that ONC replace policies with guidelines. The AAN is concerned with the burden that potential enforcement of these policies may have on providers.

The AAN also agrees that it would be helpful if data contained in documents such as scanned reports were extracted and indexed for better retrieval but cautions ONC about implementing this capability. It is of the utmost importance that ONC clarify that this capability would be required of EHR vendors and developers rather than providers. Providers practically implementing this capability would be extremely costly and administratively burdensome, likely requiring additional full-time employees to extract and index needed data from scanned documents.

ONC is correct to note that there is variable adherence to usability best practices among EHR products. Variable levels of usability and variable displays across EHR systems is frustrating and contributes to increasing cognitive burden and physician burn out. The AAN welcomes increased ONC engagement to promote and encourage use of ONC resources promoting EHR functionality and usability, particularly related to clinical decision support and data displays across EHR systems. Providing support to both vendors and clinicians to participate in ongoing pre-release and post-release usability testing forums for iterations of products would be a practical strategy to encourage the development of best practices, when applicable. Shifting away from check-box interfaces and to intelligent extraction of data from routine clinical workflows is another needed design change.

The AAN supports efforts to standardize medication information within health IT. Standardization of medication displays across systems would provide clarity to clinicians who frequently encounter existing medications being listed as new medications within an EHR due to differences in how medications are listed and displayed.

EHR Reporting

The AAN recommends when implementing an open application programming interface (API) approach to HHS electronic administrative systems, that ONC encourage vendors to continue to develop their caregiver point of care reporting tools and capabilities.

Public Health Reporting

Variability in state standards can make implementation of e-prescribing of controlled substances difficult. The AAN cautions CMS against immediately implementing this requirement and asks that sufficient time is allowed for implementation in compliance with the SUPPORT for Patients and Communities Act. This functionality isn't inherent in EHR systems and should be required of EHR vendors, rather than forcing providers to utilize a third-party system to be in compliance with regulation.

The AAN strongly supports HHS providing guidance related to HIPAA privacy and federal confidentiality requirements governing substance use disorder health information. Complying with these requirements is often difficult for providers, so additional clarity is greatly appreciated.

Qualified Clinical Data Registries and Quality Reporting

The AAN appreciates that ONC recognizes that qualified clinical data registries (QCDRs) are frequently utilized by health care providers to overcome interoperability-related challenges. While registries like the AAN's Axon registry, can be used to overcome interoperability barriers, they are also prone to the same problems that health IT systems experience. Without proper oversight and guidelines to ensure adequate data exchange from EHRs to registries, registries are not able to provide usable data to clinicians for quality improvement, cost reduction, and research.

Additionally, the AAN agrees that there are significant interoperability challenges facing disease-specific registries. Many specialty societies have clinical data registries that cover multiple patient populations and multiple diseases. These types of registries can facilitate significant research advances and quality improvement; ensuring that they receive usable data for these purposes should be a top priority of the ONC.

Conclusion

Addressing the administrative burdens related to the use of Health IT and EHRs is a top priority for the AAN. The AAN appreciates ONC's continued engagement and commitment on this issue. The AAN believes that through continued engagement with the provider community, solutions can be developed to address many of the challenges outlined in this report. The AAN is committed to continued engagement with ONC and CMS as the health care system continues to make strides towards greater interoperability in health IT.

Thank you for the opportunity to provide comments on the draft "Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs." Please contact Matt Kerschner, Government Relations Manager, at mkerschner@aan.com with any questions or requests for additional information.

Sincerely,

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President, American Academy of Neurology