**Reponses to “The Strategy on Reducing Burden Relating to the Use of Health IT and EHRs”**

This document is a welcome and significant step towards reducing burden related to the use of Health IT and EHRs. The effort is greatly appreciated.

This document seems to de- emphasize interoperability (e.g. uses incentives rather than requirements, simplifies the scoring model, not setting any real goals for interoperability, etc). Given that a lot of the work with any EHR involves essentially manual importing and entry of data from other systems from new patients, and that interoperability between EHR’s is one of the areas that really require strong governmental leadership because of the number of distinct private entities involved, that the strategy of improving EHR usability should put a stronger emphasis on interoperability.

 There is no mention here of the documentation requirements around the use of Durable Medical

Equipment (DME). The CMS requirements for prescribing of very common DME, like home oxygen, diabetes monitoring supplies, insulin syringes, etc. are becoming overwhelming with our aging population. This seems like a natural opportunity for enhanced IT facilitation of this function.

Boards, licensure groups and regulators need to work alongside providers to better understand the burden produced by external reporting requirements and look for areas where tasks and requirements can be delegated to other licensed professionals. Collaborative practice agreements and team based care models with extended privileges can significantly reduce clerical burden.