TENNESSEE DEPARTMENT OF HEALTH (TDH)
Office of Informatics Analytics (OIA)
For more information contact the Tennessee Partner Engagement Coordinator

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Donald W. Rucker, MD
National Coordinator for Health Information Technology
U.S. Department of Health and Human Service
330 C Street SW, 7th Floor
Washington, DC 20201

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

Dear Dr. Rucker,

The Tennessee Department of Health (TDH) appreciates the opportunity to share comments on the Office of the National Coordinator's (ONC's) Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs. In addition to traditional public health services and activities, TDH also provides patient care services, operating over 50 Federally Qualified Healthcare Centers across Tennessee. In support of those activities, TDH has embarked on implementing a statewide electronic health record (EHR) system, taking advantage of established national standards to help promote and improve the health of Tennessee citizens seen at the local and regional health departments across our state in the most efficient and effective way.

TDH's team of dedicated professionals has come to appreciate the effort it takes to implement and effectively use an EHR, and to establish interoperability between it and other systems to benefit its users and the care they provide. Tennessee has also invested heavily in the development and implementation of nationally recognized interoperability standards and electronic messaging capabilities to improve the timeliness and quality of reporting supporting public health surveillance, investigation, and prevention activities, as well as to decrease the burden of reporting for providers.

While we recognize the increased burden that reporting has placed on providers in Tennessee, we also want recognize/report improvements in the number of electronic reporters, timely reporting, and the adoption of nationally recognized standards by EHR and Laboratory Information System (LIS) vendors. As of January 2019, our immunization registry has 2,888 trading partners reporting electronically using HL7 version 2.5.1 messaging standard. As of December 2018 TDH has engaged with 137 laboratory reporting partners, and received 126 hospital registrations to receive HL7 version 2.5.1 or 2.3.1 ELR messages; 36 of these facilities are in production, resulting in an estimated 75% of the total laboratory reports being received electronically by communicable disease surveillance systems. TDH has 70 healthcare facilities, submitting Syndromic Surveillance messages, also using HL7 version 2.5.1, with 38 additional facilities either in queue or actively onboarding. The Tennessee Cancer Registry has received approximately 398,010 HL7 CDA version 3 documents from 424 eligible clinicians participating in cancer case reporting under the EHR Provider Incentive Payment Program. All across Tennessee and the country, public health and vendors have adopted national messaging standards that have aided public

health in effectively streamlining onboarding processes, and reducing the manual intervention needed to report.

The adoptions of EHRs in Tennessee have been accelerated by Promoting Interoperability (PI) programs, previously known as the Medicaid Meaningful Use (MU) EHR Incentive Program and through the Medicare Merit-based Incentive Payment System (MIPS). Thanks to these incentives and the many advances achieved in the development and adoption of standards, our state has benefited from a significant increase in electronic reporting. Much of the public health reporting is required by law, while reporting electronically remains optional. Providers continue to report in more traditional methods, for example fax, phone or online due to familiarity and ease of use. We support CMS' effort to put the needs of patients first, reduce provider burden through effective and efficient use of Certified Electronic Health Record Technology (CEHRT). TDH sees the adoption of CEHRT as an opportunity to leverage existing EHR infrastructure to support automated standards based electronic public health reporting and avoid manual reporting.

We offer for your consideration, the following comments which are consistent with those submitted by the Council of State and Territorial Epidemiologists (CSTE) and the American Immunization Registry Association (ARIA).

Page Number	Section	Comment
ISSUES AND CHALLENGES		
Pg. 13	The primary burdens in this section relate to: a lack of automated, standards-based public health reporting requirements across federal programs; burden related to electronic prescribing of controlled substances (EPCS); and insufficient interoperability between state prescription drug monitoring programs (PDMPs) and EHRs.	Integration of PDMPs with EHRs is a priority for states, including Tennessee. It is strongly desired by the clinical community and by the Department of Health. However, we emphasize strongly and support the need to do so in a way that is consistent with and makes use of national interoperability standards, rather than proprietary technology, which is primarily in place at this time. ONC should support states in encouraging vendors to use only nationally supported interoperability standards, like those included in the ONC's Interoperability Standards Advisory (ISA).
Pg. 41	**PUBLIC HEALTH REPORTING** Federal laws grant states statutory public health authority over the populations they serve. This makes it challenging to reduce provider burden due to the inability of the federal government to mandate compliance with electronic tools or standards across all public health programs. Federally funded public health programs that require reporting frequently allow states to coordinate data collection within the state prior to	Interoperable systems and the use nationally recognized interoperability standards are the preferred methods for existing and future system development, data exchange and reporting in Tennessee. TDH encourages support of nationally recognized public health reporting standards, like those referenced in the ONC's Interoperability Standards Advisory (ISA) to provide leverage to state and local health departments implementing public health reporting programs and to give leverage to providers to ensure that their EHR solutions are capable.

Page Number	Section	Comment
	submissions to government agencies.	Exercising legislative authority to mandate the use electronic reporting has been considered however would need to take into account provider readiness as well as the readiness of TDH.
Pg. 41	**PUBLIC HEALTH REPORTING** Inconsistent Public Health and Grant Funding Requirements across Federal Agencies Currently, public health reporting and reporting related to population health data under federal grant programs require clinicians to create and support numerous interfaces to public health entities, each of which may require custom changes to reports and/or duplicative entry into unique forms. Moreover, while many implementation guides advise health care providers to submit syndromic surveillance feeds to state health departments every 24 hours, certification cannot enforce this reporting timeline and some jurisdictions require differing timelines.	TDH encourages support for the development and implementation of nationally recognized public health interoperability standards, including for public health reporting, like those outlined in the ONC's ISA. Such support would help give leverage to providers as well as public health to help ensure that reporting programs follow such standards. Where existing standards can be utilized, like in the case of public health case reporting, those standards should be utilized. While there may be differences in time expectations across jurisdictions regarding supporting syndromic surveillance, adopting the syndromic surveillance implementation guide has allowed for more robust, more timely syndromic reporting, often automatically generated and sent without manual intervention which is a significant improvement.
Pg. 42	**PUBLIC HEALTH REPORTING** Variation in the transport of electronic information to public health agencies also creates health care provider burden. Even within one public health jurisdiction, different transport requirements may be required for different public health options. For example, Simple Object Access Protocol (SOAP) web services may be required for immunization reporting while secure File Transfer Protocol (FTP) may be required for syndromic surveillance.	TDH acknowledges that transport variations and the delayed uses of existing options may create a public health reporting burden. We would also like to acknowledge that program resources and use cases drive the use of available transport methods. Immunization reporting has evolved to include bidirectional exchange requiring a real time interoperable solution for use at the point of care. Secure FTP is satisfactory for a Syndromic unidirectional data flows. Because we have seen a variety of transport mechanisms supported by our providers, and because not all use cases have the same transport requirements, TDH supports multiple and which is used is decided through discussion

Page Number	Section	Comment
		with our partners per implementation.
Pg. 43	**PUBLIC HEALTH REPORTING** Although much of the data collected for WIC pertains to social services and food products supplied to clients, there are numerous clinical data elements related to well child visits and immunizations that must be manually entered into the WIC system.	WIC programs are often instrumental in insuring WIC recipients receive the necessary vaccinations to prevent disease. The Tennessee WIC program will be implementing an HL7 query interface with the Tennessee Immunization Information System (TennIIS) to aide WIC program participants in ensuring patients have necessary vaccinations and prevent wasted vaccine. We would also like to acknowledge the ARIA's comments.
HEALTH IT USABILITY AND THE USER EXPERIENCE		
Pg. 56	**Recommendation 1:** **Increase end user engagement and training.** EHR end user involvement is critical to the success of an EHR implementation in terms of both safety and usability. Clinical users should be involved from the very beginning of the acquisition process to ensure that the product purchased by an organization will meet the needs of its end users and their desired workflows.	TDH supports the increased involvement of organizational staff in the implementation of the EHR system and training. TDH would also recommend giving continuing education credits for participating providers for EHR training and public health reporting training.
Pg. 57	**Recommendation 4:** Continue to promote nationwide strategies that further the exchange of electronic health information to improve interoperability, usability, and reduce burden. In practice, this means that clinical notes, imaging orders, laboratory orders, and other clinical information should be easily – and securely – available for review within EHR interfaces without requiring the clinician to log into another system. Health care developers can continue efforts to conform to relevant standards pursuant to ONC and CMS policies.	TDH supports the continued development of ONC and CMS policies requiring the adherence to national standards and federal policies to enhance workflow, interoperability, and streamline public health reporting from EHRs.
EHR REPORTING RECOMMENDATIONS		
Pg. 58	**Strategy 1:** Address program reporting and participation burdens by simplifying	CMS finalized the restructure of program requirements through the use of rulemaking

Page Number	Section	Comment
	program requirements and incentivizing new approaches that are both easier and provide better value to clinicians. **Recommendation 1:** Simplify the scoring model for the Promoting Interoperability performance category. In future rulemaking, CMS will evaluate the use of measure combinations that would give clinicians a recommended set of related eCQMs, Promoting interoperability health IT measures, and Improvement Activities that are tied by a common thread and can be used by clinicians to maximize their participation in the program.	for both the Promoting Interoperability performance category in MIPS and the Medicare Promoting Interoperability Program for eligible hospitals and CAHs. The rules reduce the number of public health reporting measures required by participating providers. CMS should consider giving extra credit to participants who report to more than 2 of the Promoting Interoperability Public Health measures.
Pg. 58	**Recommendation 2:** Incentivize innovative uses of health IT and interoperability that reduce reporting burdens and provide greater value to physicians. HHS could consider establishing a specific category of health IT improvement Activities within MIPS that would allow physicians to maximize their scores across the Quality, Promoting Interoperability, and Improvement Activities performance categories by participating in and reporting on a smaller, less burdensome set of activities that use health IT in innovative or advanced ways.	TDH encourages ONC to support nationally recognized public health reporting standards, like those referenced in the ONC's Interoperability Standards Advisory (ISA) to provide leverage to state and local health departments implementing public health reporting programs to standardize and to give leverage to providers to ensure that their EHR solutions are capable. Such capability would allow providers to invest less of their time meeting state and local reporting requirements and provide public health with more timely actionable information for its public health activities.
Pg. 61	**Strategy 2:** Leverage health IT functionality to reduce administrative and financial burdens associated with quality and EHR reporting programs. **Recommendation 1:** Recognize industry-approved best practices for data mapping to improve data accuracy and	The recognition of industry-approved best practices should be promoted by all stakeholders; ONC, EHR vendors, public health and other industry leaders to aide in the improvement efforts. The ONC's Interoperability Standards Advisory is meant to promote adoption of nationally recognized interoperability standards and to further

Page Number	Section	Comment
	reduce administrative and financial burdens associated with health IT reporting.	dialogue among industry stakeholders when more than one standard or implementation specification is available.
Pg. 61	**Recommendation 2:** Adopt additional data standards to makes access to data, extraction of data from health IT systems, integration of data across multiple health IT systems and analysis of data easier and less costly for physicians and hospitals.	TDH supports the use of nationally recognized standards created by American National Standards Institute (ANSI) accredited, and International Organization for Standardization (ISO) recognized standards development organizations, whenever possible to promote interoperability of systems that improve patient care and reduce provider burden through the use automation. Adoption of additional data standards, like transport often requires support for all depending on who is being communicated with.
PUBLIC HEALTH REPORTING RECOMMENDATIONS		
Pg. 65	**Strategy 1:** Increase adoption of electronic prescribing of controlled substances and retrieval of medication history from state PDMP through improved integration of health IT into health care 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. HHS agencies and state health departments commonly recognize standards developed by NCPDP that also support e-prescribing transactions. Federal funding agencies should coordinate a shared strategy for all PDMPs to adopt common standards over time to support PDMP and health IT integration.	TDH has made the use of standards and the implementation interoperable systems a priority for public health reporting in Tennessee whenever national standards are available. TDH supports the adoption of the NCPDP 20170701 as the acceptable national standard for communicating between EHRs and PDMPs to facilitate integration and supports adoption of standards listed in ONC's ISA. TDH supports this coordination recommendation and further recommends leaders from HL7 and other standards bodies, CSTE, ARIA, and ASHTO also be a part of this effort. Associations and membership organizations provide support for public health programs at the state and local levels.

Page Number	Section	Comment
Pg. 66	**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 1:** HHS should convene key stakeholders, including state public health departments and community health centers, to inventory reporting requirements from federally funded public health programs that rely on EHR data. Based on that inventory, relevant federal agencies should work together to identify common data reported to relevant state health departments and federal program-specific reporting platforms.	Public Health as already taken a step in this direction with the publishing of the HL7 CDA ® R2 Implementation Guide: Public Health Report, Release 2, US Realm- The Electronic Initial Case Report (eICR). This standard was developed to support public health reporting for any condition from any jurisdiction leverage the common clinical dataset. While most public health case reporting burden falls typically on laboratories, adoption of this implementation guide would allow providers to meet their reporting responsibilities utilizing their EHR where these reports could be manually or automatically triggered and generated and sent to public health. Additionally, providers could receive feedback on their report from public health by the receipt of a Reportability Response, also using HL7 CDA. TDH encourages ONC to consider and support the use of the HL7 eICR Implementation Guide in its public health reporting guidance, as well as other public health related standards as documented in ONC's ISA. TDH appreciates and supports the inclusion of public health representation from the local, state, and federal levels in any coordination/evaluation efforts looking to standardize public health reporting.
Pg. 66	**Recommendation 2:** HHS should continue to work to harmonize reporting requirements across federally funded programs requiring the same or similar EHR data from health care providers to streamline the reporting process across state and federal agencies using common standards.	We strongly back continued regulatory support for reporting in the areas of immunization, syndromic surveillance, vital records, cancer surveillance, case report, disease and clinical registries and others. Federal support for public health reporting must remain strong.

Page Number	Section	Comment
	Based on an understanding of all EHR-related data requirements across federally funded public health and health care programs that impact most health care providers, HHS can examine and harmonize common data elements and transport standards across reporting requirements. Agencies should then adopt a common standards-based approach to reporting EHR-captured data as a part of their modernization of reporting systems across relevant government programs.	TDH recommends continued exchange of ideas, including the identification of pertinent content and nationally recognized standards. If changes are needed across public health, it will be critically important to increase funding for public health to support design and implementation of these changes. In recent years, an immense increase in volume has been seen in public health reporting due to inclusion in federal incentive programs. A primary obstacle to more commonality is the limited funding that public health receives to implement improvements and maintain existing public health reporting options, as well as the variation seen across EHR implementations.

Again, we are appreciative ONC' efforts to reduce provider burden and to improve interoperability through the proposed rule and we are thankful for the opportunity to comment. We would like to support comments submitted by CSTE and AIRA.

If there are any questions or concerns we are available by way of email or phone at THD.Informatics@tn.gov or 61-253-8945.

Sincerely,

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