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

Dear Secretary Azar,

As a leader for Electronic Health Record optimization for a 12-hospital regional health system based in Colorado, I applaud The Office of the National Coordinator for Health Information Technology for acting on the urgent need to address excess healthcare time and dollars consumed by documentation. The draft document accurately captures key drivers and symptoms of waste related to EHR documentation, offering sensible strategies and recommendations. From the perspective of a health service providing institution, ONC's plan to address causes of burden that are outside of direct control of service providers is especially welcome.

The draft plan focuses on provider documentation burden to the exclusion of other healthcare workers. EHR-related cognitive burden and time consumption detracts from clinical quality, patient satisfaction, clinical efficiency, and professional satisfaction across healthcare professions. Thank you for considering the following key points of concern:

- The cost to taxpayers and consumers of neglecting to target nursing documentation for improvement is considerable. Inpatient care consumes 30% of our nation's healthcare spending, with nursing labor costs comprising 25% of that spend.[1]
- There is growing consensus in nursing that transformation of clinical documentation is essential.[2-6]
- My health system's EHR vendor has provided objective, comprehensive data revealing that inpatient nurses across my health system's 29 medical-surgical nursing units spend more than 30% of a 12-hour nursing shift in the EHR.
- It is currently unknown precisely what proportion of the time spent in the EHR adds value to patient care and how much represents waste. There is reason to believe that as much as half of RN time spent in the EHR yields little value to patients, driven by misaligned documentation requirements and EHR user experience deficiencies much as the Draft Strategy document describes for provider documentation.
- My health system's optimization initiative has shaved 18 minutes per shift from medical-surgical RN time consumed by the EHR through just the first phase of our work encompassing two small sections of the EHR. We have identified a large volume of additional streamlining needs, yet the very same barriers identified in the Draft Strategy stand in the way of progress.
- There is especially ample opportunity to realign CMS inpatient nursing documentation requirements for the EHR era.

Your department's leadership in reducing administrative burden and leading EHR functionality improvements can have a significant and lasting impact on healthcare. Thank you for expanding the scope of your work to include nursing.

Sincerely,

Bonnie Adrian, PhD RN

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