January 28, 2019

Dr. Donald Rucker

National Coordinator for Health Information Technology

U.S. Department of Health and Human Services

RE: U.S. Department of Health and Human Services (HHS): Request for public comment on the draft “Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs”

Dr. Rucker:

MedInformatix, a Health IT innovator is pleased to provide comment to the Office of the National Coordinator for Health Information Technology’s (ONC) regarding the draft “Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs” document.

MedInformatix is a pioneer in the field of healthcare information technology delivering tomorrow’s healthcare information technology today via innovative enterprise practice management, electronic health records and radiology information systems solutions. The company’s signature software solution, MedInformatix V7.7, is customizable across multiple medical specialties and modalities, helping practices of all sizes achieve optimal data and workflow efficiency. Our signature RIS has been implemented in practices large and small, including in more than a third of the members of the Strategic Radiology consortium. For more than 30 years, our innovative and powerful technologies have kept physicians and their practices on the leading edge of advanced data workflow and patient-physician engagement.

**General Comments**

We agree and support in principle with the overarching strategies proposed in the draft “Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs”. We are invigorated by this Administration’s efforts to help reduce administrative and regulatory burden on clinicians using health information technology (health IT) such as electronic health records (EHRs). We laud the Administration’s overarching goals to reduce clinician burden.

However, when the proposed strategies are closely reviewed they are no different than those previously proposed and mandated, and very vague in structure.    Each new attempt at standard development has continued to shift the EHR industry away from innovation and into a world of compliance to adhere to “data and interoperability standards” that are not standardized to a single format or data requirement, nor strictly followed by all stakeholders.  These past attempts to address these issues have also increased the burden on providers by creating increased documentation and reporting requirements that have significantly increased the amount of data that providers and their staff must collect and submit.  Although these past attempts perhaps have been easier to implement for large healthcare networks, the burden of compliance has had a significant psychological and financial impact on the small community-based provider.

We believe HHS can take steps to reduce burden by taking a position of guidance and advocacy but not regulation. We share ONC’s vision to fulfill the EHRs “original intension [in] supporting the best possible care for the patient.” We want to focus our development efforts in providing solutions that do not divert clinician time and attention from patient care. Often due to regulatory mandates and lengthy certification requirements efforts are expanded in just meeting these requirements rather than in providing innovation and efficient designs.

MedInformatix is committed to helping reduce the burden on physicians. In promoting the Administration’s burden reduction overarching goals, we are providing solutions tailored to meet the unique specifications of individual clients as we understand that no two practices are alike. Routine evaluations are regularly performed to ensure the solution continues to meet our client’s evolving needs. We are applying User Centered Design methods throughout the development and implementation processes to ensure the solution is effective and usable.

MedInformatix offers the following comments in the spirit of achieving the burden reduction goals and to accomplish a shared outcome – a vision for interoperable health information exchange that centers on the experience of clinicians and patients.

**Specific Comments**

*Clinical Documentation Strategy-*

- Reducing regulatory burden around documentation requirements will greatly simplify the documentation requirements for patient encounters. The best way to streamline documentation is to limit the superfluous E/M guidelines from 95 & 97 to a simple traditional office note. We need to get away from all the extraneous data (noise) and create cleaner, more streamlined notes. Industry needs to get away from the concept of requiring documentation to letting the clinician document the basics of the visit.

The current CMS proposal to reduce documentation burden by changing E/M requirements applies only to outpatient E&M services covered by Medicare. This will not produce meaningful change in clinical practice and EHR functionality without equivalent changes being adopted across all payers both government and commercial.

- Leverage data already present in the EHR to reduce re-documentation in the clinical note.

Need more clarity on how EHRs should leverage data already present. Is there a contradiction of terms here with anti-cloning initiative for EHRs? This recommendation is high level and vague regarding details of a new “review and verification process” and new “audit functionality”.

- Obtain ongoing stakeholder input about updates to documentation requirements.

We agree with this recommendation and encourage the Administration to be broadly inclusive and make sure grassroots stakeholders are included. Traditionally input is obtained mostly from larger more advanced organizations. Small community based primary care providers typically find the standards develop expensive and hard to deploy and usually find the incentives offered don’t offset the lost revenue from decreased productivity and the loss for complying with the requirements.

- Waive documentation requirements as may be necessary for purposes of testing or administering APMs.

Suggests guiding intent but the implementation will occur at some point in the future. – And only for those able to participate in APMs which are too cumbersome and expensive for smaller practices.

- Partner with clinical stakeholders to encourage adoption of best practices related to documentation requirements.

We recommend that you partner not only with ivory tower (academic physicians) but include the grassroots healthcare providers. Be inclusive. Consider best practices account for the different specialties’ requirements. This recommendation anticipates endorsement and implementation of best documentation practices at some point in the future.

This seems to be a long-term strategy which will have little/no immediate impact on burden reduction.

Making resources available is not useful unless organizations have incentives to develop "their own initiatives."

 - Leverage health IT to standardize data and processes around ordering services and related prior authorization processes.

HHS should ensure that all stakeholders input is included when developing best practices for optimizing electronic workflows.

MedInformatix supports making transparent the clinical and coverage guidelines used by payers during the review of a prior authorization request. We recommend the standardization of the payer industry first and then the rest of the industry can follow that standard. If not, all payers follow the same electronic standard, then this will become a burden to EHR vendors and physicians as well.

When will the industry see a rule indicating an adopted standard for claims attachments? This will allow industry to move forward in automating PA processes and exchange of clinical data. This recommendation is high level and needs to be more specific on how HHS intends to work with the industry to expand the work on automating PA processes.

MedInformatix doesn’t believe this recommendation has immediate impact on burden reduction – it will require more than just "partnering."

Incentivize adoption of technology which can generate and exchange standardized data supporting documentation needs for ordering and prior authorization processes. This is a high-level recommendation with no immediate impact on burden reduction. We don’t know what types of incentives HHS is considering. In general, it’s a good thing to provide incentives/help to an already burdened industry.

MedInformatix supports pilots’ efforts across different stakeholders to validate the functionality of the standard and the ROI as well as assist in accelerating adoption. Recommends that ONC ensures that small/medium organizations be included in the pilots. Usually these pilots are opened to large EHRs and the small guys can’t participate in them.

MedInformatix agrees that HHS should pursue consensus through NCVHS to adopt mature standards that support PA. We must ensure an industry wide implementation of these standards to minimize lack of adoption.

The recommendation anticipates development, maturity and consensus adoption of new standards and protocols – Likely to have little/no immediate impact.

*Health IT Usability and the User Experience Strategy-*

The recommendation to better align EHR system design with real-world clinical workflow is a good recommendation but it’s very high level and doesn’t go into the details of how this alignment will occur. This encourages the industry to act but there’s no expectation of a federal role. ONC should include clinical professional societies and SDOs in developing best practices.

To align the EHR design with the clinical workflow great flexibility is needed for an end user to customize their individual electronic workflow. Real-world clinical workflow is very variable, intricate, and nonlinear. It will be very difficult to produce a single ideal workflow which can be used by all practitioners of all specialties in all contexts given the variability between specialties, between individual clinicians, and even between patients for a given clinician. MedInformatix solution is highly customizable to reflect real-world clinical workflow as close as possible.

To resolve the copy/paste issue we need to appropriately reform the documentation regulations required for billing. Specialty societies, professional boards, and clinicians should define the core clinical information really needed for best clinical care then much of the problem will be resolved.

The recommendation to improve presentation of clinical data within EHRs presumes there is one best way to present information that will work for all clinician cognitive styles in all specialties in all contexts. This ideal way doesn’t exist, the user must have tools to customize and optimize the fit. Otherwise clinicians will get frustrated due to the amount of information they have to enter manually.

MedInformatix agrees with the harmonization of user actions for basic clinical operations across EHRs but the recommendation seems to encourage the industry to act on it but doesn’t seem to indicate a federal role.

MedInformatix also supports EHR training to shorten the adjustment period that comes with a new EHR system implementation. Making usability a priority during EHR optimization and customization can improve physician interactions with EHR technology and reduce provider burden. Specializing clinical workflows can help to streamline health data access for clinicians and reduce the time spent in front of EHR systems. Default workflows often lack usability.

**Conclusion**-

The burden is clear, and the reduction needs to occur faster, the recommendations in this draft strategy are prolonged and it seems to be a submission to fulfill a legislative mandate that itself is over two years old. We don’t believe that most of what is proposed will occur in this political cycle and may be overloaded, if not unraveled, by a fresh political insight subsequently. We need to take definitive action to address problems with administrative burden and EHR use. We must find solutions that can be acted upon quicker. If the return on investment is clear and well communicated the industry will be willing to implement the changes as it’s solving a real problem. Pilots are a great way to engage stakeholders and prove the ROI is real and the processes and technology works. ONC needs to ensure that the pilot opportunities are available to both large, medium and small size stakeholders so that the needs for all stakeholders are addressed and taken into consideration. Collaboration between clinicians, health IT developers, hospital and payers is critical to addressing the root causes of physician burnout before additional digitization aggravates the problem.

MedInformatix wants to help relieve provider burden and promote interoperability but the lack of consistency in health data standards continue to limit interoperability. More standardization allows for better interactions with payers. We assess that the burden the physicians are experiencing is not necessarily just a system issue but a regulatory/policy issue. Increasing regulation may hamper usability because it’s difficult to spur innovation while maintaining regulatory compliance. Regulating more is not the solution. MedInformatix is committed to involving physicians in the design and implementation of our products and in measuring their satisfaction.

MedInformatix appreciates the opportunity to provide these comments and supports the Department of Health and Human Services (HHS), including the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS) vision for interoperable health information exchange that centers on the experience of clinicians and patients.

If you have any questions or require additional information, please don’t hesitate to contact us.

Sincerely,

Betty Lengyel-Gomez

Regulatory Compliance & Industry Relations

MedInformatix