



January 21, 2019

Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

RE: Draft on Reducing Regulatory and Administrative Burden Relating to the Use of IT and EHRs, November 2018

On behalf of Netsmart Technologies, I am pleased to submit comments on the Draft on Reducing Regulatory and Administrative Burden Relating to the Use of IT and EHRs, November 2018.

Netsmart is the largest technology partner serving community-based behavioral health, care at home, senior living and social services organizations nationwide. Our clients include more than 560,000 providers in 30,000 facilities who improve the quality of life for more than 25 million persons each day.

Netsmart's certified, interoperable EHR platforms, combined with our care coordination, care management and data optimization solutions, are key to our clients providing high quality, outcomes-focused, cost-efficient care. Our nationwide Netsmart cloud-based network and direct messaging services bridge our clients to the broader healthcare ecosystem, including health systems and physician networks for referrals and coordinated care, all major lab systems, more than 40 HIEs, and to the 600,000 care providers, 1,250 hospitals and 35,000 clinics in the Carequality network.

Netsmart commends CMS on its focus on reducing clinical burden and seeking broad stakeholder input on ways it can be accomplished. As the largest provider of technology solutions in both the human services and post-acute care sectors, we are uniquely positioned to bring the voice of this population to this important discussion.

As we noted in our *Response to Request for Information Centers for Medicare & Medicaid Services: Innovation Center New Direction (1/20/2017)*, true integrated care means treating the "whole person" with comprehensive, multidisciplinary services systematically combined to provide the best outcomes. Information technology provides the vital link in this process by facilitating the exchange of authorized health data between care providers. This speaks directly to reducing burden by giving clinicians a complete picture of the person's health and enabling them to make fully-informed treatment decisions. Providing technology-enabled coordinated, integrated care also enhance outcomes, reduces patient risk and lowers costs across the entire healthcare spectrum.

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Community-based behavioral health providers, addiction treatment facilities and psychiatric hospitals must be able to adopt health information technology at roughly the same rate as hospitals and doctors nationwide. If not, care coordination across the spectrum of human services, primary care and long-term post-acute care will rapidly become impossible – compromising quality of care for some of the most vulnerable people and further increasing cost of care for what is already one of the most expensive populations in healthcare.

Netsmart was a leading advocate for the SUPPORT for Families and Communities Act provision (Sec. 6001) recommending a funding pilot via the Center for Medicare and Medicaid Innovation (CMMI) to award health IT incentives to behavioral health and substance use providers for the adoption of EHR technology, and the use of that technology to improve the quality and coordination of care. The resulting care coordination and streamlined processes and workflow will directly support the goal of reducing clinician burden. We look forward continued dialogue with CMS and CMMI as the framework for this program is developed.

### **Comments and Recommendations**

We agree that HHS should begin eliminating the EHR-related burden associated with clinical documentation, especially in Long-Term Care, the second-most regulated industry in the U.S. behind nuclear power plants...and one of the most undercapitalized. There is great opportunity to reduce clinician burden and improve the documentation requirements for patient visits in this sector. The example of leveraging data already stored in the EHR is long overdue. We see great promise with the CMS Data Element Library and ongoing efforts to standardize assessment data wherever possible across the health care continuum. The patient truly becomes the center of care. Taking into account patient-centered clinician workflow and removing the additional burden of redundant documentation improves the care experience both for patients and clinicians.

It is imperative that HHS stay the course with initiatives through the various agencies and inviting robust stakeholder input to define best practices for clinical documentation in the 21<sup>st</sup> century. Such practices will align healthcare provider workflows and relevant clinical documentation, reducing unnecessary work and clinician burden.

### ***Page 15, Strategy 3: Promote harmonization surrounding clinical content contained in health IT to reduce burden***

Netsmart strongly supports this strategy. However, it is necessary and important to expand the scope of clinical content to include communities such as child welfare and juvenile justice. This is particularly critical for agencies operating continuums of care that span across multiple communities and face significant challenges associated with some of the most basic issues, such as the lack of consistency in data values associated with demographics collected as a part of clinical processes. Additionally, it would be encouraging to see engagement and synchronization on clinical content standardization with entities such as the Administration for Children and Families and the Office of Juvenile Justice and Delinquency Prevention.

**Page 24, Paragraph 2**

Netsmart strongly recommends that CMS work with the American Medical Association (AMA) to establish a more equitable pricing structure for utilization of CPT codes for payment purposes. The current pricing structure treats all clinicians that use CPT codes equally, with no consideration for the huge disparity in salaries of clinicians or the financial burden that is placed on organizations and clinicians servicing health and human services and post-acute care populations. A tiered structure either associated to the specific CPT codes utilized or the credentialing of the clinician would bring burden reduction to clinicians in these important sectors of healthcare.

We appreciate the opportunity to provide our feedback on these draft specifications. If you have questions or need further information, please contact me at (913) 696-2818 or creynolds@ntst.com.

Sincerely,



Carol Reynolds  
Executive Vice President, Client Experience  
Netsmart