

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

W W W . A A C A P . O R G

January 28, 2019

Don Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
330 C Street, SW
Floor 7
Washington, DC 20201

Re: Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs

Submitted Electronically

Dear Dr. Rucker:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to provide comments on the draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*. AACAP is the professional home to 9,400 child and adolescent psychiatrists, and our mission is to promote the healthy development of children, adolescents, and families. We applaud the Office of the National Coordinator for Health Information Technology (ONC) for its efforts to address the burdens technology can place on clinicians and its recognition that it will require a coordinated approach across a variety of stakeholders in the health care system to make improvements in this area.

The draft addresses the burdens associated with clinical documentation and the need for updating them to better align with current clinical practices. AACAP was heartened by the Centers for Medicare and Medicaid Services (CMS) Medicare Physician Fee Schedule Final Rule (MPFS) for CY 2019 which finalized documentation requirements to reduce administrative burden to physicians by (1) clarifying the current policy for history and exam such that certain data already present in the medical record need not be re-documented, but rather can be reviewed, updated, and signed off on by the billing practitioner; and (2) removing potentially duplicative requirements for notations in medical records, that may have previously been included in the medical records by residents or other members of the medical team, for Evaluation and Management (E/M) visits furnished by teaching physicians. We believe these changes will help eliminate the needless duplication of clinical information in the patient records.

The draft document also discusses additional policies outlined in the MPFS final rule for 2019 pertaining to E/M office/outpatient visits that would begin in CY 2021, including the reduction in payment variation for visit levels 2 through 4 for established or new patients, while maintaining the payment rate for E/M office/outpatient visit level 5 in order to better account for the care necessary for complex patients. The final rule would also implement add-on codes that describe additional resources inherent in visits for primary care and certain kinds of non-procedural specialized medical care and extended visits.

Provisions that would allow flexibility for how visit levels are documented would also be finalized in 2021. While we appreciate ONC's willingness to consider stakeholder feedback and make efforts to simplify E/M documentation and payment, we would urge the agency to wait until the American Medical Association's (AMA) CPT/RUC Workgroup's recommendations on E/M be formally considered at the CPT Editorial Panel meeting next month, after which time the panel's recommendations will be made to CMS. We believe the CPT/RUC Workgroup process should reach completion and be considered by CMS and ONC before additional revisions to E/M coding and payment are made.

AACAP is also pleased to see that the draft document recognizes the burdens associated with prior authorization requirements and the impact they have on practicing physicians, who report an average of 37 prior-authorization actions per week, consuming an average of 16 hours of practice time, according to a survey conducted by the AMA in 2017¹. As the ONC draft document notes, payers have approached prior authorization processes in an ad hoc manner, which only exacerbates administrative burden and disrupts physician workflows. Given the potential to disrupt physician workflows and patient care, AACAP believes that prior authorization reform should be a top priority for ONC in creating a strategy for reducing regulatory and administrative burdens on health care practitioners, while promoting greater administrative efficiency. AACAP, along with several other medical specialties, joined with the AMA in 2017 to develop principles for prior authorization reform, entitled *Prior Authorization and Utilization Management Reform Principles*² that considers the policy, patient care, and efficiency perspectives. The 21 principles identified address approaches to prior authorization that put patient care first, while reducing administrative burdens to health care professionals. We strongly recommend that ONC consider the principles in this document as it develops its strategy for reducing regulatory and administrative burdens.

Thank you for your consideration of our comments on these critically important topics. Should you have questions, please contact Karen Ferguson, Deputy Director of Clinical Practice, at kferguson@aacap.org.

Sincerely,



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¹ <https://www.ama-assn.org/practice-management/sustainability/survey-quantifies-time-burdens-prior-authorization>

² <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-with-signatory-page-for-slsc.pdf>