TABULA RASA HEALTHCARE

January 25, 2019

Calvin Knowlton, BScPharm, MDiv, PhD
CEO and Founder
Tabula Rasa HealthCare, Inc.
228 Strawbridge Drive, Moorestown, NJ, 08057

Don Rucker, MD
National Coordinator for Health Information Technology (ONC)
HHS Office of the Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

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

Dear Dr. Rucker:

Tabula Rasa Healthcare (TRHC) appreciates the opportunity to submit comments on the draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs. We will be addressing the following sections that the U.S. Department of Health and Human Services (HHS) workgroups have identified related to EHR burden:

1. Clinical Documentation
2. Health IT Usability and the User Experience
3. Public Health Reporting

Background

TRHC provides innovative patient-specific, data-driven technology and solutions that enable healthcare organizations to optimize medication regimens to improve patient outcomes, reduce hospitalizations, lower healthcare costs and manage risk. TRHC and its subsidiaries provide solutions for a range of payers, providers and other healthcare organizations. Founded in 2009, TRHC has touched millions of lives and has data from 50 million patient lives in its data lake. Healthcare organizations nationwide have come to rely on TRHC's expert clinical pharmacist consultation services, safety-focused medication risk management software, Medicare risk adjustment services, and more. We are providing this background information because one of the main challenges faced by TRHC is related to the absence of interoperability in providing this

innovative technology within the physician workflow. IT vendors prioritize enhancements per the direction from provider groups/plans.

TRHC's technology addresses patient risk through a "Medication Risk Score" which is a quick and easy way to assess which patients are at the highest risk for adverse drug events (ADEs). The Medication Risk Score value is calculated using active medication ingredients of a patient's entire medication profile, including over-the-counter medications (combination products' individual active ingredients are analyzed). The score ranges from 0-50, and any score greater than 20 is considered to be high risk, which would be a target for medication management attention. In our study of almost one million patients, a risk score equal to or above 20 was found to be associated with twice the average medical expenditures of the population, comprised mostly of increased emergency department visits and hospitalizations.

TRHC has helped its partners reduce their medical spend (e.g. hospitalizations) by up to 30% and hospital readmissions by as much as 55%. TRHC was selected to lead the largest CMS Innovation Center Enhanced Medication Therapy Management Model (covering 6 health plans in seven States), and is currently the largest provider of medication management for CMS's Program of All-inclusive Care of the Elderly (PACE).

Using TRHC's proprietary scientific technology within a healthcare provider's workflow allows clinical decision support that is specific to each patient's multiple medication history and ongoing treatment medication adjustments. TRHC's proprietary technology can be leveraged through a public API and EHR integrations. The greatest impact to improve medication regimens, patient outcomes and reduce costs to the patient and healthcare system require initiating the process of population risk stratification based on a member's risk score analytics across all EHRs. This straightforward scalable measure promotes best practices for identifying and mitigating adverse drug events leading to other efficacy issues.

TRHC is willing to be a part of the team tasked in the development of these best practice guidelines. In addition to focusing on the clinical workflow process and facilitating ease of use for EHR adoption, CMS can measure clinical outcomes, savings based on clinical interventions, user acceptance, and outcomes associated with clinical decision support tools embedded in EHRs. We also recommend including the full healthcare team in the decision making of designing the clinical workflow. This will ensure all voices are being heard, and the system will be compatible for all stakeholders to use.

1. Clinical Documentation

In response to Clinical Documentation, Strategy 2, TRHC agrees with the strategy and recommends that clinical stakeholders would be more inclined to adopt best practices related to documentation requirements if there were financial incentives, especially for other system vendors, such as pharmacy management systems involved in integrating clinical decision support tools into the EHR work flow. Currently, clinicians are required to utilize EHRs with limited support from their own EHR vendors and minimal incentive to enhance the user experience, configure

scalable tools to improve workflow, and develop clinical decision support tools. Additionally, there are no incentives for pre-authorization guideline information by the payer, API integration to share information/data across multiple systems and stakeholders, and support value based reimbursement models of payment. In addition to HHS partnering with clinical professional societies, it is important to include innovative companies that are working in this space. Organizations will not automatically share input. Instead, it would be best to have a cross section of organizations sharing information. TRHC agrees these tools are valuable and would be willing to share best practices as part of CMS practice transformation initiatives.

2. Health IT Usability and the User Experience

Providing financial incentives will also help address the Health IT Usability and the User Experience workgroups strategies. Strategy 1 of this workgroup is to improve usability through better alignment of EHRs with clinical workflow to improve decision making and documentation tools. To improve usability of EHRs, the user interface should be designed for clinicians to easily identify actionable insights from the patient record. The human brain forms thoughts through two systems: system 1 is automatic, fast and often unconscious way of thinking and system 2 is the effortful, slow and controlled means of thinking, analysis, and processing. An EHR should leverage both of these systems, facilitating clinical decision making. For example, if the EHR automatically generates a patient risk score, the clinician is notified via the system for intervention. The clinician would then be able to begin their "system 2" thinking to put more deliberation to address the clinical issues.

Strategy 2 of the Health IT work group seeks to address user interface optimization for health IT that will improve the efficiency, experience, and end user satisfaction. To improve work flow and the user experience, EHR companies must develop a consistent interface. CMS should designate a primary interface, such as Health Level 7 (HL7), to standardize specifications. Epic and Cerner, two of the largest health information technology solution companies, have designed their EHRs around an HL7 format. Having one primary interface provides a consistent direction and standard for all EHRs to follow.

Another step to optimize EHR interface would be to create best practices from an end user standpoint to allow patients to access their EHR information. There are no standards around patient portals. CMS might consider incentivizing EHR vendors to maintain a consistent portal structure to facilitate ease of use for patients. Additionally, portal functionality would allow vendors, physicians, and pharmacists to communicate with one another securely. Included as part of the portal functionality is the ability for patient physician communication by leveraging Smart on FHIR and EHRs.

It is important that the ONC to support modularity because there are several vendors (including TRHC) that have developed innovative products that could be used with physician workflow if incentivized versus having a EHR vendor build in-house. We would welcome exploring strategies to incentivize vendors to work together. We agree that clinician input is critical and required in designing IT systems.

3. Public Health Reporting

The public health reporting work group has defined Strategy 1 to increase adoption of electronic prescribing of controlled substances (EPCS) and retrieve medication history from state PDMP through improved integration of health IT into health care provider workflow. Currently, there is no standard for opioid conversion across State lines. TRHC recommends introducing a standardized calculator with specific requirements to educate prescribers on the correct opioid dosage. Standardization could facilitate easier fulfillment across States.

In summary, TRHC is confident that the comments outlined in this document can assist to reduce the burden relating to the use of health IT and EHRs. The proposed comments are the best practices TRHC currently implements and have documented outcomes, demonstrating TRHC IT products can improve quality and optimize workflow for clinicians. We look forward to hearing back from you, and collaborating together to draft this important strategy to reduce EHR burden.

If you have any questions or would like to discuss this issue further, please contact me (cknowlton@trhc.com or 856-840-4844).

Sincerely,

Calvin H. Knowlton, BScPharm, MDiv, PhD
CEO and Founder
Tabula Rasa Healthcare, Inc.