



April 3, 2020

*Submitted electronically*

Donald Rucker, M.D.  
National Coordinator for Health Information Technology  
Department of Health and Human Services  
Office of the National Coordinator for Health Information Technology  
Hubert H. Humphrey Building  
200 Independence Ave SW  
Washington, DC 20201

Re: 2020–2025 Federal Health IT Strategic Plan

Dear Dr. Rucker:

Thank you for the opportunity to provide comments on ONC's 5 Year Federal Health IT Strategic Plan.

At Epic, patients are at the heart of everything we do. Improving experience and outcomes for patients and the clinicians that care for them is our priority. The four goals outlined in the strategic plan are admirable and shared across the healthcare community.

Based on more than 40 years of experience developing and implementing innovative health IT, we have the following feedback to help achieve the four goals outlined in the Strategic Plan:

### **Goal 1: Promote Health and Wellness**

We agree with the goal of maximizing the use of health IT to promote health and wellness. Health IT has the potential to revolutionize the way patients interact with clinicians and plays a central role in public health activities. Epic's work with its customer community across the United States, and the world, to respond to the COVID-19 pandemic illustrates the promise of health IT.

We are diligently working with the CDC, state public health departments, and Epic customers on the critical health IT tools and workflows—including drive-up testing, telemedicine, and screening benchmarking—needed to test patients efficiently and inform policy-decisions to slow the spread of COVID-19. Healthcare organizations and clinicians can also use our published guidance to maximize the benefits and functionality of their Epic EHRs to understand and address the crisis.

The national healthcare system's collective response to COVID-19 has raised public awareness of telehealth and demonstrated that it is an effective way to deliver care when patients are unable to access their healthcare facilities. ONC should build off the telehealth policy changes in the Coronavirus



Aid, Relief, and Economic Security (CARES) Act and work closely with CMS and other insurers to better reimburse telehealth services. Enhancing telehealth reimbursement and creating more flexibility around originating site requirements will encourage healthcare organizations to offer telehealth services more broadly, improving access and convenience for patients and reducing U.S. healthcare spending.

We also encourage ONC to work with industry groups, like the Gravity Project, to continue the development of standards-based exchange to better integrate community-level data, including social determinants of health, into clinical records.

## **Goal 2: Enhance the Delivery and Experience of Care**

One easy way to enhance the delivery and experience of care is to encourage broad adoption of existing technologies that organizations may already have before investing in unproven new technologies. Adoption has taken a backseat to innovation. As a result, providers and insurers are missing out on proven best practices that could drive the very outcomes ONC has prioritized in its Strategic Plan.

Providing financial transparency is another way to improve the patient experience. We are proud of our work to bring real-time price transparency tools to providers and patients. For example, a clinician in Epic can order a medication and see right away through interoperability with the PBM what a patient will pay out of pocket. If an equivalent medication would be less expensive for the patient, Epic will suggest it to the clinician – preventing additional out-of-pocket costs for the patient. Additionally, patients can shop for a planned procedure like a knee replacement using MyChart and get an estimated bundled cost.

To continue to push real price transparency forward and increase adoption, the ONC should work to standardize definitions of benefit plans and benefit groupings. This would make it easier and more affordable for organizations to implement and maintain these tools. ONC should also work with CMS to require payers to provide automated, electronic prior authorizations, which would also save time and money.

In terms of reducing clinician burden, we are excited about the role that voice technology could play in freeing up clinicians' time to focus on the patient. But the first step in helping clinicians focus on patients is minimizing clinicians' regulatory, compliance, and financial burden.

We encourage ONC to work with CMS and other payers to examine and reevaluate documentation requirements for clinicians. EHRs already discretely record much of the information that providers then put into their notes. We applaud CMS's "Patients Over Paperwork" initiative and agree that EHRs can be part of the solution to decreasing duplicative documentation. ONC and CMS should clarify that payers should accept the encounter report in addition to clinical notes for billing purposes. This would avoid clinicians needing to regurgitate details regarding medications, history, allergies, etc., and allow them to focus more time on each patient.



ONC could also work to reduce the burden on clinicians by: (1) better integrating EHR training into required clinician CME for medical license renewal, and (2) generating more educational resources that distill regulatory requirements for clinicians and their organizations' compliance departments, so stakeholders are better equipped to comply.

### **Goal 3: Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation**

We support improving and expanding the standardization of data across the industry. We encourage ONC to take ownership in this area by identifying key areas where standardized data quality will improve coordination of care and reduce duplicative testing.

For example, inconsistency in how LOINC codes are used leaves many providers unable to import and trend received lab results alongside local results. Technology innovation alone will not solve the challenge – harmonization is needed across the community. Working directly with reference laboratories and provider organizations, ONC could reduce unnecessary variability and make it easier for providers to maximize the value of exchanged patient charts.

We are also excited about the potential that machine learning and AI have demonstrated to improve patient outcomes and the experience of care. We have successfully implemented algorithms into workflows that help save lives every day. The ONC should work alongside FDA and others to promote continued innovation without over-regulating models and crippling their potential. Education is also crucial as organizations implement these tools. Users need to understand the design and workflow of these algorithms, as well the potential for implicit bias and how to address it.

### **Goal 4: Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure**

One of the best approaches to advance the development and widespread use of health IT to revolutionize the delivery of care and reduce costs is to adopt policies that promote and respect the research and development activities of health IT companies. Today, there exists a complex matrix of certification, privacy, security, and other laws that create burden and increase costs for providers and health IT developers. We strongly encourage ONC to recognize the areas within its strategic plan that could be better achieved by the private sector than a government agency and work to reduce regulatory burdens to empower the private sector to build on the ONC's efforts.

It is also essential to recognize that data availability and patient privacy are not mutually exclusive goals. Patients have the right to know what elements of their health information are shared and how that information is used. We strongly encourage ONC to work with Congress to require (not recommend) that consumer applications and the companies that develop them be transparent about what individually-identifiable data they intend to gather and how they will use it. Data segmentation and security tagging are not reliable solutions to concerns about patient privacy and the lack of transparency in the consumer app realm. OAuth2 and similar authorization standards cannot address



the unmet need for openness and transparency when it comes to the data use and handling practices of non-HIPAA-regulated third parties.

We will continue to work with ONC, other industry stakeholders, and Congress to require third parties to provide meaningful, actionable transparency to patients. We believe patients deserve clear and conspicuous notifications if their data is being shared or sold, limits on secondary uses, and the easy ability to opt-out of such use or disclosures. Consumer-facing applications should be accountable for any misuse or mishandling of patient data.

The potential for third party applications to “write” data into EHRs through APIs also presents risks to patients and healthcare organizations. We strongly encourage ONC to engage in in-depth discussions with health care organizations and EHR vendors before establishing policies regarding “write” access to EHRs. There are serious patient safety, data integrity, and consistency issues that must be addressed before applications reach into and seek to modify systems of record.

Thank you for the opportunity to provide feedback to the Strategic Plan. We look forward to working with ONC to achieve the goals in the Strategic Plan.

Sincerely,

A handwritten signature in dark ink, appearing to read 'J Gerhart', with a long horizontal flourish extending to the right.

Jackie Gerhart, M.D.

A handwritten signature in dark ink, appearing to read 'Cole Leystra', with a long horizontal flourish extending to the right.

Cole Leystra