

January 28, 2019

**BOARD OF GOVERNORS**

**PRESIDENT**

Duane G. Koehler, DO, FACOFP *dist.*  
Miami, OK

**PRESIDENT-ELECT**

Robert C. DeLuca, DO, FACOFP *dist.*  
Eastland, TX

**VICE PRESIDENT**

David J. Park, DO, FACOFP  
Ivins, UT

**SECRETARY/TREASURER**

Nicole H. Bixler, DO, MBA, FACOFP  
Spring Hill, FL

**IMMEDIATE PAST PRESIDENT**

Rodney M. Wiseman, DO, FACOFP *dist.*  
Pearland, TX

**PAST PRESIDENT**

Larry W. Anderson, DO, FACOFP *dist.*  
Dawsonville, GA

**GOVERNORS**

Greg D. Cohen, DO, FACOFP  
Chariton, IA

David A. Connett, DO, FACOFP *dist.*  
Anaheim Hills, CA

Gautam J. Desai, DO, FACOFP  
Kansas City, MO

Brian A. Kessler, DO, FACOFP  
Harrogate, TN

Ronna D. New, DO, FACOFP  
Abingdon, VA

Bruce R. Williams, DO, FACOFP  
Blue Springs, MO

**RESIDENT GOVERNOR**

Jesse D. Shaw, DO  
St. Petersburg, FL

**STUDENT GOVERNOR**

Jaclyn Sylvain, OMS II  
Okemos, MI

**SPEAKER, CONGRESS OF DELEGATES**

Elizabeth A. Palmarozzi, DO, FACOFP  
Auburn, AL

**EXECUTIVE DIRECTOR**

Bob Moore, MA, CAE  
Arlington Heights, IL

**VIA ELECTRONIC SUBMISSION**

Alex Azar, Secretary  
Department of Health and Human Services

Don Rucker, National Coordinator for Health Information Technology  
Department of Health and Human Services

Seema Verma, Administrator  
Centers for Medicare & Medicaid Services

Dear Secretary Azar, Dr. Rucker, and Administrator Verma:

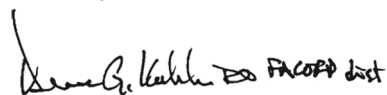
On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to respond to the draft report, *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*.

ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes, and ensuring that patients receive high-quality care. Generally, we support efforts to reduce administrative and regulatory burdens for physicians and promote flexibility and innovation.

Overall, as an organization our osteopathic family physicians practice in variety of settings, including in solo, small, group, rural, Native American Indian healthcare, and alternative payment models. We support proposals designed to expand access, including providing more flexibility to offer telehealth services. We also support efforts to leverage primary care to improve outcomes and reduce costs and to ensure vulnerable populations have sustained access to family physicians.

Our full comments are detailed on the following pages. Thank you for the opportunity to share these with you. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at [advocacy@acofp.org](mailto:advocacy@acofp.org) or (847) 952-5100.

Sincerely,



Duane G. Koehler, DO, FACOFP *dist.*  
ACOFP President

ACOFPP appreciates the Office of the National Coordinator (ONC) for Health Information Technology (HIT) for developing a comprehensive report that identifies the primary burdens to physicians in terms of HIT and electronic health record (EHR) systems. We strongly support efforts to leverage new and innovative technology to improve and streamline health care delivery. However, we also have concerns with efforts that would unnecessarily increase burdens for physicians or for patients to access needed health care services.

### *Infrastructure and Financial Challenges*

In general, ACOFP believes that technology and HIT can significantly improve the effectiveness and efficiency of the health care system. However, to appropriately leverage innovation in technology, there must be broadband connections in all parts of the country. Many of our rural family medicine practice members provide services in areas without a reliable internet connection. In fact, rural physicians face a stark financial reality with deploying HIT because they serve a disproportionate share of Medicaid and dually-eligible individuals. Without stable internet access and due to the significant financial burden, many of our rural family physicians do not have the capacity to invest in or update their HIT and EHR systems.

When the original Meaningful Use program was implemented, it was clear that solo and small practices, especially those in rural areas, faced significant challenges to meet the requirements (e.g., lack of access to broadband internet, insufficient skilled IT workforce, and insufficient financial capital to implement EHR systems). Further, individual Rural Health Center providers were not eligible for the Meaningful Use incentive payment. Now that this is a required component of reporting, this is a significant financial burden on small, solo, and rural physicians that were not previously provided financial support to implement HIT and EHR systems. Therefore, throughout the strategy and recommendation process, we urge ONC HIT to consider how such physicians are situated and the significant challenges they face beyond those identified in this report.

### *Interoperability*

ACOFPP supports promoting interoperability and advancing the electronic exchange of information in a safe, effective manner. We acknowledge that the Centers for Medicare & Medicaid Services (CMS) has taken steps to address administrative burdens to support rural practices, but, as described above, more assistance is needed to support rural physicians and their patients. Subsequently, as CMS continues to impose additional requirements and burdens, especially those associated with the Quality Payment Program, physicians are placed in an impossible situation of investing money they may not have, or facing penalties for non-compliance. As discussed further below, the additional requirements are directly and adversely impacting physician wellness. Facing the options of investing more money or facing penalties means our members must choose between retiring, moving to an administrative role, or leaving medicine.

As primary care physicians, we often interact with other health care providers that have and use different EHR systems or HIT vendors. The lack of interoperability can be especially challenging in delivering seamless health care to our patients. Therefore, we strongly support the recommendations to improve HIT usability, user experience, and EHR reporting. Standardization, improved integration, and consistency will be especially helpful for physician practices of all sizes and in all settings. As the agency proceeds, we urge you to recognize that truly interoperable systems will decrease the need for repetitive documentation, improve continuity and quality of care, and improve patient and physician satisfaction.

### Population Health Management and Public Health Reporting

ACOFP has identified that many existing EHR systems do not offer sufficient population health management or public health reporting options. Many systems were developed prior to physicians and the EHR industry fully understanding the value of population health management. ACOFP believes there should be a population health incentive program, like the EHR Incentive Program that would improve upon the existing systems and offer solo, small, and rural practices a pathway to improve their accuracy of patient management. ACOFP believes that a focus on population health, including more education for physicians and other eligible professionals on what it is and how it can improve care, will result in more targeted care plans, more effective patient management, better outcomes, reduced long-term costs, and improved patient satisfaction.

We support ONC HIT's strategies intended to increase the adoption of electronic prescribing of controlled substances and to harmonize the requirements across federally-funded programs. One of the greatest challenges with HIT and EHR systems is the significant variability. Consistency and stability are key to ensuring interoperability and that such technology places the least amount of burden on physicians while providing the maximum benefit for patients.

### Burdens on Physicians and Potential Barriers

ACOFP appreciates that HHS has paid special attention to the increasing burden associated with EHR systems and documentation requirements. Our physicians are required to spend far too much time looking at a computer screen as opposed to interacting and caring for our patients. We also reiterate the impact EHR burden has on physician wellbeing. A recent study in the Journal of the American Medical Informatics Association indicates that EHR burden is associated with "physician burnout," especially for primary care physicians.<sup>1</sup> Burnout can lead to poorer quality care, lower levels of satisfaction (for both patients and physicians), and drive physicians out of practice. Ultimately, the current EHR burden creates greater limitations for patients to access their primary care physicians.

In previous comment letters, we expressed our support for CMS' efforts to alleviate some of these burdens, including by eliminating duplicative or unnecessary reporting requirements. While sufficient and appropriate documentation is necessary, much of the required reporting is unnecessary and questions physician decision making. For example, prior authorization and preauthorization requires extensive paperwork (electronic or otherwise) and directly calls into question the medical judgment of the physician. In many instances, these unnecessary requirements result in delayed treatment, which can lead to increased downstream costs and other avoidable adverse health outcomes.

We believe that this is an area that the agency should closely examine. While standardization of prior authorization may help to alleviate some of the burden, we believe that such utilization management tools will become increasingly unnecessary. Specifically, as quality and cost outcomes continue to be integrated in payment reform and care redesign efforts, physicians will neither prescribe nor provide therapies that have costs that outweigh their benefits. We appreciate that ONC HIT has identified prior authorization as a significant burden, but we urge you to consider exploring options beyond standardization.

---

<sup>1</sup> Rebekah L Gardner, Emily Cooper, Jacqueline Haskell, Daniel A Harris, Sara Poplau, Philip J Kroth, Mark Linzer; Physician stress and burnout: the impact of health information technology, Journal of the American Medical Informatics Association, Volume 26, Issue 2, 1 February 2019, Pages 106-114 (published 5 December 2018), <https://doi.org/10.1093/jamia/ocy145>.

ACOFP shares the agency's goals of leveraging technology to improve care delivery, especially in rural and underserved areas. In all aspects of burden reduction, we urge HHS to continue to collaborate with physicians and other key stakeholders. For example, Family Medicine for America's Health has done significant work in this area and could be a valuable partner moving forward. We also offer our support as the agency continues to work to reduce burdens related to HIT and EHR use. Overall, we urge the agency to work collaboratively as this will benefit all patients and physicians.