The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Vice President, Health Policy
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January 28, 2019

Donald W. Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW
Floor 7
Washington, DC 20201

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

Dear Dr. Rucker:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), representing over 58,000 physicians and partners dedicated to advancing women's health, I am pleased to offer these comments on the Office of the National Coordinator for Health Information Technology's (ONC) Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health Information Technology (IT) and Electronic Health Records (EHRs). We believe that the technological advances and interoperability efforts underway have the potential to improve care quality and coordination across our health care system. However, to realize the true potential of EHRs and other health IT improvements, health care providers need to be engaged as equal partners throughout the development and implementation processes. ACOG appreciates ONC's efforts to address and ameliorate the administrative burden experienced by ob-gyns and other physicians. We look forward to working with ONC to build a more interoperable health IT ecosystem that better addresses and prioritizes women's unique health care needs while reducing administrative burdens on physicians.

Clinical Documentation

Strategy 1: Reduce regulatory burden around documentation requirements for patient visits.

Recommendation 1: Continue to reduce overall regulatory burden around documentation of patient encounters.

While ACOG supports efforts to reduce regulatory burden associated with clinical documentation, we urge ONC and the Centers for Medicare and Medicaid Services (CMS) to work with the provider community to implement changes that support patient care across the continuum of complexity, incentivize care coordination, and while preserving relativity across the fee schedule. We agree with CMS and ONC that documentation requirements to support coding levels for evaluation and

management (E/M) visits are burdensome and do not contribute to quality patient care. However, ACOG is concerned that there will be unintended consequences for patients with complex medical needs if the finalized flat payment across levels 2-4 for CY 2021 is implement as it is not resource-based. Additionally, the finalized add-on codes will generate more confusion and frustration as physicians try to make sense of these new requirements and will require considerable educational efforts to support their correct utilization. This will not reduce the documentation burden for physicians nor will it result in reduced burden as auditors will be required to assess the correct use of modifiers rather than code levels to assure correct payment. ACOG believes that any changes to the physician fee schedule should be made in partnership with the physician community, and new or revised codes should be developed and valued through the Current Procedural Terminology (CPT) Editorial Panel and Relative Value Scale Update Committee (RUC) process. ACOG supports the work being done through the AMA CPT and RUC E/M Workgroup.

Recommendation 2: Leverage data already present in the EHR to reduce re-documentation in the clinical note.

ACOG applauds the recent revision of regulations that allow users to review data, update, and sign off on data already present within the EHR from previous encounters. We believe if ONC, the physician community, and EHR developers work together, this regulatory change could be operationalized to create a more user-friendly interface. For example, important triage or episode data that has been recently updated and verified could be integrated into a patient dashboard or summary, allowing physicians to view the most important and up-to-date information without reading long notes.

Recommendation 3: Obtain ongoing stakeholder input about updates to documentation requirements.

We fully support ONC's effort to obtain ongoing stakeholder input, and hope that we can be engaged during the development, pilot, and rollout phases of any future regulatory changes. ACOG is interested in working with ONC, CMS, and other stakeholders to revise and develop standards for clinical documentation of women's health care services that do not impose additional burdens on providers, and we are prepared to engage in, and contribute to, this effort.

Recommendation 4: Waive documentation requirements as may be necessary for purposes of testing or administering APMs.

ACOG supports the recommendation to expand the recent CMS pilot, which reduced the medical review burden for those alternative payment model (APM) participants who share financial risk with the Medicare program. As CMS noted in its 2016 Fact Sheet summarizing the pilot program, two-sided risk models provide powerful motivation to deliver care in the most efficient manner possible, which greatly reduces the risk of improper billing by APM participants.[1]

ACOG also supports the development of more pilots that experiment with documentation waivers, collect market evidence regarding their efficacy, and then either proceed ahead with broader rollouts or pivot to a new pilot program based upon the findings. In developing future pilots, we urge ONC and CMS to focus on documentation requirements that have a significant impact on a physician's day-to-day

clinical practice. While reducing medical review burden is important, providers would be more inclined to enter two-sided risk models if participation guaranteed a significant reduction in documentation requirements for patient encounters.

Strategy 2: Continue to partner with clinical stakeholders to encourage adoption of best practices related to documentation requirements.

Recommendation 1: Partner with clinical stakeholders to promote clinical documentation best practices.
Recommendation 2: Advance best practices for reducing documentation burden through learning curricula included in the CMS Technical Assistance Models.

ACOG supports partnerships between the Department of Health and Human Services (HHS) and clinical stakeholders that seek to promote best practices for clinical documentation and relieve provider burden. For instance, these partnerships could evaluate ways to minimize free text errors by increasing structured data, though the number of clicks required for documentation by the end user should also be considered. We agree that best practices should be made public and promoted through existing technical assistance initiatives.

Strategy 3: Leverage health IT to standardize data and processes around ordering services and related prior authorization processes.

Recommendation 1: Evaluate and address other process and clinical workflow factors contributing to burden associated with prior authorization.

ONC should continuously consult providers to determine what processes and factors contribute to administrative burden, and how to best address these issues. Prior authorization requirements often pose barriers to providing evidence-based, patient-centered care. Not only do they delay care, but they also contribute to provider burden by requiring justification for medically-necessary services that are considered the standard of care. As long as payers continue to require prior authorizations, especially for routine and clear standard of care services, clinical administrative burden and cost will not be reduced, regardless of regulatory efforts.

ACOG appreciates ONC's acknowledgement of the administrative burden generated by prior authorization requirements and urges ONC and CMS to consider the potential unintended consequences of supporting prior authorization requirements. We hope that ONC will partner with ob-gyns and other providers to ensure that standardization efforts do not result in increased documentation requirements or administrative burden that is not necessary for quality, high value patient care.

Recommendation 2: Support automation of ordering and prior authorization processes for medical services and equipment through adoption of standardized templates, data elements, and real-time standards-based electronic transactions between providers, suppliers, and payers.

ACOG agrees with ONC's recommendation that HHS support automation of ordering and prior authorization processes. The use of standardized templates and data elements may reflect the various

needs of women in health care settings and many of these resources are already in use by women's health providers. ACOG is interested in serving as a resource to HHS as the agency defines and fosters the adoption of standards for templates, data elements, and transactions that are used in ordering and prior authorization processes for women's health services. Ob-gyns can provide HHS and health IT developers with their expertise to ensure that women's needs and appropriate care guidelines are considered and included throughout the standardization process.

Recommendation 3: Incentivize adoption of technology which can generate and exchange standardized data supporting documentation needs for ordering and prior authorization processes.

ACOG supports HHS providing incentives for the adoption of technology that could relieve provider burden and provide standardized documentation. Standard processes enable providers to obtain authorizations and treat patient conditions in a timely manner, in turn leading to reduced provider burden and better health outcomes. Prior to incentivizing the adoption of this technology, its use in the health care system should be piloted and deemed successful by a variety of stakeholders.

Recommendation 4: Work with payers and other intermediary entities to support pilots for standardized electronic ordering of services.

As long as the physician community is regularly engaged and consulted in their development, we strongly support pilots that are used to standardize the electronic ordering of services.

Recommendation 5: Coordinate efforts to advance new standard approaches supporting prior authorization.

ACOG supports HHS facilitating the development of standards and building consensus within the ecosystem. We are also encouraged by the standards development work of groups such as the Da Vinci Project and the Payer Provider Fast Healthcare Interoperability Resources (P2 FHIR) taskforce mentioned in ONC's draft Strategy and we actively encourage their adoption among our membership.

Health IT Usability and The User Experience

Strategy 1: Improve usability through better alignment of EHRs with clinical workflow; improve decision making and documentation tools.

Recommendation 1: Better align EHR system design with real-world clinical workflow.

ACOG strongly supports efforts to modify EHR designs to better match providers' workflow, and believes we are well positioned to lead these efforts in the women's health care space. There are many opportunities for ACOG to work with health IT developers in the women's healthcare space, including: development of screen layouts, workflows, clinical decision support rules, identification of data elements, and display of results.

Recommendation 2: Improve clinical decision support usability.

ACOG agrees that health IT systems should use intelligent event correlation to summarize the data captured in what is now a flood of alerts to providers. Health IT systems should shift to more predictive, proactive care alerts. For instance, an evaluation of clinical decision support (CDS) alert mechanisms, including suppression mechanisms for these alerts, would be helpful in alleviating physician burden and enhancing clinical support.

ACOG is currently working with Dorsata, an application development firm, to develop the ACOG Prenatal Record application which overlays the EHR. The ACOG Prenatal Record surfaces clinical guidance and other information that is specific to a patient's needs within the provider's documentation workflow. The ACOG Prenatal Record could serve as one model for how to seamlessly integrate CDS into the provider interface.

Recommendation 3: Improve clinical documentation functionality
Recommendation 4: Improve presentation of clinical data within EHRs.

ACOG agrees that inconsistency within health IT products and services unnecessarily increases the cognitive burden placed upon physicians and clinicians within the care setting. We advocate for the creation and adoption of standardized usability and design patterns that are uniformly implemented throughout a health IT product.

Additionally, ONC should focus on minimizing the number of clicks required to document or view data at the encounter level. Implementing a patient dashboard or summary that appears in the main documentation interface would improve the presentation of clinical data and reduce the number of clicks required by providers when reviewing or documenting a patient encounter.

ONC should work with EHR developers to implement standardized, efficient procedures for instances during which the EHR is unavailable for use, also known as "downtime." Downtime can be both planned and unplanned, as it is required to maintain and update the EHR or may occur due to a technical difficulty. Since it is inevitable, downtime procedures should allow providers to electronically document patient information, instead of relying on paper records, which negatively impact productivity and patient safety.

Strategy 2: Promote user interface optimization in health IT that will improve the efficiency, experience, and end user satisfaction.

Recommendation 1: Harmonize user actions for basic clinical operations across EHRs.

ACOG supports harmonizing user actions across EHRs, specifically those conducive to patient care workflows. To achieve this goal, EHRs should effectively employ templates, labs, prescriptions, patient education materials, order sets, and electronic prescription methods that have been created in concert with existing workflows. Currently, ACOG is working with our ob-gyn members and health IT developers

to design and harmonize user actions for women's health providers and services across EHRs. We welcome the opportunity to work with ONC and other developers to continue this work.

Recommendation 2: Promote and improve user interface design standards specific to health care delivery.

To promote the improvement of user interface design, ACOG suggests the minimization of administrative tasks within clinical workflow, such as inboxes or alerts that could be directed to appropriate support staff in the EHR design. We also promote the use of application overlays that provide a more intuitive interface and improved clinician and staff experience than traditional EHR systems.

ACOG is currently working to develop and expand access to the ACOG Prenatal Record, an application overlay that can be used by obstetric care providers when documenting visits. By presenting patient information and ACOG clinical guidance in a way that conforms to the provider's workflow, the ACOG Prenatal Record reduces the number of clicks required to document a patient encounter. All of the information recorded in the application is integrated into the EHR. ACOG has received very positive feedback from practicing clinicians who are currently using the ACOG Prenatal Record in their offices. They emphasize that the interface design is clear and easy to use. Based on this success, we believe ONC should require EHR developers to provide an open application programing interface (API). An open API would allow application overlays, like the ACOG Prenatal Record, to have better access to the underlying EHR platform and data. This will encourage innovation and opportunities for technological advances that improve the provider and patient experience within the current EHRs.

Recommendation 3: Improve internal consistency within health IT products.

We agree that inconsistency within health IT products and services unnecessarily increases the cognitive burden placed on physicians and other providers. ACOG advocates for the creation and adoption of standardized usability and design patterns that are uniformly implemented throughout a health IT product. For example, most women's health care settings employ clinical workflows that require EHR input by multiple end users. Standard measures should be put in place to limit the ability to edit open notes, especially in these multi-provider settings. To facilitate patient safety and continuity of care, user logs should become standard practice. These logs would identify which EHR users created, modified, or deleted any information or orders in a patient record.

Strategy 3: Promote harmonization surrounding clinical content contained in health IT to reduce burden.

Recommendations 1-3: Standardize medication information, order entry content, and display conventions within health IT.

ACOG supports standardization activities and would like to collaborate with ONC, CMS, and other specialty societies to ensure that EHRs are better designed to document women's unique health care needs, such as menopause, obstetric care, well-woman, and adolescent health. There is an opportunity

to increase the use of standard templates based on clinical or patient safety standards and guidelines. ACOG would also like to collaborate with ONC and other stakeholders to improve the usability of standard interfaces with labs, radiology, and pathology report documents.

Strategy 4: Improve health IT usability by promoting the importance of implementation decisions for clinical efficiency, satisfaction, and lowered burden.

Recommendation 1: Increase end user engagement and training.

It is critical that EHRs are designed, configured, and implemented to facilitate patient-centered care. ACOG agrees that ob-gyns and other front line clinical staff should be involved in all phases of the EHR configuration and optimization. There is an opportunity for ACOG to create and publish best practices and guidance regarding how the ob-gyn community should participate in these implementation discussions.

Recommendation 2: Promote understanding of budget requirements for success.

ACOG concurs that ob-gyn practices and other health care institutions would benefit from a more transparent and realistic budget model for EHRs. Developers should clearly communicate that EHR implementation involves initial installation and training costs, as well as ongoing costs for training, technical support, updates, and optimization.

Recommendation 3: Optimize system log-on for end users to reduce burden.

ACOG agrees that EHRs should be optimized for log-on, specifically to be multi-user friendly, and employ security measures that meet the needs of providers who share machines. For instance, many EHRs use "timed-out" security measures, which log providers out after a certain period of inactivity has occurred. When multiple providers are sharing a machine, this "timed-out" feature often results in confusion and locked out accounts. ACOG supports leveraging new health IT systems to support team-based care and reduce burden caused by system authentication processes. The token-based and biometrics methods specifically mentioned by ONC in its draft Strategy are of interest.

Recommendation 4: Continue to promote nationwide strategies that further the exchange of electronic health information to improve interoperability, usability, and reduce burden.

ACOG supports the continued promotion of nationwide strategies that further the exchange of electronic heath information and urges ONC to prioritize strategies that address issues in women's health care, such as maternal mortality. As our country faces a maternal mortality crisis, the importance of capturing and sharing women's health data, and our current lack of ability to do so, has come into focus.

Since ONC released its draft Strategy, The Preventing Maternal Deaths Act of 2018 was passed into law. This new law includes provisions requiring states to collect and report data related to maternal deaths.[2] In its final Strategy, ONC should detail how it plans to support states' collection and secure

dissemination of data on maternal deaths, as well as how it will work with HHS to leverage data to combat the maternal mortality crisis.

EHR Reporting

Strategy 1: Address program reporting and participation burdens by simplifying program requirements and incentivizing new approaches that are both easier and provide better value to clinicians.

Recommendation 1: Simplify the scoring model for the Promoting Interoperability performance category.
Recommendation 2: Incentivize innovative uses of health IT and interoperability that reduce reporting burdens and provide greater value to physicians.

ACOG supported many of the changes CMS made to the MIPS Promoting Interoperability performance category in the last rulemaking cycle and agrees that further improvements can be made. We strongly support efforts to move towards multi-category credit, which would allow providers to receive credit in multiple performance categories when they report on electronic quality measures. This scoring methodology would make participation in the QPP more meaningful and less burdensome for many providers. We hope that ONC will work closely with CMS to implement multi-category credit in MIPS.

Recommendation 3: Reduce burden of health IT measurement by continuing to improve current health IT measures and developing new health IT measures that focus on interoperability, relevance of measure to clinical practice and patient improvement, and electronic data collection that aligns with clinical workflow.

ACOG has been supportive of CMS's EHR Call for Measures, and appreciates CMS enlisting the provider community to develop new measures that are closely aligned to clinical workflows and do not contribute to burden. In the future, we urge CMS to be more transparent about its reasons for accepting and rejecting various measures that have been submitted by the provider community. We also suggest creating a resource that lists what measures various specialty societies are working to develop so that measure development efforts are not unnecessarily duplicated.

Recommendation 4: To the extent permitted by law, continue to provide states with federal Medicaid funding for health IT systems and to promote interoperability among Medicaid health providers.

We support HHS providing federal funds to support state initiatives that promote interoperability within and beyond Medicaid providers. Since Medicaid typically reimburses providers at a lower rate than other payers, providers that see a large proportion of Medicaid beneficiaries may have fewer resources to dedicate to EHR improvements and interoperability efforts in general. HHS should continue to work closely with state Medicaid programs to ensure that these providers and their patients are included in quality improvement and interoperability efforts.

Recommendation 5: Revise program feedback reports to better support clinician needs and improve care.

ACOG appreciates CMS's efforts to improve MIPS performance feedback reports and hopes that the agency will continue engaging providers in user research. ONC should work with CMS to reduce provider wait time for feedback reports. Without timely reports, ob-gyns and other providers that are participating in MIPS cannot analyze their results and make business and practice management decisions in time for the following performance year. We strongly support exploring an open API approach to foster the integration of performance feedback and supporting data into health IT and believe this could make reports more meaningful to providers.

Strategy 2: Leverage health IT functionality to reduce administrative and financial burdens associated with quality and EHR reporting programs.

Recommendation 1: Recognize industry approved best practices for data mapping to improve data accuracy and reduce administrative and financial burdens associated with health IT reporting.

ACOG agrees that improved data accuracy reduces administrative and financial burdens associated with reporting. The integration of mechanisms that facilitate the conversion of International Classification of Diseases (ICD) codes and Systemized Nomenclature of Medicine – Clinical Terms (SNOMED-CT) codes to the most up-to-date value set would assist with avoiding inaccuracies in the future.

Recommendation 2: Adopt additional standards that make access to data, extraction of data from health IT systems, integration of data cross multiple health IT systems, and analysis of data easier and less costly for physicians and hospitals.

ACOG supports standards that promote ease of access to data reports. Providers should be able to create query-based reports and extract these reports in interoperable formats regardless of the electronic platform being used. We also strongly support adopting best practices for data mapping to improve data accuracy, as well as standards that make access to data, extraction, and analysis easier. A provider dashboard should be implemented within the EHR so that providers can analyze performance on quality measures and comply with payment requirements, without increasing costs or burden.

Recommendation 3: Implement an open API approach to HHS electronic administrative systems to promote integration with existing health IT products.

We agree that HHS should adopt an open API interface that supports bidirectional data integration for its electronic administrative systems.

Strategy 3: Improving the value and usability of electronic clinical quality measures while decreasing health care provider burden.

Recommendation 1: Consider the feasibility of adopting a first-year test reporting approach for newly developed electronic clinical quality measures.

ACOG is strongly supportive of a first-year test reporting approach for newly developed electronic quality measures. Providers should not be expected to immediately report on new measures, and their

initial performance on these measures should not negatively impact their score in quality improvement programs.

Recommendation 2: Continue to evaluate the current landscape and future directions of electronic quality measurement and provide a roadmap toward increased electronic reporting through the eCQM Strategy Project.

ACOG appreciates efforts by CMS to engage providers in the electronic Clinical Quality Measure (eCQM) development process. We agree that current eCQMs and new eCQMs should be designed to align with clinical workflow and should not require the provider to take extra steps during a patient encounter to report. Before inclusion in the QPP or other reporting programs, new and revised eCQMs should be piloted in care settings to ensure they meet these goals.

Recommendation 3: Explore alternate, less burdensome approaches to electronic quality measurement through pilot programs and reporting program incentives.

ACOG is supportive of exploring less burdensome approaches to quality measurement through data-mining and machine learning pilots. As new technology becomes available, we urge HHS to determine how it could be used to improve quality reporting while also maintaining the privacy and security of patients' information.

Public Health Reporting

Strategy 1: Increase adoption of electronic prescribing of controlled substances and retrieval of medication history from state PDMP through improved integration of health IT into health care provider workflow.

Recommendation 1: Federal agencies, in partnership with states, should improve interoperability between health IT and PDMPs through the adoption of common industry standards consistent with ONC and CMS policies and the HIPAA Privacy and Security Rules, to improve timely access to medication histories in PDMPs. States should also leverage funding sources, including but not limited to 100 percent federal Medicaid financing under the SUPPORT for Patients and Communities Act, to facilitate EHR integration with PDMPs using existing standards.
Recommendation 2: HHS should increase adoption of electronic prescribing of controlled substances with access to medication history to better inform appropriate prescribing of controlled substances.

ACOG agrees that federal funding agencies should coordinate a shared strategy for all PDMPs to adopt common standards. Interoperability between EHRs and PDMPs could also be improved by integrating a single sign on for PDMP access directly from the patient chart or EHR. This would increase security and accuracy of prescription methods. Consideration should also be given to patient matching, and how to improve matching accuracy to, in turn, improve PDMP functionality.

ACOG applauds the opportunity for enhanced Medicaid funding, as well as the focus on interoperability in the SUPPORT Act. We hope that HHS will continue to work with states and EHR developers to

evaluate and address the barriers that Medicaid programs face in integrating patient medical histories into the electronic prescribing interface for controlled substances.

Strategy 2: Inventory reporting requirements for federal health care and public health programs that rely on EHR data to reduce collection and reporting burden on clinicians. Focus on harmonizing requirements across federally funded programs that impact a critical mass of health care providers.

Recommendation 1: HHS should convene key stakeholders, including state public health departments and community health centers, to inventory reporting requirements from federally funded public health programs that rely on EHR data. Based on that inventory, relevant federal agencies should work together to identify common data reported to relevant state health departments and federal program-specific reporting platforms.
Recommendation 2: HHS should continue to work to harmonize reporting requirements across federally funded programs requiring the same or similar EHR data from health care providers to streamline the reporting process across state and federal agencies using common standards.

ACOG supports the creation of an inventory of reporting requirements across federal health care and public health programs, as well as the harmonization and standardization of these requirements. As ONC stated in the draft Strategy, reporting to public health programs can be quite burdensome for physicians since it requires data collection outside the normal clinical workflow. We believe that, as women's health physicians who often report to federally-funded public health programs, ob-gyns should be included in these efforts. In addition, we suggest the evaluation of employed logic in the background of the EHR for capturing mandatory measures for public health reporting and assessment of the impact of these requirements on physician time.

Recommendation 3: HHS should provide guidance about HIPAA privacy requirements and federal confidentiality requirements governing substance use disorder health information in order to better facilitate electronic exchange of health information for patient care.

We agree with ONC's recommendation for HHS to provide guidance about federal privacy requirements, including HIPAA. The guidance that is currently available to providers has, to some extent, generated confusion and misinterpretation of HIPAA and 42 CFR Part 2 requirements. We urge HHS to develop guidance that helps providers navigate real-world privacy issues, such as how and when substance use disorder information can be shared, and alert the provider community when such guidance is available. ACOG is interested in serving as a resource in the development and review of privacy and confidentiality guidance for electronic exchange of health information for patients with substance use disorder.

We also support the protection of sensitive information to protect women in situations of intimate partner violence, as well as other sensitive situations, where others may be able to view patients' records. ACOG agrees that HHS should monitor and test data segmentation, as well as develop technical standards for its use. We note that data segmentation technology should be incorporated into all EMRs and must be made accessible and affordable to physician practices and health systems, otherwise it will not be practical for the provider community to adopt. HHS should focus on the development and

required implementation of data segmentation standards and software that make it widely available and affordable.

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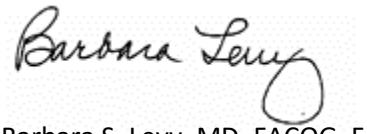
Again, we appreciate the opportunity to comment on the Draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs. We hope you have found our comments helpful. Should you have any questions, please contact Meredith Yinger, Health Policy Analyst at myinger@acog.org or 202-863-2544 or Nadia Ramey, PhD, Senior Director of Health IT and Clinical Informatics, at nramey@acog.org or 202-863-2525.

Sincerely,



Barbara S. Levy, MD, FACOG, FACS
Vice President, Health Policy

[1] Centers for Medicare and Medicaid Services. Reducing medical record review for clinicians participating in certain Advanced Alternative Payment Models. 2016. Available at: https://www.cms.gov/newsroom/fact-sheets/reducing-medical-record-review-clinicians-participating-certain-advanced-alternative-payment-models

[2] 42 CFR §6.2 Avaliable at: https://www.congress.gov/bill/115th-congress/house-bill/1318/text