

January 26, 2019

Dr. Don Rucker  
National Coordinator for Health Information Technology  
US Department of Health and Human Services  
330 C St. SW, Floor 7  
Washington, DC 20201

Dear Dr. Rucker,

On behalf of Altarum, we are pleased to submit comments on the Office of the National Coordinator's (ONC) **Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs**. Altarum is a non-profit committed to solutions that improve the health of vulnerable populations. Our work spans 50 years of solving critical health IT problems, including capturing clinical data from Electronic Health Record (EHR) systems across a wide array of products and settings; utilizing tools built to collect patient-reported outcomes in multi-site global registries; and developing and successfully deploying registries and clinical decision-support tools used by physicians and clinical researchers alike. Our experience ranges from facilitating some of the earliest health information exchange (HIE) planning projects to directly supporting provider adoption of electronic health records (EHRs) as the boots on the ground for Michigan's Regional Extension Center and developing national standards for information exchange and public health reporting today.

Given our experience, we respectfully submit the following comments. Please contact Craig Newman (Craig.Newman@altarum.org), Altarum's interoperability standards analyst, with any questions.

Sincerely,



Rick Keller, Director for the Center for Connected Health

Page Number	Excerpt	Comment
46	Clinical Documentation Strategy 1: Reduce regulatory burden around documentation requirements for patient visits.	We support the simplification of E/M codes and the reduction of documentation requirements to facilitate coding. We expect that by leveraging data already present in the EHR, providers could document by exception rather than repetitive data entry.
46	Clinical Documentation Strategy 1: Reduce regulatory burden around documentation requirements for patient visits.	We support the efforts to reduce clinical documentation burden on providers, but it will be important to remember that core clinical data must continue to be collected by providers in order to build up population level public

		health data. The collective value gained by the use of public health data is only possible due to the careful and detailed collection of patient level data by providers. It is important to ensure that thorough clinical documentation and reporting is not weakened in the name of burden reduction.
49	Clinical Documentation Strategy 3: Leverage health IT to standardize data and processes around ordering services and related prior authorization processes.	Currently the requirements of the prior authorization process are defined by payers and vary significantly. National standardization of prior authorization documentation requirements could enable electronic transfer to payers. We support the simplification of the workflow which would help to streamline a cumbersome process and reduce burden on the providers
51	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.	We support the goal of improving the user experience, but if healthcare organizations wish to improve EHR usability, minimize variation in GUI design and reduce overall burden, all facets of the organizations must be committed to this goal. Not only will clinical care providers be impacted but also other groups both inside the organization and out, including laboratory staff (even when the laboratory is external to the organization), patient administrators (i.e. registrars and schedulers), pharmacy staff, public health partners and more. The organization must be willing to change well-established workflows and policies even in the face of possible staff resistance. The importance of organizational commitment must be emphasized.
51	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.	We support improvements to the CDS functionality in EHR systems. We encourage the use of passive CDS alerting to minimize provider fatigue while maintaining the integrity of alerts without interruption of clinical workflow. Hard-stop alerts should be reserved for critical warnings that must be acted on for patient safety. It is critical to provide customized CDS alerts or customized reporting relevant to the scope of practice and individualized to the patient.
52	Health IT Usability and the User Experience Strategy 1: Improve usability through better alignment of EHRs with clinical workflow;	We support the availability of functionality for carrying-forward previous visit subjective and objective (including structured data) findings to reduce provider burden. Any such functionality (or related cut-and-paste functionality) should

	improve decision making and documentation tools.	require immediate clinician validation to ensure that the data is still accurate and complete.
53	Health IT Usability and the User Experience Strategy 2: Promote user interface optimization in health IT that will improve the efficiency, experience, and end user satisfaction.	In the absence of federal standards in GUI design, healthcare organizations must work together and provide a united voice and vision to EHR vendors regarding the need to reduce variation in GUI design. This vision must encompass all types of provider organizations (from large to small) and extend across the continuum of general care and specialty practice. The enormity of the task to gain and communicate such consensus should not be underestimated.
53	Health IT Usability and the User Experience Strategy 2: Promote user interface optimization in health IT that will improve the efficiency, experience, and end user satisfaction.	Care must be taken to ensure that any movement towards standardization in GUI design does not come at the expense of innovation. Product variation is often the result of innovative ways of collecting, displaying and using data. EHR vendors will be reluctant to share their innovations with competitors and even if standardization of GUI design is accomplished, innovation will naturally drive divergence in the future. If long-term, sustained standardization is to be realized, a pathway for moving from “innovative” to “normative” must be defined.
53	Health IT Usability and the User Experience Strategy 2: Promote user interface optimization in health IT that will improve the efficiency, experience, and end user satisfaction.	Vendors should be encouraged to develop methodologies to track and analyze provider utilization of EHR functionality. This data must be regularly utilized for provider feedback to optimize workflow and improve provider EHR efficiencies. Technical Assistance needs to be offered based on findings for targeting support. It will be important to keep in mind that user workflows and needs vary greatly depending on organization focus and clinical specialty.
54	Health IT Usability and the User Experience Strategy 2: Promote user interface optimization in health IT that will improve the efficiency, experience, and end user satisfaction.	Harmonization of EHR processes must take into account the need for customization based on provider preference and/or specialty. Many products allow for such customization, but it is often not implemented during the initial phase of EHR roll out. This should be a focus of ongoing optimization programs by provider organizations and supported by federal programs.
54	Health IT Usability and the User Experience Strategy 2: Promote user interface optimization in	We support the harmonization of EHR functionality that provides a complete and logical workflow for conditions being

	health IT that will improve the efficiency, experience, and end user satisfaction.	documented. Often providers must access multiple modules within their EHR system to document different parts of a single workflow, including completing information for public health reporting. Intuitive design supporting clinician workflow should be the focus, keeping in mind that the underlying data structure of the EHR need not be represented in (and should not drive) the provider GUI workflow.
57	Health IT Usability and the User Experience Strategy 4: Improve health IT usability by promoting the importance of implementation decisions for clinician efficiency, satisfaction, and lowered burden.	Enhanced single sign on and the use of techniques (such as biometrics) to simplify log-ons will become increasingly important as systems become more integrated, (allowing providers to access a wider variety of data sources) and more complex and secure authentication protocols are implemented. It will be critical to ensure that clinical workflows are not disrupted as users move between sources of data within the context of the EHR.
57	Health IT Usability and the User Experience Strategy 4: Improve health IT usability by promoting the importance of implementation decisions for clinician efficiency, satisfaction, and lowered burden.	Additional focus on the referral process would reduce provider burden. Electronic interoperability standards (such as those being developed by HL7) would facilitate the move from manual referral processes such as phone calls and faxes. However, care must be taken to ensure that only relevant data is part of the referral request in order to optimize the receiving provider’s use of the data.
57	Health IT Usability and the User Experience Strategy 4: Improve health IT usability by promoting the importance of implementation decisions for clinician efficiency, satisfaction, and lowered burden.	There is a need for improved healthcare provider directories (including access to Direct addresses free from information blocking from vendors) to facilitate provider referral and communication.
58	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.	We strongly support alignment of reporting requirements across quality initiative programs. Reporting a common set of data would significantly reduce burden. However, care must be taken to ensure that medical specialties are not neglected.
58	EHR Reporting Strategy 1: Address program reporting and participation burdens by simplifying program requirements and incentivizing new approaches	An increased ability to report data in real-time rather than annual reporting, using standardized APIs and receive prompt, actionable feedback will assist providers in optimizing their participation.

	that are both easier and provide better value to clinicians.	
64	EHR Reporting Strategy 2: Leverage health IT functionality to reduce administrative and financial burdens associated with quality and EHR reporting programs.	We support all effort to reduce provider burden related to quality measure reporting. Altarum’s work with Practice Transformation Networks (TCPI/PTN) has revealed the need for new ways of reporting, including the use of HL7’s FHIR product. While the HL7 DaVinci project is working on ways of collecting data related to quality measures, we see a need for standards relating to the direct collection of measure outcomes using existing FHIR resources and operations. If EHRs were to support the Measure and MeasureReport resources along with the \$evaluate-measure operation, centralized reporting repositories could query and receive data from individual organizations with little or no ongoing effort from providers. Such a strategy would make reporting significantly less burdensome.
63	EHR Reporting Strategy 3: Improving the value and usability of electronic clinical quality measures while decreasing health care provider burden	We support the concept of a pilot test year for new eCQMs. This should incentivize clinicians to use and test new measures if they are more relevant to their specialty. This will promote active engagement and increase performance without impacting the current year’s score as providers adopt new workflows.
65	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.	We support the emphasis on data exchange with state PDMP systems. We strongly encourage the use of non-proprietary standards such as HL7’s FHIR US Meds Implementation Guide that will soon include content directly related to PDMP integrations.
65	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.	In addition to developing new standards for PDMP integration, we also strongly back the continuation of federal support for existing public health reporting. In recent years, an immense increase in volume has been seen in public health reporting due to inclusion in federal incentive programs. Many of the reporting requirements are mandated by state and local jurisdictions through legislation. <b><i>Reporting would need to continue regardless, reverting to paper-based collection would increase the time providers spend on public health reporting.</i></b> We strongly back continued

		regulatory support for reporting in the areas of immunization, cancer, newborn screening, syndromic surveillance, vital records, case report, disease and clinical registries and others. Federal support for public health reporting must remain strong.
66	Public Health Reporting 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.	<p>We strongly support the goal of creating an inventory of reporting requirements across public health. Having an inventory of the local statutory requirements, would help expedite implementations. Certification testing and validation does not address the reality of state and local statutory requirements. Within the state of Michigan, Altarum plays a key role in supporting a wide variety of public health reporting programs and can confirm the potential benefit to cataloging and harmonizing reporting requirements.</p> <p>As acknowledged on page 41, states' statutory public health authority makes it "challenging to reduce provider burdens due to the inability of the federal government to mandate compliance." We urge that Strategy 2 for Public Health Reporting be expanded to include a call for federal funding specifically aimed to provide the necessary resources to convene a neutral forum to harmonize requirements and implement and sustain them on an ongoing basis.</p>
66	Public Health Reporting 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.	As noted elsewhere in the document, transport methods do vary. However, the uses cases for each public health program often drive specific program's standards. For example, IIS-EHR bidirectional exchange requires real-time synchronous interoperability, which is best served with SOAP/Web Services. Syndromic data flows unidirectionally, so FTP is satisfactory. Business needs should not be overlooked in favor of uniformity.
66	Public Health Reporting 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	We also support creating an inventory of places where jurisdictional data exchange standards vary from available national standards. Local variation is a large impediment to EHR developers and healthcare organization implementers. We have seen significant improvement with the concerted effort of the

	requirements across federally funded programs that impact a critical mass of health care providers.	immunization community to reduce local variation and evolve towards the published national implementation guide and we would strongly support similar efforts in other public health domains.
66	Public Health Reporting 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.	If changes are needed across public health, it will be critically important to increase funding for public health to support design and implementation of these changes. In recent years, an immense increase in volume has been seen in public health reporting due to inclusion in federal incentive programs. A primary obstacle to more commonality is the limited funding that public health receives to implement improvements.