BlueCross BlueShield Association

An Association of Independent Blue Cross and Blue Shield Plans

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

Submitted via the designated portal on the Official Website of the Office of the National Coordinator for Health Information Technology (ONC), HealthIT.gov

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

Dear Dr. Rucker:

The Blue Cross Blue Shield Association (BCBSA) appreciates the opportunity to provide comments on the Draft Strategy on Reducing Burden Relating to the Use of Health Information Technology (Health IT) and Electronic Health Records (EHRs) (the Strategy), as released for comment by ONC on Nov. 28, 2018.

BCBSA is a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield companies (BCBS Plans) that collectively provide healthcare coverage for one in three Americans. For more than 80 years, Blue Cross and Blue Shield companies have offered quality healthcare coverage in all markets across America – serving those who purchase coverage on their own as well as those who obtain coverage through an employer, Medicare and Medicaid.

BCBSA has long supported the deployment of interoperable health information technology systems to enable better patient care and outcomes and support value-based care. To enable this transition, it is essential that ONC pursue a strategy that focuses on seamless exchange of clinically useful data along the care continuum, which includes patients, providers and payers engaged in value-based care efforts. We applaud ONC's efforts to create voluntary strategies to help reduce administrative and regulatory burden on clinicians caused by the use of health IT such as electronic health records. In striving toward value-based and patient-centric care, however, we encourage ONC to also use this effort to advance interoperability of actionable health data through the promotion of data and application program interface (API) standards as

well as other technological innovations that both solves the interoperability barriers and addresses the challenges that burden users of EHRs and health IT.

BCBSA has led the development and adoption of electronic data exchange standards and certification requirements, which are critical to achieving an interconnected healthcare system that enables consumer-centric care and quality outcomes. That leadership is reflected in BCBSA's multi-year commitment to standards development organizations (SDOs) like the American National Standards Institute (ANSI) X12 Committee and Health Level Seven International (HL7); our support for the Workgroup on Electronic Data Interchange (WEDI) and its recommendations to the Secretary of the Department of Health and Human Services (HHS); and our participation in, and sponsorship of, groundbreaking cross-sector technological innovation projects like the Da Vinci Project.

BCBSA and BCBS Plans are actively seeking to break down data silos and integrate personal health administrative and clinical data so that data will be more useful to consumers. BCBS Plans were early adopters in making provider quality and cost information available to consumers through portals. BCBSA and a number of BCBS Plans are also original ONC Blue Button Pledgees in 2014, pledging to offer consumer access through API technology across the marketplace. As a member of the CARIN alliance – BCBSA works across sectors to develop standards and a framework that will enable patient access to health data from all entities in a secure way.

BCBSA is also a strong proponent of secure data access and transfer that respects, ensures and meets compliance with the law and regulations protecting patent and consumer privacy. Sharing data also means meeting the confidentiality expectations of every individual about the collection, storage, access, use and transfer of their personal health information. The BCBS System has industry-leading cybersecurity protection measures in place to combat the ever-evolving cybersecurity threats that are impacting every industry.

We, therefore, look forward to working with ONC, providers, developers and all health IT stakeholders in advancing usable, interoperable and effective EHRs and data systems.

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BCBSA General Comments on the Strategy

Upon review of the Strategy, we feel that the following issues warrant your heightened attention, and we urge ONC to incorporate the following recommendations in future efforts.

- **Use caution when reducing EHR repetitive data so as not to lose data pertinent to other stakeholders.** When taking action to reduce repetitive documentation and evaluation and management (E/M) coding in the EHR clinical record, steps should be taken to ensure that pertinent information for both clinical and administrative purposes is captured. To meet multiple stakeholder needs for data, essential pieces of information must not be lost, such

as data related to the effective monitoring of quality and other medical management activities by health plans.

- **Adopt the Clinical Attachment Final Rule quickly.** ONC should call on HHS to move forward with the adoption of the claims attachment Final Rule as soon as possible. Every day adoption is delayed, the healthcare system loses the potential benefits of standardization in the transfer of clinical documentation.
- **Broaden efforts to advance prior authorization automation through pilot projects and standards development.** BCBSA applauds and supports the ONC recommendation to advance prior authorization automation and simplification projects. This should also include the integration of such prior authorization standards into the HIPAA Administrative Transactions as well as the electronic health record and health information exchange certification requirements.
- **Support the capability to allow payers to leverage direct clinical decision support tools into EHRs.** EHR developers should work with both providers and payers to ensure that clinical decision support (CDS) tools supporting value-based payment models are available to alert clinicians to potentially helpful information at the point of care, including CDS hooks that payers may embed in patient records.

In what follows, we expand on our comments and offer additional detailed recommendations.

BCBSA DETAILED COMMENTS ON THE DRAFT STRATEGY ON REDUCING REGULATORY AND ADMINISTRATIVE BURDEN RELATING TO THE USE OF HEALTH IT AND EHRs AS REQUIRED BY THE 21st CENTURY CURES ACT (PUBLIC LAW 114-255, SECTION 4001)

I. Clinical Documentation

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

The Strategy notes that clinicians' use of EHRs to satisfy documentation requirements for evaluation and management codes has led to the creation and use of clinical documentation templates that records "unnecessary information for a patient encounter in order to meet billing requirements." This "note bloat" results in incoherent records. The Strategy recommends that other payers adopt the recent Medicare CY 2019 Physician Fee Schedule (PFS) Final Rule solution of eliminating most E/M codes by paying a single payment rate for several levels of office based/outpatient visits billed. In addition, the Strategy recommends leveraging data already in the EHR to reduce re-documentation in clinical notes and waiving documentation requirements as necessary to test advance payment models.

Issue: Reducing the amount of supporting data and/or repetitive data in the clinical record may result in the inadvertent removal of clinically useful and relevant data from the medical record.

Recommendation: BCBSA supports the reduction of repetitive documentation and repetitive E/M coding in the clinical record. However, we recommend that efforts be undertaken to identify

and ensure that pertinent information for both clinical and administrative purposes as required by all relevant stakeholders is captured appropriately in EHRs.

Rationale: BCBSA supports efforts to reduce provider burden related to documentation. However, we also want to ensure that changes to reduce provider burden do not result in a reduction of clinically and administratively useful data from the medical record. Suggestions to focus on the complexity levels of the medical decision making (MDM) component of the E/M coding system (straightforward, low complexity, moderate complexity, and high complexity) or recoding clinical encounter time alone could have a negative impact on the amount of detail documented in the medical record – detail that is pertinent for the assignment of the most appropriate diagnosis code(s) that identify the member's current health status, including those co-existing conditions that may be addressed outside of the final assessment. For example, vital sign information, lab results, medications, and current conditions are all essential pieces for the effective monitoring of quality and other medical management activities.

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

The Strategy points out the reported administrative burden with the documentation of prior authorizations as stemming to some extent from the multiplicity of rules imposed by payers that require the prior approval of the administration of a medication, procedure, device or other medical service. Attributes of this identified burden include differing payer requirements, lack of standardization and effective technology automation solutions, and the ad hoc manner in which payers and health IT developers have implemented prior authorization automation using unique interfaces that address one-off technology considerations, individual lines of business and customer-specific constraints.

To address these issues, ONC makes five specific recommendations in the Strategy to HHS:

- Evaluate and address other process and clinical workflow factors contributing to burden associated with prior authorization.
- 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.
- Incentivize adoption of technology which can generate and exchange standardized data supporting documentation needs for ordering and prior authorization processes.
- Work with payers and other intermediary entities to support pilots for standardized electronic ordering of services.
- Coordinate efforts to advance new standards approaches supporting prior authorization.

Issue: In recommending that HHS evaluate and address other process and clinical workflow factors contributing to burden associated with prior authorization, ONC calls for HHS to discuss with stakeholders: (1) developing and disseminating best practices for optimizing electronic workflows around prior authorization; (2) using health IT-enabled processes that leverage existing data within the record to reduce the total volume of prior authorization requests that

clinicians must submit; and (3) making transparent the clinical and coverage guidelines used by payers during the review of a prior authorization request to help reduce provider burden.

Recommendation: BCBSA supports this call for an HHS-sponsored discussion among stakeholders of the prior authorization processes, including establishing best practices and leveraging existing EHR data. BCBSA is also willing to discuss greater transparency of clinical and coverage guidelines as applied to the prior authorization process, provided the purposes of prior authorization review in controlling the inappropriate application and / or overutilization of the designated clinical services are not undermined in seeking levels of transparency and automation beyond their value to ensure efficient quality care.

Rationale: BCBSA recognizes the inherent burden to clinicians in meeting the documentation requirements of disparate health plan prior authorization requirements and acknowledges that the successful automation of prior authorization processes requires levels of commonality and standardization of documentation requirements across all payers to overcome the one-off technology approach in support of different business lines and other payer specific constraints. However, the very disparity in payers' approaches to ensuring the quality and efficiency of the administration of treatments and services covered in their variety of health benefits plans requires that attempts to achieve standardization be done in a manner that includes all stakeholders in a health policy-driven rather than technology-driven process.

Issue: In recommending that HHS 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, ONC points out that, while health IT solutions can help to automate these processes, they remain underutilized, in part, due to lack of an adopted healthcare standard for claims attachments.

Recommendation: BCBSA encourages ONC to go farther than simply stating that the underutilization of standardization is, in part, due to the lack of a final HIPAA Administrative transaction claims attachment rule. ONC should call on HHS to move forward with the adoption of the claims attachment Final Rule as soon as possible.

Rationale: The clinical attachment (formerly claims attachment) transaction has been called for since the passage of the Health Insurance Portability and Accountability Act (HIPAA) in 1996. The HHS published a Proposed Rule for the claims attachment in 2005. Every day that passes, we lose the potential benefits of standardization in the transfer of clinical documentation. This includes making the process of submitting and adjudicating health-care claims and requests more efficient, increasing the ability to predict the successful adjudication and processing of claims and other transactions, increasing the rate of automated adjudication and the level of advanced awareness of the need to provide additional information to support a transaction and decreasing the amount of time and effort necessary to respond when requests for additional information are made. We believe it is past time to accelerate the adoption of a clinical attachment transaction standard.

Issue: In recommending that HHS coordinate efforts to advance new standards approaches supporting prior authorization, ONC cites the Da Vinci Project and the P2 Fast Health Information Resources (FHIR) Task Force as examples of successful multi-stakeholder efforts pursuing prior authorization standards. ONC calls on HHS to build awareness of and promote these activities. Additionally ONC encourages HHS to pursue consensus on adoption of the standards through the National Committee on Vital and Health Statistics (NCVHS).

Recommendation: BCBSA applauds and supports this ONC recommendation. In addition, we also point to the necessity to engage the other designated standards maintenance organizations as stakeholders in this process to ensure consistency and support for the advancements of prior authorization standards. This includes the integration of such prior authorization standards into the HIPAA Administrative Transactions as well as the electronic health record and health information exchange certification requirements.

Rationale: BCBSA and BCBS Plans are partners with, and participants in, the Da Vinci Project, the P2 FHIR Task Force efforts and other similar efforts which the ONC recommendation is encouraging HHS to promote. We see benefit in the pursuit of the goals of these projects and also bring our perspective on the importance of the integration of clinical and administrative data to further the goals of interoperability, the transition to value-based payment programs and the achievement of patient safety, data privacy and security, and quality care delivery.

II. Health IT Usability and the User Experience

Strategy 1: **Improve usability through better alignment of EHRs with clinical workflow.**

This Strategy calls for a better alignment of EHR system design with real-world clinical workflow through greater and more regular collaboration between clinicians and other provider-users of EHRs and the EHR system developers. Other experts, like human factor engineers are also proposed to assist developers in designing usable products. Further expanding the concept of EHR usability in clinical workflow, the strategy proposes the incorporation of improved, predictive clinical decision support (CDS) tools; improved documentation functionality supported, in example, by speech recognition; and additional work on the presentation of clinical data from EHRs to achieve showing the clinician-critical, context-specific data in manageable amounts and with the capability to see the data from a longitudinal health status perspective.

Issue: The recommendation in Strategy 1 under improving health IT usability calls for EHR system developers to engage in greater collaboration with clinicians and for clinicians to engage in the regular sharing of workflow insight with developers to better identify and address usability issues. There is also a call for improvement in CDS capabilities as part of enhancing EHR value while improving usability. Unfortunately, payers are again left out of this call for greater collaboration and experience sharing despite the concurrent initiatives to alter payment systems to value-based care designs that are dependent upon and encourage the deployment and use of health IT.

Recommendation: BCBSA recommends that developers also work with providers and payers to ensure that CDS-supporting, value-based payment models is available to alert clinicians to

potentially helpful information at the point of care. Developers are encouraged to leverage HL7 FHIR in the development of CDS hooks that payers may embed in patient records.

Rationale: Value-based care has changed the role of health insurance providers from one of actuarial payers to a new role where payers are actively engaged in wellness promotion and the mitigation and treatment of illness of health plan members. Empowered by large investments in advanced analytics, payers are now in a unique position to provide insights to providers that can benefit members and lead to improved outcomes. However, health interoperability practices rooted in the past mindset constrain the ability of payers to provide actionable CDS to providers. For example, payers must utilize other physician-community supported communication channels, like Directed Exchange.

Although Directed Exchange provides a method of sending HIPAA secure messages to providers, it does so in a provider's centralized mailbox, burdening the provider with the additional task of applying the information contained in the message to the member's chart. While this method is secure and mature and the best currently available option, this is not optimal long term. Enabling EHR system design to accept embedded CDS messaging from payers is a preferable solution.

FHIR and CDS hooks can be leveraged to empower value-based payers to insert CDS directly into a patient record so providers can be alerted to potentially helpful information at the point of care. Just two of many potential examples include:

- Suggestion of chemotherapy found to be clinically more effective for a particular type of cancer at a particular stage
- Suggested tests for diagnosis of likely undiagnosed illnesses given patient health information

III. EHR Reporting

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

This Strategy promotes the adoption and application of additional data standards to improve health IT data access, extraction integration and analysis. In order to solve the interoperability and data interface issues, the Strategy calls for the implementation of an open API approach to the integration of health IT systems and products.

Issue: The Strategy does not speak to the necessity of enabling communication between providers and payers through EHRs as part of the solution to reduce administrative burdens for EHR users.

Recommendation: The Strategy should specifically call for EHR systems to more seamlessly connect with payers. This seamless connection goal should be incentivized and piloted.

Rationale: Enabling providers to connect more seamlessly with payers through their EHR systems would improve patient's healthcare experiences as well as outcomes. By leveraging more information about a patient's whole health record, payers can proactively impact a patients' health for the better by closing gaps in care and resolving care coordination. Incentives to assist in piloting programs would help to determine additional ways to ease any existing burdens and increase uptake of a more connected system.

Issue: An open API strategy can support appropriate sharing of healthcare data, and BCBSA supports the development of open APIs to enable consumer access and use of their healthcare data. However, where implemented in support of Federal programs, an API approach may run the risk of excluding private payers who often administer these government funded programs, e.g., Medicaid Managed Care Organizations.

Recommendation: BCBSA urges that any standards supporting open APIs for federal data transactions or extracts be flexible enough to not hinder future private sector data uses.

Rationale: There are persistent questions as to whether implementing an open API approach to HHS electronic administrative systems would include private payers administering federal healthcare programs. Data standards for open APIs need to be capable for use in the private sector through the same API approach.

We appreciate your consideration of our comments. If you have any questions or want additional information, please contact Lauren Choi, Managing Director, Health IT, in the BCBSA Office of Policy and Representation, at lauren.choi@bcbsa.com.

Sincerely,

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