



January 28, 2019

The Honorable Alex Azar, Secretary
 U.S. Department of Health and Human Services
 200 Independence Avenue SW
 Washington, DC 20201

Re: Comments Regarding Draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*

Dear Secretary Azar,

On behalf of California’s more than 1,300 California community health centers (CHCs) and 6.9 million patients that we serve, The California Primary Care Association (CPCA) thanks you for the opportunity to comment on the Draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*. California Community Health centers are uniquely positioned to comment on this proposed strategy since they are using the EHR to provide more than 22 million patient encounters to over 6 million patients each year. CHC’s rely on the EHR to provide care to underserved communities and they have valuable experience and knowledge that can help guide the recommendations of reducing the burden on use of the EHR.

The draft identifies three overarching areas to enhance the use while reducing the burden to health care providers and staff in using the EHR. CPCA shares the goal of reducing the EHR administrative and regulatory burden of health center physician and clinical staff. CPCA recommends that HIT and EHR tools should be oriented towards patient usability in addition to clinician use. We need to have an amount of flexibility in the system that accommodates the provider. We recommend things that should be compliant items for the vendors.

We offer the following recommendations to achieve this goal.

Clinical Documentation	
	Comments
Reduce regulatory burden around documentation requirements for patient visits.	Health centers will benefit from the streamlining and reduction of evaluation and management visit codes. In addition, CPCA agrees that there should be a reduction in redundant documentation. CPCA recommends that community health centers are included in current and future stakeholder input convening’s in order to complement current provider workflows.
Continue to partner with clinical stakeholders to encourage adoption of best practices related to documentation requirements.	The patient chart in the electronic health record could sometimes be overloaded with extraneous information. Patients chart should be useful and helpful to the provider and patient. CPCA recommends

	that electronic health record vendors interject the clinical community within the health centers.
Leverage health IT to standardize data and processes around ordering services and related prior authorization processes.	Health centers have increased burden in documenting services with prior authorization. CPCA supports HHS to evaluate and identify standardization in documentation requirements for services with prior authorization. CPCA recommends that prior authorization processes should be automated and that health center staff are active participants in testing the new approaches as they are coming to fruition.

Health IT Usability and the User Experience	
	Comments
Improve usability through better alignment of EHRs with clinical workflow; improve decision making and documentation tools.	CPCA agrees that there should be increased communication between HIT developers (EHR vendors) to ensure that there is alignment between provider workflow and the EHR.
Promote user interface optimization in health IT that will improve the efficiency, experience, and end user satisfaction.	CPCA agrees that there should be limited opportunity for clinical operations and HIT developers for customization so as to increase standardization. Scribe programs and dragon dictation can also provide some assistance in easing documentation burden. CPCA recommends that there needs to be an interface and database that needs to be tangled apart and move towards an app based system. User interface needs to evolve dramatically in next 3-5 years.
Promote harmonization surrounding clinical content contained in health IT to reduce burden.	CPCA agrees that there should be increased standardization around medication, order entry, and display of results.
Improve health IT usability by promoting the importance of implementation decisions for clinician efficiency, satisfaction, and lowered burden.	CPCA agrees that end-users should be considered when deploying HIT systems. This will overall increase the user satisfaction and reduce burden.

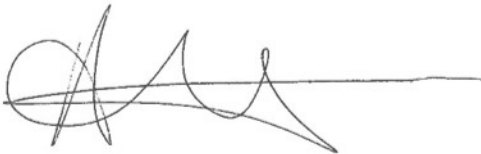
EHR and Public Health Reporting:	
EHR Reporting	Comments
Address program reporting and participation burdens by simplifying program requirements and incentivizing new approaches that are both easier and provide better value to clinicians.	Measures will be simplified and new scoring methodology will be introduced. CPCA believes that measure simplification is important to achieve, additionally, CPCA recommends that the measures be aligned to the populations of the clinics they serve.
Leverage health IT functionality to reduce administrative and financial burdens associated with quality and EHR reporting programs.	CPCA strongly agrees. CPCA recommends that EHR vendors develop functionality of data analytics within the EHR hence moving forward in breaking data siloes.
Improve the value and usability of electronic clinical quality measures while decreasing health care provider burden.	CPCA agrees. CPCA recommends that health centers be given ample time and opportunity to learn and be trained on the measures.
Public Health Reporting	
Increase adoption of electronic prescribing of controlled substances and retrieval of medication history from state PDMP through	CPCA recommends that continuous sharing of best practices be achieved as this helps health centers understand what others are doing and how to make the HIT/EHR successful.

improved integration of health IT into health care provider workflow.	
Inventory reporting requirements for federal health care and public health programs that rely on EHR data to reduce collection and reporting burden on clinicians.	<p>CPCA recommends that California’s community health centers be involved with stakeholder input in developing an inventory and harmonizing reporting requirements, including payer specific reporting requirements across federally funded programs. We suggest that community health center staff are included as active participants in the development of simplified eQMs and federal program scoring methodologies. Additionally, we believe CHCs will provide critical insight in the creation and testing of new quality metrics to ensure that these measures and incentive programs are clinically relevant and bring value to the providers and patients we serve. CPCA supports standardization from CMS and for states to adopt. Make HMIS part of HIE everywhere.</p>

We encourage the ONC to continue advocating for continued Medicaid funding in health IT systems to promote interoperability among Medicaid health care providers. We would like to emphasize the importance of this funding based on the populations we serve and the financial challenges facing our CHCs that may impact their efforts to promote the use of health IT and enhance interoperability between providers.

The California Primary Care Association and its member community health centers thank you for the opportunity to the above-reference solicitation. Thank you for the opportunity to respond to the above-referenced solicitation. Please do not hesitate to contact Lucy Moreno by telephone at (916) 440-8170 or lmoreno@cpc.org if you have any questions or comment or if you require any clarification on the comments presented herein.

Sincerely,



Andie Martinez Patterson
 Director of Government Affairs
 California Primary Care Association