



January 28, 2019

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

Dear Dr. Rucker:

The Healthcare Leadership Council (HLC) appreciates the opportunity to comment on the *draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs* released by the Office of the National Coordinator for Health Information Technology (ONC). We applaud the vision of this report and ONC's review of input from a wide range of healthcare stakeholders (e.g. payers, healthcare professional societies, healthcare clinicians, hospital representatives, health IT developers, and health informatics associations).

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

We have reviewed the draft strategy and offer comments on the following burden reduction goals:

Clinical Documentation

Clinical Documentation Required for Physician Visits

HLC supports efforts to reduce provider burden related to documentation for provider visits and administrative processes, like prior authorization of medications, items, and services. We appreciate ONC's continued partnership with clinical stakeholders to encourage adoption of best practices related to documentation requirements. HLC applauds efforts by ONC and the Centers for Medicare and Medicaid Services (CMS) to include streamlined documentation requirements for outpatient evaluation and management visits in the CY 2019 Physician Fee Schedule (PFS) final rule, as these efforts are likely to reduce EHR-associated provider burden.

Documentation for Prior Authorization of Medications, Items, and Services

Traditionally, payers and providers work through a prior authorization process to determine whether a patient clinically needs a medication, item, or service. Historically, this process has been completed through phone calls, paper forms, and faxes. Physicians spend, on average, 20 hours per week working through prior authorization requests, reducing the time available for direct provider-patient interactions.¹ HLC recognizes the promise of leveraging health IT to standardize data and processes around prior authorization of medications, items, and services. For example, technology can be used to automate the communication process among healthcare providers and payers, which can ensure prompt and succinct answers to questions which, in turn, helps patients obtain care without delay. We encourage the adoption of processes that can fully automate prior authorization and standards, such as HL7 Fast Interoperability Resources (FHIR), which can make prior authorization requirements electronically available to providers at the point of care within EHRs. Any new standard adoption should be consistent with the Health Insurance Portability and Accountability Act (HIPAA)'s approved electronic healthcare transaction standards that providers, pharmacists, and commercial health plans use every day. HLC believes that regulatory changes to reduce provider burden associated with clinical documentation do not result in a reduction of clinically useful data that contributes to positive patient outcomes.

Health IT Usability and User Experience

Configuration and Implementation of EHR Systems

The expense of implementing EHRs and health IT systems is well-documented; therefore, users expect EHRs to perform at expected levels and not exacerbate administrative requirements associated with its use. While the vast majority of providers have adopted EHRs, the level of interoperability and information sharing across providers remains a significant challenge and contributor of health IT and EHR-related burden. HLC supports ONC's work to promote nationwide strategies that further the exchange of electronic health information to improve interoperability, usability, and reduce burden. HLC applauds the current 2015 Edition ONC Health IT Certification which includes updated criteria that supports electronic exchange of interoperable health information. We encourage ONC to migrate toward a certification process that prioritizes interoperability across the care continuum and assures data availability at the point of care and within clinical workflows.

EHR Reporting

Program Requirements

HLC appreciates the flexibility in how health IT use is measured among clinicians that was introduced in the MIPS Promoting Interoperability performance category (formerly known as the Advancing Care Information performance category within MIPS). We urge ONC and CMS to develop and implement new incentives within the Promoting Interoperability and Quality Payment programs and reward clinicians for innovative uses of health IT and increased interoperability. Finally, HLC believes in the potential of an application programming interface (API) approach to the Department of Health and Human Services' administrative systems to promote integration with existing health IT products.

¹ Bendix, Jeffrey, MA. "The Prior Authorization Predicament." Medical Economics

Public Health Reporting

Confidentiality of Substance Use Disorder Patient Records

Health IT can assist clinicians in appropriately sharing sensitive patient information for treatment, payment, and healthcare operations. However, current federal regulations governing the confidentiality of drug and alcohol treatment and prevention records (42.C.F.R. Part 2 (Part 2)) limits the use and disclosure of patients' substance use records from certain substance use programs. These regulations currently require providers to obtain complex and multiple patient consents for the use and disclosure of patients' substance use records. These requirements go beyond the sufficiently strong patient confidentiality protections that were subsequently put in place by HIPAA. HLC strongly supports aligning Part 2 substance disorder use information with HIPAA to authorize the appropriate exchange of information among providers, payers, and patients to deliver high quality care.

Thank you for the opportunity to comment on this draft strategy. Should you have any questions, please do not hesitate to contact Tina Grande at (202) 449-3433 or tgrande@hlc.org.

Sincerely,

A handwritten signature in black ink, reading "Mary R. Grealy". The signature is written in a cursive, flowing style.

Mary R. Grealy
President