**EHR items that need to be improved**

I appreciate your efforts and agree we need change on the national level. Unfortunately, your draft is so long that most clinicians do not have the time to read this.

I have a few brief comments.

1. ICD 10 coding requirements need to be simplified. They are cumbersome and time consuming and add a lot of chaos to the task of simply placing an order placed. ( ie can’t sign an order without the diagnosis code, yet the most bizarre codes seem to pop up and require extensive time to sift through. Once you do find one you’re happy with, you typically have to go through the process again next time.)
2. Reimbursement demands need to be relaxed. This is what drives the craziness of clicking and documenting in our daily lives.
3. More people (ie non-MDs) should be able to enter orders.
4. Press Ganey should be eliminated, or used on an Opt-in, Opt-out basis. The idea that patients can anonymously rate physicians and then have their comments placed on-line and tied to compensation makes clinicians feel like **objects.** It can penalize clinicians who are doing the hard work of trying to limit narcotic prescriptions, and trying to devote adequate time to patients who need it despite shortened appointment times ( which ends up causing the clinic session to run late for other patients). It is one-sided, unfair and demoralizing for clinicians.