



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

*PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • TTY Relay: 800-833-6384*

January 28, 2019

The Honorable Donald Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, Floor 7
Washington, D.C. 20201

RE: Request for Comments, “Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs”

Dear Dr. Rucker:

On behalf of the Washington State Department of Health (DOH), I write to provide comments to the Office of the National Coordinator for Health Information Technology (ONC) draft “Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs.”

As a public health agency, DOH has many programs that receive and send data to EHRs. DOH strives to make transacting data with public health as seamless and efficient as possible for health care providers. Our agency has embraced the interoperability standards set forth by ONC for public health measures and believe this work has been essential to make public health reporting more efficient for both healthcare providers and public health agencies. DOH asks that any recommendation regarding the reduction of burden that health IT and EHRs place on providers be carefully balanced with public health’s need to carry on this essential work.

Under Issues and Challenges for Public Health Reporting (page 41), DOH would like to respond to the following listed items:

- Inconsistent Public Health and Grant Funding Requirements across Federal Agencies
DOH Comment: The challenge of receiving funding for public health work from multiple agencies and administrations within agencies often leads to siloed systems in public health and in other domains as well. Our agency has been seeking to overcome this by undertaking a project to examine all of our public health registries related to core services like data collection, parsing, provisioning, analyzing and visualization. By doing so, DOH can find core services and platforms that the agency can use to support multiple registries and reduce the burden on the agency and our clinical partners. Providing more funding for public health for this work, with more flexibility in how the dollars can be spent, would help alleviate this problem and expedite this important work.

- Integration Challenges with Electronic Prescribing of Controlled Substances, EHRs, and PDMPs

DOH Comment: As one of the initial pilot states for the S&I Framework put forward by ONC for PDMP interoperability, Washington State has been a leader in ensuring health care providers have seamless access to PDMP data within their workflow. By mandating use of the national standard listed in the Interoperability Standards Advisory (ISA), just like other registries, the nation can drive interoperability forward. Standards drive down cost and ensure when PDMP systems are changed that interfaces cost little to nothing to update/replace.

- Confidentiality of Substance Use Disorder Patient Records

DOH Comment: Confidentiality of patient records is essential and vital for protecting the rights and privacy of everyone. All patients have sensitive information stored in various healthcare settings. The goal of confidentiality of patient records can still be maintained while improving important information sharing with clinicians to improve patient outcomes. This has been showcased by the opioid epidemic where treatment programs are restricted from sharing controlled substance prescription dispensing records with state PDMPs. While well intentioned, this rule impedes clinicians' ability to have a complete prescription history and ultimately make the best treatment decision for their patients. Harmonizing 42 CFR Part 2 with HIPAA provisions could ensure important health information is not withheld from a treatment provider while maintaining the confidentiality of patient records.

Under "Strategies and Recommendations for Public Health Reporting" (page 65), DOH would like to respond to the follow listed items:

- 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.

DOH Comment: DOH agrees fully with Recommendation 1 to focus on creating a national standard for PDMP exchange and endorses the ISA listings for this (use of NCPDP currently and FHIR for an emerging standard). We also encourage continued funding from the federal government to implement interoperability around such national standards for PDMPs and providers. DOH also supports Recommendation 2 to increase adoption of e-prescribing of controlled substances. Increased adoption of e-prescribing will cut down on errors which impact patient safety and help prevent fraud.

- 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.

DOH Comment: DOH supports Recommendation 1, which would involve HHS convening key stakeholders to inventory reporting requirements to find places where standardization can occur to reduce costs. Yet, full standardization may restrict some ability to innovate and meet local needs so a careful balance should be struck. Recommendation 1 is important as it

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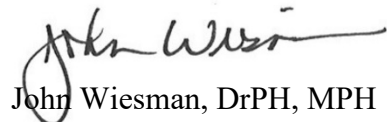
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stresses the need to harmonize reporting requirements that may require the same or similar EHR/EMR data to be reported. This should be done using national set standards to ensure interoperability and drive down costs. Funding should continue to be provided to public health to assist us in updating our systems to accommodate such new standards.

Finally, we agree with and support the American Immunization Registry Association's comments submitted in response to this request for comment.

DOH strongly supports continued required reporting in the areas of immunization, syndromic surveillance, vital records, case report, disease and clinical registries and others. Federal support for public health reporting must remain strong. DOH strives to balance the burden of reporting with the importance of having strong public health surveillance available to protect the public. DOH looks forward to partnering with HHS to further this important work. Thank you for the opportunity to provide comments on this important document.

Sincerely,

A handwritten signature in black ink, appearing to read "John Wiesman". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

John Wiesman, DrPH, MPH
Secretary of Health