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Alex M. Azar II

Secretary of Health and Human Services

The Office of the National Coordinator for Health Information Technology

Department of Health and Human Services

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

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

On behalf of Geriatric Practice Management, Corp, an EHR vendor specifically designed and engineered for physicians and clinicians providing direct care in long-term, skilled nursing, and assisted living settings, we appreciate the opportunity to provide comments on the Office of the National Coordinator for Health Information Technology: *Strategy on Reducing Burden Relating to the Use of Health IT and EHRs* Draft.

These comments are based upon our work with medical providers who use our cloud-based EHR in the nursing home setting. These providers serve the most expensive Medicare population: the frail elderly with multiple chronic conditions who are no longer capable of ‘self-care’. Their realistic goals of care are not associated with a single disease’s management or resuming independent ambulatory living. They are usually trying to minimize the burden of these multiple diseases to achieve the highest possible level of comfort, dignity, and self-direction.

**General Concerns:**

GPM appreciates that the goal of the draft to help reduce administrative burden and regulatory burden on clinicians caused by using health information technology such as electronic health records. GPM also appreciates the introduction of data fluidity across the United States and the concept of interoperability for all electronic health records.

We would like to remind ONC that for many providers, especially individual providers and those in small practices, interoperability would provide an incredible amount of depth of access to health information and would inherently reduce clinician burden. Secretary Azar states that health information technology tools need to be intuitive and functional, so that clinicians may focus more on their patients rather than documentation efforts. GPM agrees with Secretary Azar’s notion.

**GPM provides comment on the following**

* Clinician burden
* Ease and usability of electronic health record
* EHR Reporting
* Public Health Reporting

*Clinician Burden*

ONC recommends that in order to reduce regulatory burden around documentation requirements for patient visits, adoption of best practices across all spectrums must be taken into consideration. ONC also suggests that clinicians need to leverage health IT to standardize data and processes around ordering services and prior authorization process to reduce regulatory documentation burdens even further. And finally, ONC suggests the adoptions of “Patients Over Paperwork” Initiative the reduce burden overall. GPM agrees with ONC’s stance on reducing regulatory burden and would suggest further that clinician burden accounts for most errors and stress factors related to clinical practices. Therefore, it is imperative that ONC encourages the adoption strategies they have mentioned.

*Ease and Usability of Electronic Health Record*

ONC discusses a number of strategies on ease and usability of electronic health record. Improving usability through better alignment of EHRs with clinical workflow to improve decision making and documentation tools is something GPM agrees heavily on. Having clinical workflow in tandem with EHRs will improve outcomes for both clinicians and patients. Next, ONC suggests improvements to user interface design which GPM also agrees on. Having dedicated user interface professionals within health IT vendor companies will allow stakeholders to contribute to where they would like to see improvements in function and design which ultimately contribute to ease of use with EHRs. And finally, improving health IT usability by promoting the importance of implementation decisions for clinician efficiency, satisfaction, and lowered burden will lead to reduced efforts for documentation and ease usability. Thoughtful workflow integration as well as facial recognition tools is something GPM agrees on for implementation in EHRs.

*EHR Reporting*

CMS will continue to explore new alternatives to rewarding performance to reduce burden especially with use of health IT. GPM agrees with CMS’ standpoint on exploring more options to improve EHR reporting and increase usage across all cares of practice. Below is a sample of ONC’s strategy as it relates to EHR reporting:

Strategy 1: Address program reporting and participation burdens by simplifying program requirements and incentivizing new approaches that are both easier and provide better value to clinicians.

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

Strategy 3: Improve the value and usability of electronic clinical quality measures while decreasing health care provider burden.

GPM agrees that in order to improve value and usability of eCQMs and realizing the potential of electronic measurement and reporting it creates possibilities for reducing clinician burden over time.

*Public Health Reporting*

ONC has also suggested strategies on public health reporting and GPM agrees on the concepts outlined.

Strategy 1: Increase adoption of electronic prescribing of controlled substances (EPCS) and retrieval of medication history from state PDMP through improved integration of health IT into provider workflow.

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.

Federal stakeholders can work with states to accelerate adoption of EPCS and retrieval of medication history from state PDMPs by promoting improved integration of health IT into health care provider workflows

Final thoughts: funding and issues of coherence among states are overarching themes in ONC recommendations in this report. It seems like a great idea, the idea of having every health system integrated seamlessly, however, it is a website wish. Interoperability will only be achieved with federal authority overarching the autonomy of statehood.

GPM appreciates the opportunity to provide comments on the draft Strategy on Reducing Burden Relating to the Use of Health IT and EHRs. We look forward to additional opportunities to discuss these issues and to provide feedback that may help guide policy development.

For questions, please contact Jenny Lee, [jlee@gpm.md](mailto:jlee@gpm.md)

**Best regards,**

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