**UC Davis Health response to ONC proposal for Strategy on Reducing Health IT burden**

On behalf of UC Davis physicians and other health IT users, we are grateful for the opportunity to contribute to this very important effort. We recognize the value of health IT and how our EHR system has enhanced care, but are very cognizant of the burden it has placed on our physicians and contributed to excess non-patient-facing time, feelings of burnout, as well as precipitating mental health problems and turnover.

As part of the importance of this work, we’d like to suggest that this work will also be important for keeping physicians engaged in clinical care longer, and not choosing retirement or administrative work. This is especially important as our population ages in the context of a shortage of primary care and other critical specialists.

The organization around reducing documentation time, reducing reporting effort, and EHR usability is reasonable. We’ll add additional considerations to each area.

**Easing documentation effort**

A useful way to look at the explosion of copy/paste and other causes of ‘note bloat’ is as a direct response to multiple mandates from CMS and other interest groups. As a symptom of the problem, rather than the cause, we’d urge CMS to convene expert groups to define a ‘floor’ of required documentation that supports billing, medicolegal, and most importantly, inter-clinician communication.

We’d urge this discussion to start by questioning the current paradigm of encounter/visit-based documentation and look towards a patient-centric approach using modern concepts of Wikis, blogs, etc, such that *succinct and coherent* narratives of patients’ conditions, risk factors, social determinants of health are available to the care team. Putting the narrative and team communication at for forefront of EHR design is imperative. Health IT can programmatically extract the newly-added data from records to support the charges associated with each patient contact. This approach would dramatically reduce the burden of data entry, but also the under-recognized burden of accessing data, about which we will say more in the usability section.

The workflow friction around orders is significant, as mentioned. Much of this stems from the lack of interoperable electronic systems used by providers of DME, pharmacy benfefits, skilled nursing care, CMS contractor. “Meaningful use/Promoting Interoperability” for those organizations will be critical to create a care ecosystem that realizes the full potential for health IT.

**Reducing reporting effort**

In addition to harmonizing the many related measures, retiring measures that are topped out, prone to unintended perverse incentives, or poorly discriminating, focus should be on making measure easier to implement. This would have the greatest impact of front-line clinicians if we could leverage existing free-text data already in clinical documentation. Probably the greatest opportunity is if EHRs had robust generalized natural language processing (NLP). ONC could expedite the development of and implementation of this technology by

1. Funding and incentivizing breakthrough research in NLP-related artificial intelligence.
2. Adding NLP to the roadmap of health IT certification requirements
3. Convening expert panels to develop needed updates to any needed standards for ontologies or data transmission.

**Usability**

The ease of data entry has been discussed previously, so much of what remains has to do with *accessing existing data*. Copy/paste may be a symptom here for poor data displays.

Creating dynamic displays of *relevant* data, using human-designed, or machine-learning derived organizational principles would be one of the most transformative changes to EHR user experience. In addition to saving time and cognitive effort, leveraging HIT to show the right information to the right user at the right time could dramatically improve diagnostic error and improve the quality and appropriateness of care. This implies clinical decision support that is more robust than current functionality, in order to flexibly insert itself into workflows to ‘nudge’ user behavior rather than the current paradigm of stopping workflows and forcing cognitive redirection. Again ,setting high standards for certification, backed up by supportive standards and protocols, would be an appropriate role for ONC to play. Standards should strike a balance between meeting needs of users and avoiding the specificity that might stymie innovation from vendors, designers, and human factors engineers.

Many of the specific recommendations in the report have existing technological solutions, but organizations lack the resources to purchase and implement them. Training is another area that clearly improves providers’ time and happiness with systems, but is resource intensive. Consideration of financial incentive to implement proven interventions would be welcomed.