



April 3, 2020

Donald W. Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street, SW, 7th floor
Washington, DC 20201

Dear Dr. Rucker,

On behalf of Provation, I am writing in response to the recent release of the draft 2020-2025 Federal Health IT Strategic Plan by the Office of the National Coordinator for Health Information Technology (ONC). We appreciate the opportunity to share our views.

As a way of background, Provation is a medical software provider serving more than 3,300 hospitals, surgery centers and medical offices. Provation's solutions are designed to improve the productivity of physicians, nurses and other members of the care team, allowing them to spend less time on the computer and more time with patients. Over 25 years ago, Provation pioneered gastroenterology (GI) physician documentation and continues to be the market leader with on-premise Provation[®] MD and cloud-based Provation[®] Apex. Allowing the capture of discrete procedure data, Provation's documentation software is used extensively in clinical research, including in 42 of the top 50 GI hospitals in the United States. Beyond physician documentation, Provation's portfolio includes solutions for order set and care plan management, practice management, electronic medical records (EMR) and perioperative documentation.

We generally support the draft 2020-2025 Federal HIT Strategic Plan (the Plan) as proposed, in particular its' emphasis on supporting and protecting innovation and competition in health IT that will result in new solutions and business models for better care and improved patient outcomes. We also applaud the Plan's proposed goal to use federal resources judiciously and rely on the private sector to drive innovation and establish consensus standards. Our detailed comments are below.

Opportunities in a Digital Health System – New Technologies/Reducing Administrative Burden

The Plan identifies a number of opportunities for improving the health care system through the use of health IT. We agree with the Plan's assertion that the private sector plays a critical role in developing new technologies to improve access to care and health information, and would add that such technologies are also being deployed to increase the productivity and efficiency of care providers.

We also agree that strategies to advance health IT should seek to minimize the regulatory and administrative burden on providers by incorporating new technologies into existing workflows. But we urge caution in seeking any indiscriminate reduction in provider reporting requirements,

particularly quality reporting. For example, the recent decision by the Centers for Medicare and Medicaid Services (CMS) to drop the Adenoma Detection Rate (ADR) quality measure from the Merit-based Incentive Payment System (MIPS) was ill-advised. The Gastroenterology professional associations and societies view the ADR measure as one of the key benchmarks and widely accepted measures of a physician's quality and effectiveness in performing screening colonoscopy. It remains a vital quality improvement tool and its removal leaves Gastroenterologists without any outcome measure in the MIPS program, which ONC is well aware, are the least burdensome types of measures for clinicians to report.

The Plan notes the pending volume of health data that will be collected over the next 5 years, and how this data can be used to promote best practices, improve outcomes and inform clinical research into new treatments. These benefits of "big data," however, cannot be fully realized unless such data is collected from providers, such as the ADR metric data noted above. We agree providers should not be forced to report on quality measures that are redundant or irrelevant to their practices, but we believe health IT holds the promise of easing the provider burden associated with quality reporting through greater reliance on electronic clinical quality measures (eCQM), and use of new applications such as artificial intelligence (AI).

Enhancing the Delivery and Experience of Care

One of the Plan's principal goals is to enhance the delivery and experience of care through the use of health IT, and that the current experience of care for patients is not always optimal in light of data entry and reporting requirements. We agree the patient's experience of care can be significantly improved through deployment of several of the strategies cited in the Plan, including the application of advanced capabilities like machine learning and evidence-based clinical decision support.

As noted above, we also agree that use of eCQM data will optimize healthcare providers' ability to assess quality and outcomes. Here, we would also remind ONC not to forget the medical specialties when embarking on deployment of new eCQMs. Many specialties do not currently have a robust or diverse set of quality measures on which to report, let alone measures that are formatted for electronic reporting. New quality measures must first be developed for the full range of medical specialties, with the respective medical specialty societies playing a lead role. Specialty measures then must be converted into eCQM formats. A broad eCQM strategy aimed at improving outcomes, promoting best care practices and helping develop new treatments will only succeed if electronic quality data is being captured across all medical specialties.

Encouraging Pro-Competitive Business Practices

We also support the strategy of encouraging pro-competitive business practices that allow patients and providers to choose a variety of health applications and health IT tools that best meet their needs. The first step in achieving such a pro-competitive business environment is to implement ONC Final Rule on Interoperability, Information Blocking and Open APIs (Cures Act Rule), which was just released on March 9th.

We commend the ONC for the work done in developing the Cures Act Rule, particularly in clarifying the new Application Programming Interfaces (API) Conditions and Maintenance of

Certification, and the new Information Blocking Ban. The last few years have been very challenging for smaller health software developers with deep domain expertise as the large Electronic Health Record vendors have used their market dominance to offer one-size-fits-all solutions. We believe the Cures Act Rule will lead to a more competitive and level playing field and will help spark a new era of innovation in the health industry that will benefit patients and providers alike.

Reducing Regulatory and Administrative Burden on Providers

We agree with the Plan's objective to reduce the regulatory and administrative burden on providers. Time spent by providers entering data, reporting on quality, submitting data to clinical registries and other paperwork associated with payer requirements results in physician burn-out and less personal interaction with patients.

We support several of the strategies proposed in the Plan to relieve clinician burden and improve productivity and efficiency. We believe documentation of the patient encounter at the point of care will experience a paradigm shift over the next 5 years as greater use of new technologies such as natural language processing (NLP) and AI are more widely deployed. Such technologies will not only simplify and streamline the provider's experience, but also result in collection of more granular data elements that can lead to improved outcomes and potential new treatments. We also support promoting the use of evidence-based automated tools to streamline provider workflows, facilitate data exchange and improve efficiency.

While the private sector should be at the forefront of optimizing clinician efficiency and productivity through the use of health IT, the federal government can play a constructive role by removing redundant or irrelevant quality measures from the various Medicare quality reporting and value-based reimbursement programs. Harmonizing provider data collection and reporting requirements across federal agencies is also advisable.

ONC and other federal agencies should also be wary of proposing any new requirements or mandates that purportedly promote health IT usability. We understand ONC continues to receive feedback from providers that health software is often difficult to use, and we fully support the ONC certification criterion that require user-centered design principles in health software development. But we are concerned that ONC or CMS may be tempted to impose usability metrics that count clicks or time spent interacting with the software.

Such standards are inherently subjective and establishing reasonable and reliable baseline metrics for measuring such requirements may be unobtainable. For example, clinicians who rely on dated techniques such as procedure dictation methods may require additional time to acclimate to digital clinical documentation platforms compared to a clinician already familiar with such software. Requirements for usability metrics will also quickly become obsolete as new features such as NLP and AI are introduced.

Ultimately, the private sector should play the lead role in improving health IT usability. Optimizing the user experience is perhaps the most important feature on which Provation and our peer companies actively compete to win new business. We invest significant resources and staff time to listen to current and prospective customers, and to incorporating their suggestions to

improve the design and usability of our products. Our goal is to deliver the best user experience possible given the current state of technology.

Finally, we would like to comment on the strategy proposed in this section to “monitor the impact of health IT on provider workflows to better understand and optimize the use of technology in ways that minimize unnecessary steps or negative outcomes for patients.” We request ONC provide more detail on what they are proposing here. Is this merely a suggestion for industry, or does ONC anticipate that they or perhaps another federal agency like AHRQ will undertake such research?

Thank you again for allowing us to comment. We greatly appreciate the difficulty of ONC’s task, and the tremendous efforts your team has expended on behalf of the nation. If ONC has questions or would like to discuss our comments in more detail, please contact me at Daniel.Hamburger@provationmedical.com or (612) 313-1550.

Sincerely,

A handwritten signature in black ink that reads "Daniel Hamburger" with a long horizontal flourish extending to the right.

Daniel Hamburger
Chief Executive Officer
Provation