



Ascension

Don Rucker, M.D.
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 St SW, Floor 7
Washington, DC 20201

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Submitted electronically to: <https://www.healthit.gov>

Re: Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs

Dear Dr. Rucker:

Ascension appreciates the opportunity to submit comments on the draft *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs* (the “Draft Strategy”)¹. We appreciate the efforts to date by the U.S. Department of Health and Human Services (HHS), the Office of the National Coordinator for Health Information Technology (ONC), and the Centers for Medicare & Medicaid Services (CMS) to develop recommendations that will allow physicians and other clinicians to provide effective care for their patients with a renewed sense of satisfaction for them and their patients.

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As the largest non-profit health system in the U.S. and the world’s largest Catholic health system, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. In FY2018, Ascension provided nearly \$2 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 156,000 associates and 34,000 aligned providers. Ascension’s Healthcare Division operates more than 2,600 sites of care – including 151 hospitals and more than 50 senior living facilities – in 21 states and the District of Columbia, while its Solutions Division provides a variety of services and solutions including physician practice management, venture capital investing, investment management, biomedical engineering, facilities management, clinical care management, information services, risk management, and contracting through Ascension’s own group purchasing organization.

We appreciate HHS’s ongoing attention and commitment to reducing burden associated with the use of health information technology (IT) and electronic health records (EHRs). With the ongoing transformation of healthcare to a value-based model, the widespread use of technologies – including EHRs and virtual care – will become increasingly important in our consumer-driven world. As we continue to progress toward a more clinically integrated healthcare system, with greater focus on whole person care, we believe that medicine will become increasingly reliant on electronic and digital tools. We have embraced this approach to care and our focus is to deliver compassionate, personalized care to all, to provide care and support to those we serve when, where and how they want it. For example, across our national health system, we offer virtual care

¹ <https://www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-use-health-it-and-ehrs>

services that help us expand access to care to those who need it most. We have established a multidisciplinary clinical, technology, marketing, and business team focused on implementing services across our system to facilitate collaboration and support capabilities including secure electronic transmission of medical information and operating consumer-oriented mobile apps. We have also implemented a national initiative to deploy virtual care carts in emergency departments and urgent care centers to provide behavioral and mental health consultations quickly and efficiently.

However, these kinds of technological advancements will provide little benefit to patients if they are not usable and accessible by all. And it will inure to no one's benefit if providers continue to struggle with burnout and job dissatisfaction due in part to cumbersome technologies and administrative burdens that diminish their ability to practice quality, evidence-based medicine. Thus, to foster broader availability and adoption of both new and existing technologies, regulatory structures and reimbursements at the federal and state levels must be workable, reasonable, and informed by on the ground experience. For these reasons, we appreciate the work that has gone into preparing the Draft Report, offer the following comments for your consideration, and look forward to engaging with ONC and CMS on these issues going forward.

Clinical Documentation Strategies

Ascension strongly supports the draft recommendations to reduce regulatory burden around documentation requirements for patient visits. We believe there are significant opportunities present in today's system where greater efficiencies can be achieved, as identified in the Draft Strategy. We strongly support, and have elsewhere recommended, the proposal that ONC and CMS obtain ongoing stakeholder input about potential updates to documentation requirements as well as to continue partnering with clinical stakeholders to identify and promote best practices around documentation.

Additionally, we strongly support the recommendation that Congress, CMS, and other applicable entities incentivize the adoption of technology to help generate and exchange standardized data supporting documentation needs for ordering and prior authorization processes. Addressing the current prior authorization process, and corresponding clinical delays and administrative burdens, is important and much appreciated. We have also found that the costs and administrative burdens associated with the adoption of new technology can be prohibitive, which can limit care coordination and maintain silos. For these reasons, we have encouraged regulatory and payment reforms in a variety of contexts (*e.g.*, through Alternative Payment Models and modernization of outdated fraud, waste, and abuse laws), which would better recognize the upfront investment required for successful adoption of certain technologies.

Health IT Usability and the User Experience

We appreciate ONC's recommended strategies around the usability of EHR systems and the recommendation to better align EHR system design with real-world clinical workflow. At the same time, we encourage ONC and CMS to maintain a focus on pursuing interoperability as well. We understand proposed rules are forthcoming on this critical issue and look forward to receiving these proposals.

We also appreciate the recommendations around greater standardization of clinical content and encourage ONC to maintain focus in the Final Report on recommendations that promote user-centered design principles, rather than reliance on increased clinician and user training that seeks to alleviate deficiencies in design.

EHR and Public Health Reporting

We appreciate the Department's ongoing attention to reducing burden and streamlining of reporting requirements, particularly those recently implemented under the Promoting Interoperability Program (PIP). As we have in the past, we again encourage HHS to address differences in program reporting requirements that exist today across Medicare and Medicaid. The inconsistencies create significant administrative burdens for multi-state health systems like Ascension that include Medicaid-only providers participating in a state Medicaid PIP. Having to maintain IT systems to support different measures and different versions of CEHRT only for this purpose is costly and unnecessarily burdensome.

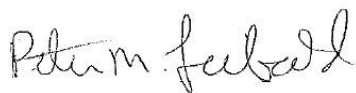
We encourage ONC and CMS to continue efforts around improving and streamlining electronic clinical quality measures (eCQMs) and encourage CMS to adopt only those eCQMs that have been tested in electronic format and endorsed by the National Quality Forum (NQF). Additionally, while we support the de-duplication of measures, which is consistent with the goal of reducing providers' administrative burdens without impacting overall quality of care, we continue to encourage CMS to provide transparency on the criteria used to determine whether the cost outweighs the benefit for measures proposed to be removed. Providers make significant capital investments to ensure compliance with eCQM requirements and such transparency would allow us to better assess where to best focus such investments going forward. We also caution that there may be a tipping point at which the choice of eCQMs becomes *too* narrowed and clinically focused, which could result in compliance challenges for certain hospitals and other providers. Ensuring sufficient transparency around the measure removal process and criteria will allow us to work directly with CMS to ensure this does not occur. Another way to streamline reporting and reduce provider burden would be to align reporting due dates with those of The Joint Commission eCQM reporting requirements and ideally allow a single file to satisfy the requirements of both organizations.

Finally, while we agree that prescription drug monitoring programs (PDMPs) should be leveraged to better share information across the country, and support the recommendations seeking to improve PDMP interoperability, we note that successful integration will likely require minimum federal standards for reporting, such as the six components of a prescription. We therefore recommend that HHS be encouraged to develop a standard nomenclature for drug signatures to address drug duplication arising out of minor variances. Without standardized nomenclature for drugs, adding interstate connectivity could potentially exacerbate current issues.

Conclusion

We appreciate your consideration of these comments and look forward to working with you on finalizing recommendations that will allow physicians and other clinicians to provide effective care to their patients with a renewed sense of satisfaction for all. If you have any questions, or if there is any additional information we can provide, please contact Mark Hayes, Senior Vice President for Federal Policy and Advocacy at 202-898-4683 or mark.hayes@ascension.org.

Sincerely,



Peter M. Leibold
Chief Advocacy Officer
Ascension