



American  
**College**  
of Allergy, Asthma  
& Immunology



**ADVOCACY  
COUNCIL**

of the American College of  
Allergy, Asthma & Immunology

January 28, 2019

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 Street, SW  
Washington, DC 20201

Re: Strategy on Reducing Regulatory and Administrative Burden Relating  
to the Use of Health ITs and Electronic Health Records (EHRs).

Dear Dr. Rucker:

The Advocacy Council of the American College of Allergy, Asthma and Immunology together with its sponsoring organization, the American College of Allergy, Asthma and Immunology, appreciate this opportunity to provide comments to the Office of the National Coordinator for Health Information Technology (ONC) on the Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health ITs and Electronic Health Records (EHRs).

We represent the interests of over 4000 physicians board-certified in allergy and immunology. We are very supportive of the efforts of the ONC and CMS to reduce administrative burden by eliminating unnecessary documentation requirements. We support the policies finalized by CMS in the 2019 Medicare Physician Fee Schedule final rule to address documentation burden. However, we have serious concerns about a number of the evaluation and management coding and payment policies scheduled to take effect in CY 2021. We are therefore pleased that CMS indicated its willingness to work with physician organizations in finalizing such policies. We have been active participants in the AMA's E/M Workgroup and urge that the recommendations of the Workgroup receive serious consideration. We also strongly support the AMA's comment letter to you on these issues.

In particular, we are very concerned about CMS' intent to collapse E/M office visits for visit code levels 2 – 4. Our patients, many of whom have chronic and debilitating conditions such as allergic rhinitis and asthma and who often present with multiple comorbidities, require significant physician time and complex medical decision making (MDM). We fear that the CMS proposal will inappropriately incentivize shorter and more frequent visits rather than encouraging physicians to spend the time needed to deal with complex issues, all to the detriment of the patient.

We also support the need for standardization in EHR reporting technology through the use of standard templates for prior authorization and an electronic attachment standard that could be used by all payers. This should include an adoption of a single format for clinical information.



Without this standardization, physicians are faced with multiple specifications from multiple health plans.

We continue to support the Administration's interest in reducing burdens for physicians so that they can spend more time with their patients. We thank you for considering our views.

Sincerely

Todd A. Mahr, MD  
President  
ACAAI

Stephen A. Imbeau, MD  
Chair  
ACAAI Advocacy Council