January 28, 2019

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Submitted Electronically at https://www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-use-health-it-and-ehrs

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

Dear Secretary Azar:

On behalf of the vast majority of podiatric physicians in the United States that we represent, the American Podiatric Medical Association (APMA) welcomes this opportunity to provide comments and feedback to the Office of the National Coordinator for Health Information Technology (ONC) within the Department of Health and Human Services (HHS) on of its Draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health Information Technology (IT) and Electronic Health Records (EHRs).

APMA strongly supports HHS' overarching goals to reduce clinicians' effort and time to record health information in EHRs and meet regulatory reporting requirements. We also strongly support improving the functionality and intuitiveness of EHRs. However, APMA believes the draft Strategy could be strengthened through targeted changes and offers specific feedback below.

Clinical Documentation
Evaluation and Management Services
APMA agrees with HHS and ONC that the documentation guidelines required for evaluation and management (E/M) services is outdated and at times overly burdensome on physicians, and that ONC should seek to work with EHR vendors to enable EHRs that support efficient care. Physicians should spend more time with their patients, particularly those with chronic and complex conditions, instead of spending that time on paperwork. However, as we strongly stressed in our comments in response to the Calendar Year 2019 Medicare Physician Fee Schedule (MPFS) proposed rule, in unison with numerous other stakeholders, any of changes to reimbursement for E/M services should apply to all physician types equitably, versus singling out one physician type or specialty to use a separate set of rules and coding from other physician types.

Prior Authorization of Medication, Items, and Services
APMA shares other stakeholders' concerns that the documentation requirements associated with completing prior authorization requests for both private and public payers are increasingly burdensome. In particular, commercial plans frequently have different requirements and

submission methods. For specialists treating vulnerable patients with chronic and complex conditions, prior authorization can subject those patients to unnecessarily limited care and increased harm.

APMA is supportive of the recommendations ONC lists to leverage EHR and health IT in resolving prior authorization burdens. In particular, APMA is supportive of developing standards to solve this issue, such as developing and disseminating best practices for optimizing electronic workflows around prior authorization and utilizing existing data in the record, and coordinating efforts to advance new standard approaches to prior authorization. APMA would stress that the burden to accomplish these changes lie with the EHR vendors and payers that the vendors communicate with. The onus should not lie with the providers. Finally APMA has serious concerns about the three to five years' timeline ONC has provided. We would recommend ONC consider a longer timeframe, so as to ensure all stakeholders have provided sufficient perspective and insight in accomplishing these goals.

Health IT Usability and the User Experience
APMA supports HHS' various recommendations that include standardization of various practices to ensure a universally efficient experience for health IT users, and improving interoperability while reducing burden. APMA would stress that the success of these recommendations in application lies with the EHR vendors putting the standards into practice, based on clear requirements promulgated by HHS. EHR vendors need a clear set of rules and standards that are simply stated for them to comply with, and then ONC needs to monitor and enforce those rules and requirements. Additionally, ONC should provide a mechanism and resolution process to both vendors and providers to ensure that there are avenues in place to resolved disputes and report vendors who are not in compliance.

EHR Reporting
APMA supports HHS' goal to address program reporting and participation burdens by simplifying program requirements and incentivizing new approaches that are easier to adopt and also provide better value to clinicians; likewise, we support the HHS recommendations to reach this goal. APMA would stress the importance of continuing to seek and include physician participation and input into the structuring of the program. It is important to ensure that there is a wide variation of perspectives and experience reflected in the stakeholder input, as some specialties and/or practice types are differently affected than others by these programs.

Additionally, APMA strongly supports additional federal Medicaid funding for health IT systems and promotion of interoperability, as the patients served by Medicaid are some of the most vulnerable patients, frequently suffering from complex and chronic conditions.

APMA also supports reducing administrative and financial burdens associated with quality and EHR reporting programs. Currently, much of the burden of compliance rests on physicians directly. ONC needs to work directly with vendors of these EHR programs to ensure ease of data integration across multiple health systems and promotion of interoperable data exchanges.

Public Health Reporting
APMA is supportive of increased adoption of electronic prescribing of controlled substances and retrieval of medication history from state prescription drug monitoring programs (PDMPs) through integration of health IT into health care provider workflow. APMA also supports inventory reporting requirements for federal health care and public health programs, as well as

harmonizing requirements across federally funded programs that impact a majority of health care providers. APMA recommends strongly that HHS work directly with EHR vendors, state agencies, and clinician representatives to develop these requirements and support these goals.

APMA appreciates the opportunity to provide feedback on this draft strategy. If HHS requires any additional information or if there are follow-up questions, please contact Scott Haag, APMA Director of Health Policy and Practice, at either 301.581.9233 or slhaag@apma.org.

Sincerely,

Dennis R. Frisch, DPM
APMA President