AMERICAN OPTOMETRIC ASSOCIATION

January 24, 2019

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar,

The American Optometric Association (AOA) appreciates your policy prioritization of reducing physician burden. The Department of Health and Human Services "Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs"[1] is an important step. To further inform the work of HHS, the AOA offers the comments below.

The AOA represents approximately 33,000 doctors of optometry and optometry students. These valued primary care providers are an important access point to the health care system for many patients. Doctors of optometry are eye and vision care professionals who diagnose, treat and manage diseases, injuries and disorders of the eye, surrounding tissues and visual system. Our members play a major role in nations' overall health and well-being by detecting and helping to prevent complications of systemic diseases, such as hypertension, cardiovascular disease, neurologic disease, and diabetes - the leading cause of acquired blindness. Doctors of optometry serve patients in 10,176 communities across the country and are the only eye doctors available in 3,500 of those communities. Providing more than two-thirds of all primary eye and vision health care in the United States, doctors of optometry deliver up to 80 percent of all primary vision and eye health care provided through Medicaid. Recognized as Medicare physicians for more than 25 years, doctors of optometry provide medical eye care to millions of Medicare beneficiaries annually.

As the Office of the National Coordinator Director (ONC) noted, "Too often we look at 'the house of medicine' in a simple, standardized way, when in fact 'the house of medicine' really encompasses different clinical disciplines with disparate workflows and health IT needs."[2] We encourage HHS to continue to consider the diverse needs of all physicians within the health care system and thoroughly examine how policy changes impact physicians who play a critical role in their communities, but operate within a smaller practice with less health IT support available.

Clinical Documentation

The AOA greatly appreciates the Centers for Medicare & Medicaid Services (CMS) effort to evaluate physician burden related to documentation requirements for evaluation and management services (E/M). Over the past several months, the AOA has remained engaged in ongoing discussions with others in the larger physician community to determine additional potential changes to E/M services in future years. Overall, we do not believe that a reduction in documentation requirements alone justify drastic changes to reimbursement. Because many doctors' documentation practices are largely driven by malpractice concerns and payer requirements, whether a true reduction in burden will be achieved is uncertain even if

[1] https://www.healthit.gov/sites/default/files/page/2018-11/Draft%20Strategy%20on%20Reducing%20Regulatory%20and%20Administrative%20Burden%20Relating.pdf
[2] ibid

CMS institutes changes. Our doctors are also concerned that private insurers may not quickly adopt changes implemented by HHS which would create a system in which various rules related to the provision of E/M services apply. This inevitably complicates record keeping. The AOA encourages HHS to work collaboratively with stakeholders to address these issues. We also support the HHS recommendation to continue working collaboratively with stakeholders to disseminate best practices for documentation.

We appreciate the HHS has recognized the burden caused by prior authorization processes and the role that the agency can play in addressing this issue. Many health care plans require burdensome prior authorization processes that require doctors and patients to enter into a negotiation process to obtain authorization for a medication or procedure that a doctor has determined would be most effective for a patient. This process needlessly delays access to medication that patients need immediately. We support HHS efforts to expand on current work to identify common data elements and standardized templates that can be implemented by health IT developers to support more automation around these processes. Given the various priorities that health IT developers have, we believe that some sort of firm requirements or incentives will likely need to be put in place in order to push health IT developers to make these necessary changes to improve prior authorization workflow.

Health IT Usability and the User Experience

HHS rightly noted some of the major physician concerns related to health IT usability and problems with health IT not tracking with the physician's cognitive process and the clinical workflow. These issues inevitably create inefficiencies. While HHS has called for harmonization across EHR systems — such as standardizing medication information across EHR systems; standardizing order entry content so that order names, care activities, and order set components are presented consistently; and developing agreed upon conventions for the display of results — we are concerned that some health IT developers do not feel sufficient need to make any of these changes, which they may view as costly. While HHS may want to allow the industry to adjust, compete and respond to needs within the marketplace, given the significant investment required to adopt an electronic health record system, moving to a different system can be cost prohibitive for many physicians. While the agency may not want to be overly prescriptive in requiring IT developers to make user interface improvements, some sort of incentive will likely need to be implemented to truly affect change. We are also very concerned that true interoperability between EHR systems is not yet a reality. Sharing information between different EHR systems remains a challenge for physicians and often creates additional inefficiencies. Many of our member physicians participated in the CMS EHR Incentive Programs, with the hope that this new technology would increase communication to support patient care. A decade later, there is still tremendous work that needs to be done to share the most basic information between practices.

EHR Reporting

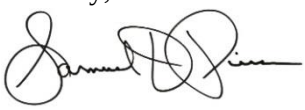
We support HHS efforts to further address program reporting and participation burdens associated with electronic clinical quality measures. In the reporting of clinical quality measures, we are aware of certain health IT systems that allow for customization that eliminated the data fields necessary to capture the data for specific clinical quality measures. Many physicians were unaware that their customization had this impact, which was incredibly problematic. In addition to interface issues that have impacted the ability to capture quality measure data, annual quality measure updates necessitate additional health IT developer work, which can increase inefficiencies. Many physicians would benefit from stabilization within the quality measure reporting requirements.

Public Health Reporting

The AOA operates the CMS-approved AOA Measures and Outcomes Registry for Eye Care (AOA MORE) Qualified Clinical Data Registry (QCDR). We would welcome the opportunity to take part in an HHS convened stakeholder meeting to assess and inventory public health reporting requirements. We agree that this inventory could help HHS to better understand the complexities of harmonization across federally funded public health programs, in order to identify programs that use the same or similar EHR data and promote use of common standards for these processes. We are also concerned that the CMS seems to be considering an elimination of public health reporting under the Merit Based Incentive Payment System (MIPS). We recommend that CMS retain the public reporting requirements in order to further the collection of data that is critical for research and public health. We believe that the retention of these MIPS requirements in future years would be more in line with the strategy outlined in this report.

Thank you for the opportunity to provide these comments. Please contact Kara Webb, Director of Coding and Regulatory Policy, at kwebb@aoa.org if you need additional information.

Sincerely,



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