



January 28, 2019

The Honorable Alex Azar, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Submitted electronically via healthit.gov

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

Dear Secretary Azar:

The Iowa Primary Care Association (Iowa PCA) appreciates the opportunity to provide comments to the U.S. Department of Health and Human Services on the draft proposal for the *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*.

Iowa PCA is the state membership organization for community health centers (CHCs or health centers). Health centers serve as the health home for over 203,000 rural and medically-underserved Iowans, the majority of whom live below the Federal Poverty Level and face multiple social and environmental factors which impact their need for health care and their ability to access care appropriately. With over 80 sites, health centers provide affordable, high quality, comprehensive primary care to these individuals, regardless of their insurance status or ability to pay for services.

The Iowa health centers appreciate the Department's effort to reduce the burden associated with Health IT and EHRs and are overall supportive of the draft strategy. We are also supportive of the comments submitted by our national association, the National Association of Community Health Centers (NACHC).

Better Align EHR System Design with Real-World Clinical Workflows

Health centers have been leaders in the adoption of EHR systems, all Iowa health centers have an operational EHC system installed at all of their sites. Our health centers believe improving the usability of health IT systems is a key step in reducing provider burden, our team at the Iowa PCA continually work with our EHR vendors and health centers to improve our systems. As part of Strategy 1 of Health IT Usability and the User Experience (page 51), we would encourage HHS to consider standards for how developers execute the initial implementation and deployment processes. This is the first area where the ease of use is based on the user's knowledge and the developer's interpretations of the end users needs.

Standardize Results Display Conventions within Health IT

The Iowa PCA concurs with the comments submitted by NACHC encourage HHS to consider standards and enforcements for laboratory vendors to ensure compatibility with EHR systems as a way to reduce the burdens associated with both sending laboratory tests and receiving results electronically.

Leverage Health IT Functionality to Reduce Administrative and Financial Burdens Associated with Quality and EHR Reporting Programs

As recommended in Strategy 2 related to EHR Reporting, the Iowa PCA supports the development of standards for promoting interoperability and patient access to health information. Standards for access, extraction, integration, and analysis of data has the potential to help health centers better coordinate care and bend total cost of care trends while improving population health.

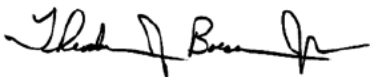
Inventory Reporting Requirements for Federal Health Care and Public Health Programs that Rely on EHR Data to Reduce Collection and Reporting Burden on Clinicians. Focus on Harmonizing Requirements across Federally Funded Programs that Affect a Critical Mass of Health Care Providers.

The Health Resources and Services Administration (HRSA) manages a standardized reporting system on performance measures that health centers are required to report annually. This system, known as the Uniform Data System (UDS), encompasses data on patient population demographics, staffing, services provided, clinical indicators, outcome measures, costs, and revenues. The UDS assists in identifying trends over time, improving health center performance, and comparing health center populations with the U.S. population. In addition to reporting data to HRSA, health centers also collect and share data to inform care delivery and meet reporting requirements for health plans, Medicaid agencies, and other partners.

The Iowa health centers join NACHC in supporting the recommendation in Strategy 2 of Public Health Reporting (page 66-67) to look at opportunities to inventory, harmonize, and provide additional guidance on reporting across federally funded programs. We thank the Department for recognizing community health centers as a key stakeholder in this effort and welcome the chance to partner with HHS to not only reduce burden but support targeted and coordinated approaches to care delivery across the health care system.

Thank you for the opportunity to comment on the Draft Strategy. Iowa PCA and our health centers are willing to provide clarification or answer any follow up information on our comments, please contact Erica Shannon at eshannon@iowapca.org.

Sincerely,



Theodore J. Boesen, Jr.
Chief Executive Officer
Iowa Primary Care Association