

January 26, 2019

Donald W. Rucker, MD
National Coordinator for Health Information Technology

Dear Dr. Rucker,

Thank you for the opportunity to comment on the draft: *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*. There is a lot of support by clinicians to reduce regulatory and administrative burden relating to the use of health IT and Electronic Health Records.

Overall, this is a very sound strategy and we look forward to supporting you in moving it forward.

Strategy 3: Leverage health IT to standardize data and processes around ordering services and related prior authorization processes.

I am in agreement with the recommendations for this section.

Also, as was mentioned in an earlier recommendation, when the data is already present elsewhere in the health IT system, the clinician should not have to re-enter when completing a prior authorization. Many times, the information requested for a prior authorization is somewhere else in the health record and there should be a way to pull the information in. In fact, many times the health plan already has the information.

Recommendation 3: Incentivize adoption of technology which can generate and exchange standardized data supporting documentation needs for ordering and prior authorization processes.

It is so important to be inclusive in having incentives available clinicians and members of the healthcare team. The focus should also include improving interoperability outside the hospital system – communities and rural settings. Most care is provided in the community. This includes other clinicians (e.g. pharmacists, dietitian, social worker) involved in managing a patients health will need to work together.

With medications and drug pricing so important, it is necessary to ensure that pharmacy management systems and public health databases are incentivized. Clinicians and vendors prioritize projects depending on what is required by policy or an administrator. ONC and CMS can help move stakeholders in the same direction by building in incentives. Please consider opportunities for pharmacy management systems to be included when designing incentives.

Strategy 1: Address program reporting and participation burdens by simplifying program requirements and incentivizing new approaches that are both easier and provide better value to clinicians.

Recommendation 4: To the extent permitted by law, continue to provide states with federal Medicaid funding for health IT systems and to promote interoperability among Medicaid health care providers.

I strongly recommend CMS continue to support states in providing Medicaid funding for health IT systems. As technology changes, there will always be new technologies to improve interoperability. In order for states to have the best designs, funding should not sunset.

Strategy 2: Leverage health IT functionality to reduce administrative and financial burdens associated with quality and EHR reporting programs.

Recommendation 3: Implement an open API approach to HHS electronic administrative systems to promote integration with existing health IT products.

I strongly support HHS implementing an open API interface for its own electronic systems, including bidirectional data integration. This should not be limited to physicians, but should also apply to other clinicians that would utilize the systems.

Thank you again for the great work you and your team did to put this strategy together.

Sincerely,



Pamela Schweitzer

Summit Healthcare, LLC

Pamela.Schweitzer@summit.healthcare