January 28, 2019

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

Re: UC Davis Health response to ONC proposal for Strategy on Reducing Health IT burden

Dear Secretary Azar and members of the ONC committee:

On behalf of UC Davis physicians and other health IT users, we are grateful for the opportunity to contribute to this very important effort. We recognize the value of health IT and how our EHR system has enhanced care, but are simultaneously cognizant of the burden it has placed on our physicians. Health IT has contributed to excess non-patient-facing time, feelings of burnout, as well as precipitating mental health problems and physician turnover.

We concur that the Strategy on Reducing Health IT burden, through reduction of clinical documentation, is crucial to keeping physicians engaged in clinical care longer, resulting in fewer physicians choosing premature retirement or an alternative non-clinical career. This is especially important as our physician population ages and our nation has an impending shortage of primary care and critical specialist physicians.

While the efforts to reduce documentation time, reduce redundant reporting requirements, and improve EHR usability are commendable, the following should be considered:

**Easing documentation effort**

The explosion of copy/paste functionality and other causes of ‘note bloat’ is a direct effect of multiple mandates from CMS and other interest groups. Note bloat is a symptom of a problem, rather than the cause. We urge CMS to convene expert groups to define minimum standards of required documentation that supports billing, medicolegal, and most importantly, inter-clinician communication.

We urge this discussion to start by questioning the current paradigm of encounter and visit-based documentation, and look towards a patient-centric approach using modern concepts of information aggregation (i.e. wikis, blogs, etc.). Clinical technology should allow for *succinct and coherent* narratives of patients’ conditions, risk factors and social determinants of health to be available to the care team. Putting the narrative and team communication at the forefront of EHR design is imperative. Health IT technology is advanced enough to programmatically extract the newly-added data from records to support the charges associated with each patient contact, perhaps in combination with time based billing. By leveraging technology to only require physicians to document new information, the burden of data entry on physicians would be dramatically reduced. Additionally, this approach would assist to reduce the under-recognized burden of accessing and reviewing EMR data.

The complexity around orders and authorizations is significant. This friction stems from the lack of interoperable electronic systems used by providers of durable medical equipment (DME), pharmacy benefits, skilled nursing care, CMS contractors, among others. “Meaningful use/Promoting Interoperability” for those organizations will be critical to create a care ecosystem that realizes the full potential for health IT.

**Reducing reporting effort**

In addition to harmonizing the many related measures, it is essential to retire measures that are topped out, prone to unintended perverse incentives, or poorly discriminating. Focus should be placed on making selected measures easier to implement. In order to have the greatest impact on clinicians, existing free-text data within the EHR should be leveraged to meet reporting requirements when structured data is not available. The greatest opportunity to reduce burden and streamline documentation within EHR systems is the development and widespread implementation of natural language processing (NLP) technology. ONC could expedite the proliferation of this technology by:

1. Funding and incentivizing breakthrough research in NLP-related artificial intelligence.
2. Adding NLP to the roadmap of health IT certification requirements.
3. Convening expert panels to develop needed updates to any needed standards for ontologies or data transmission.

**Usability**

The ease of data entry has been discussed previously, but what remains perpetually unaddressed is the ability for clinicians to easily *access existing data*. Current EMR notes are repetitive, contain sections that are derived from copy/paste, and re-document information that is already available within the EMR system. The unintended consequence of the repetitive nature of our current EMR notes is that they are very difficult and time consuming for anyone to review. It is easy to miss important longitudinal clinical facts among hundreds of similar looking cross-sectional styled notes.

Creating dynamic displays of *relevant* data, using human or machine learning derived organizational principles would be a transformative change to EHR user experience. In addition to saving time and cognitive effort, leveraging HIT to show the right information, to the right user, at the right time, could dramatically improve diagnostic error and improve the quality and appropriateness of care. This implies clinical decision support (CDS) that is more robust than current functionality. These CDS systems would flexibly insert appropriate modifications into workflows to nudge user behavior, rather than the current paradigm of stopping workflows and forcing cognitive redirection. ONC should play a role to set high standards for health IT certification, backed by supportive standards and protocols. Standards should strike a balance between meeting needs of users and avoiding the specificity that might stymie innovation from vendors, designers, and human factors engineers.

**Resourcing and Training**

Many of the specific recommendations in the report have existing technological solutions, but organizations lack the resources to purchase and implement them. The literature overwhelmingly indicates that technology training improves providers’ satisfaction and ability to use EHR systems, but is resource intensive. At UC Davis Health, we have found that individualized training, held at-the-elbow, with expert coaches who can review the physicians workflow and their use of the EMR, is much more effective than the traditional group EMR training approach. Consideration of financial incentives to implement such proven interventions would be welcomed.

Sincerely,

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