21st Century Cures Act: 4001(a)

HHS Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs

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ONC “In a Nutshell”

The Office of the National Coordinator for Health Information Technology

- ONC focuses on the Administration’s priority of building a health system that delivers value and maximizes the promise of health IT.

- Specifically, we use all of our levers to accelerate individuals’ ability to access and send their health information so they can shop for and coordinate care.
A Focus on 21st Century Cures

ONC is fully focused on the two 21st Century Cures Act’s priorities of increasing nationwide interoperability and improving usability/reducing clinician burden.

» Our work on interoperability includes:

  – Rulemaking to advance proposals for open, accessible application programming interfaces (APIs).

  – Rulemaking will also identify behaviors not considered to be information blocking to support OIG’s enforcement of Cures’ information blocking provisions.

  – Advancement of a Trusted Exchange Framework & Common Agreement to set common principles, terms, and conditions that facilitate trust between disparate health information networks.

» Our work on usability includes:

  – Working closely with the Centers for Medicare and Medicaid Services (CMS) to reduce administrative and reporting burden among clinicians.
SEC. 4001. ASSISTING DOCTORS AND HOSPITALS IN IMPROVING QUALITY OF CARE FOR PATIENTS.

(a) IN GENERAL.—The Health Information Technology for Economic and Clinical Health Act (title XIII of division A of Public Law 111–5) is amended—

(1) by adding at the end of part 1 of subtitle A the following:

“SEC. 13103. ASSISTING DOCTORS AND HOSPITALS IN IMPROVING QUALITY OF CARE FOR PATIENTS.

“(a) REDUCTION IN BURDENS GOAL.—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’), in consultation with providers of health services, health care suppliers of services, health care payers, health professional societies, health information technology developers, health care quality organizations, health care accreditation organizations, public health entities, States, and other appropriate entities, shall, in accordance with subsection (b)—

“(1) establish a goal with respect to the reduction of regulatory or administrative burdens (such as documentation requirements) relating to the use of electronic health records;

“(2) develop a strategy for meeting the goal established under paragraph (1); and

“(3) develop recommendations for meeting the goal established under paragraph (1).
HHS Charge:

- Establish a goal for burden reduction
- Develop strategies to support the goal
- Make recommendations to drive the strategies
Specific call out for recommendations that:

- improve the clinical documentation experience;
- improve patient care;
- can be taken by the Secretary and by other entities; and
- can reduce the reporting burden required of health care providers.
CMS and ONC collaborated to gain stakeholder feedback.

- Listening Sessions
- Town Hall Meetings
- Webinars
- Public Comment through Rulemaking
Chief burdens reported by stakeholders

- Billing-related documentation “note bloat”
- Prior authorization
- Quality measurement
- Poor user experience with health IT and clinical workflow
- Too much time outside of patient care spent on electronic records
- PDMPs poorly integrated into EHRs
Impact of administrative burden

- Increased physician burn-out
- Reduced quality of patient care
- Patient safety risk
- Expanding regulatory and administrative compliance costs
1. Reduce the effort required to record in EHRs for provider during care delivery;
2. Reduce the effort required to meet regulatory reporting requirements for providers and practice managers/administrators; and
3. Improve the functionality and intuitiveness (ease of use) of EHRs.
Strategies to Reduce Clinical Burden

**Clinical Documentation**

- Reduce regulatory documentation requirements for patient encounters.
- Clinician partnership - documentation best practices.
- Reduce documentation burden tied to prior authorization.
Strategies to Reduce Clinical Burden

EHR Reporting

- Simplify program reporting and participation requirements
- Reduce administrative and financial burdens associated with quality and EHR reporting programs.
- Improve electronic clinical quality measures
Strategies to Reduce Clinical Burden

Health IT Usability and the User Experience

- Improve alignment of EHRs with clinical workflow
- Promote user interface optimization in health IT
- Promote harmonization surrounding clinical content contained in health IT
- Promote the importance of implementation decisions
Other Government Requirements

Better integration of prescribing of controlled substances and usage of state PDMP with EHR workflow.

Harmonize and simplify federal and state public health reporting requirements.
Anticipated Timeline for Clinical Burden Reduction Strategy

- Release Draft Strategy Report
  (Fall 2018)

- 60-Day Public Comment Period

- Release Final Strategy Report
  (Expected Spring 2019)

- Continue Stakeholder Engagement and Monitor Progress on Goals
Thank You!

Questions?