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CMS Announces Strategy to Reduce Health IT and EHR Burden

January 7, 2019 – Dorsey Health Law
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On Wednesday, November 28, 2018, the U.S. Department of Health and Human Services ("HHS") released a draft document titled, *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*. The report was developed by the Centers for Medicare and Medicaid Services ("CMS") and the HHS Office of the National Coordinator for Health Information Technology ("ONC"). HHS was required under the 21st Century Cures Act—signed into law in December 2016—to develop goals, strategies, and recommendations to reduce electronic health record ("EHR") burdens that impact the delivery of health care services. HHS solicited input for the strategy in listening sessions, written responses, and other stakeholder contact. Now that the draft strategy is released, HHS is soliciting additional feedback on their website for sixty days, until January 28, 2019. To provide written comments and review the strategy, visit the strategy webpage here.

The report identifies three goals:

1. Reduce the effort and time required to record health information in EHRs for clinicians;
2. Reduce the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and healthcare organizations; and
3. Improve the functionality and intuitiveness (ease of use) of EHRs.

Potentially more enlightening are the strategies and recommendations, which offer a guide to what actions CMS may take in future rulemaking and guidance. The report recommends that the regulatory burden around patient encounter documentation should continue to be reduced. HHS notes that office and outpatient evaluation and management visit documentation has already been updated and streamlined in the 2019 Physician Fee Schedule final rule and that CMS removed some documentation requirements for admission orders to inpatient rehabilitation facilities. Other recommendations that may directly reduce or alter the regulatory burden on providers include the following:

Related Capabilities

- Healthcare & Life Sciences
- Healthcare Transactions & Regulations
- Healthcare Litigation
- Medical Devices

- Waive documentation requirements for alternative payment models
- Automate ordering and prior authorization procedures by adopting standardized templates, data elements, and real-time standards-based electronic transactions
- Support pilots for standardized electronic ordering
- Simplify scoring for the Promoting Interoperability performance category (of the Quality Payment Program and Promoting Interoperability Programs, formerly EHR Incentive Programs for hospitals and clinicians)
- Incentivize innovative uses of health IT and interoperability
- Continue providing states with Medicaid funding for health IT systems and to promote interoperability among Medicaid providers
- Adopt additional data standards for better access, integration, and analysis across different systems
- Explore less burdensome electronic quality measurements
- Improve interoperability between EHRs and state prescription drug monitoring programs
- Increase the use of electronic prescribing of controlled substances, with better access to medication history
- Harmonize EHR data reporting requirements across federal programs to reduce reporting burden
- Provide additional guidance on HIPAA privacy and other federal confidentiality requirements regarding substance use disorder health information (to facilitate electronic health information exchange)

When health IT and EHR incentive programs, such as the Medicare EHR Incentive Program (commonly known as "meaningful use," and now part of the Merit-Based Incentive Payment System ("MIPS")), were first rolled out, much of the focus was on switching providers to electronic systems to enable better care and patient access. For example, in ONC's *Federal Health IT Strategic Plan 2015 – 2020*, goals include: improving health care quality and value, supporting individual access, privacy, and autonomy, honoring personal health preferences, and building a culture of EHR use. The 2015 – 2020 strategic plan makes minimal reference to improving clinical workflows or enabling efficiencies for providers. As health IT and EHRs have matured in the past few years, it is increasingly clear that individual clinicians and health care organizations have become more burdened through the implementation of electronic systems, not less. The new *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs* discusses the issues faced and potential solutions to be implemented by CMS and other federal programs. The final version of the strategy will be published in late 2019 after ONC reviews and analyzes the comments made through January 28, 2019.