



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

Background:

On Friday, February 21, the Office of the National Coordinator for Health Information Technology released a final report entitled [*Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*](#). This report, focused on sources of clinician burden posed by the use of electronic health records (EHRs) and other health IT, was required by the *21st Century Cures Act*.

The strategy outlines three overarching goals designed to reduce clinician burden:

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.

HHS focused on strategies which meet the following criteria:

- Strategies should be achievable within the near to medium term, roughly 3-5 year window;
- HHS should be able to either implement these strategies through existing or easily expanded authority, or should have significant ability to influence the implementation of these strategies; and
- Strategies should include actions that improve the clinical documentation experience and improve patient care.

Below is an executive summary of the report, broken down by specific recommendations and actors.

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Blue – Recommended agency actions

Green – Recommended industry actions

Orange – Combination agency/industry actions

Burden area	Strategy	Recommendation(s)
Clinical documentation	Reduce the regulatory burden around documentation requirements for patient visits	CMS has taken a number of steps toward this strategy, including: reducing burden associated with E/M documentation and leveraging data already stored in the EHR
		HHS should continue to obtain robust stakeholder input to ensure that health IT solutions are supporting these new opportunities for burden reduction
		HHS could consider ways to exempt clinicians participating in APMs from certain documentation requirements
Clinical documentation	Continue to partner with clinical stakeholders to encourage adoption of best practices related to documentation requirements	HHS could continue to work collaboratively with stakeholders to disseminate best practices for documentation – ie, limited appropriate use of the “copy and paste” auto-populate functions
Clinical documentation	Leverage health IT to standardize data and processes around ordering services and related to prior authorization processes	Consistent with HIPAA rules, HHS could expand on current work to identify common data elements and standardized templates that can be implemented by developers to support more automation around these processes
		HHS could explore ways to incentive clinicians to adopt and use technology certified to conduct these transactions according to recognized standards
		HHS should work closely with SDOs, commercial payers, and others to support coordination of multi-stakeholder efforts to advance new standard approaches supporting prior authorization
Health IT Usability and the User Experience	Improve usability through better alignment of EHRs with clinical workflow; improve decision making and documentation	Industry should consider options to develop and adopt health care-specific GUI design components that could better support the clinician’s cognitive process and the clinical workflow

		<p>Developers can ensure that the user interface is consistent through the entire product</p> <p>Institutions can consider limiting customization that significantly changes this user interface</p> <p>Better design of the physical environment can reduce EHR-related burden by making it easier for clinicians to interact with health IT systems in ways that better align with existing clinical workflows</p>
Health IT Usability and the User Experience	Promote user interface optimization in health IT that will improve the efficiency, experience, and end user satisfaction	Developers should consider implementing common approaches to basic clinical operations across EHRs
Health IT Usability and the User Experience	Promote harmonization surrounding clinical content contained in health IT to reduce burden	Key priorities for harmonization across EHR systems center around: standardizing medication information across EHR systems; standardizing order entry content so that order names, care activities, and order set components are presented consistently; and developing agreed upon conventions and common user interface (UI) components for the display of results
Health IT Usability and the User Experience	Improve health IT usability by promoting the importance of implementation decisions for clinician efficiency, satisfaction, and lowered burden	<p>Developers and institutions that manage system deployment can increase end user engagement and training</p> <p>Developers and institutions can minimize clinician burden associated with system log-on through thoughtful workflow integration, while emerging technologies such as facial recognition tools can be explored in greater depth</p> <p>Greater transparency and thoughtful planning around budgeting for health IT investments can ensure adequate resources are available for critical training and ongoing support</p>
EHR reporting	Address program reporting and participation burdens by simplifying program requirements and incentivizing new approaches that are both easier and provide better value to clinicians	In the CY 2019 Physician Fee Schedule final rule, CMS reduced the number of required measures as well as simplified the scoring methodology for the Promoting Interoperability performance category under MIPS
EHR reporting	Leverage health IT functionality to reduce administrative and financial burdens associated with quality and EHR reporting programs	CMS could continue to explore new incentives within these programs that reward the innovative use of health IT and increased interoperability, while continuing to invest in technical assistance for health

		<p>care providers to improve understanding and overall success within these reporting programs</p> <p>Stakeholders could work together to develop and adopt industry-wide best practices for data mapping that can improve data accuracy and reduce burden when reporting from EHRs, as well as standards that improve the ability to access and extract data from health IT systems</p>
EHR Reporting	Improve the value and usability of electronic clinical quality measures while decreasing health care provider burden	<p>CMS could establish a first-year test reporting approach for new eCQMs</p> <p>HHS could expand its strategic focus on the future of eCQMs and how to ensure health care providers increasingly transition to electronic measurement and reporting</p> <p>HHS could further explore innovative approaches to electronic quality measurement that leverage emerging technologies, while incentivizing clinicians to help develop these approaches</p>
Public Health Reporting	Increase provider PDMP query for the retrieval of medication history from a state PDMP. Improve health care provider workflow for conducting the query by integrating the PDMP with health IT	<p>Federal agencies could work with states to adopt common industry standards that can better facilitate integration and to explore potential sources of federal financing to support this work</p> <p>HHS is implementing section 5042 of the SUPPORT Act which provides for a 100 percent federal Medicaid matching percentage for certain state expenditures related to PDMPs, if certain conditions are met, including that the PDMP must facilitate the integration of medication history information into provider workflows</p>
Public Health Reporting	HHS should increase adoption of electronic prescribing of controlled substances (EPCS) with consideration for provider-specific preferences, workflow, and use of available standards	HHS could develop a process to convene key stakeholders to assess and inventory public health reporting requirements
Public Health Reporting	HHS should expand upon existing guidance about HIPAA privacy requirements and federal confidentiality requirements governing substance use disorders (SUDs) health information in order to better facilitate electronic exchange of health information for patient care	HHS could address EHR-related burden associated with confidentiality requirements and issue additional guidance regarding federal privacy and confidentiality protections to enable electronic exchange in compliance with these requirements