January 24, 2019

The Honorable Donald Rucker, MD
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Submitted electronically via https://www.healthit.gov

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

Dear Dr. Rucker:

The American Nurses Association (ANA) is pleased to comment on the draft report "Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs" (Draft Report) from the Office of the National Coordinator for Health Information Technology (ONC). Nurses play a significant role in advancing a robust ecosystem of health information exchange and make major contributions to improving our nation's population health.[1] As outlined in ANA's position statement on Standardization and Interoperability of Health Information Technology, dated June 11, 2014:[2]

> ANA believes that electronic health records (EHRs) and other HIT solutions used to document, manage, and report nursing care in all phases and settings should promote the accurate capture and standardized representation of nursing knowledge, data collected by nurses in the context of patient care, and contributions to outcomes across the nursing process. Further, these systems should be interoperable within and among all vendors' products. Achievement of such standardization and interoperability will improve patient outcomes, enhance nurse work satisfaction, support the exchange and use of nursing knowledge, and promote nursing participation in the development, growth, and maturation of a continuous rapid learning health care system.

ANA supports many of the strategic recommendations that ONC proffers in the Draft Report in line with the above position statement; we also support the overall strategy to reduce regulatory burden around documentation for patient visits. ANA firmly believes that nurses are critical to both developing and implementing such recommendations and we look forward to working with ONC and other stakeholders to ensure that nursing's voice is integrated into these recommendations.

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[1] Robert Wood Johnson Foundation (September 2017) Catalyst for Change: Harnessing the Power of Nurses to Build Population Health for the 21st Century, retrieved from: https://www.rwjf.org/content/dam/farm/reports/reports/2017/rwjf440286
[2] American Nurses Association. "Standardization and Interoperability of Health Information Technology Position Statement". June 11, 2014. Online: https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/standardization-and-interoperability-of-health-information-technology/

ANA is the premier organization representing the interests of the nation's 4.0 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse roles (APRNs): nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs). ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

Clinical Documentation Recommendations

ANA supports many of the Draft Report's recommendations regarding clinical documentation and believes that the burden associated with over-documentation is a critical issue. ANA has previously voiced its support for CMS' Patients Over Paperwork initiative to evaluate and streamline regulations with a goal to reduce unnecessary burden, to increase efficiencies, and to improve the beneficiary experience[3], and supports ONC's efforts to reduce documentation burden related to HIT and EHRs. ANA commended CMS in December 2018 for heeding the advice of provider stakeholders in the CY 2019 Physician Fee Schedule Final Rule for its approach to changing the evaluation and management (E/M) visit documentation, coding, and payment structures. ANA reiterates our position that CMS should further address changes specified in the final rule to E/M coding, documentation, and payment policies through an interdisciplinary workgroup of practitioners and stakeholders across the care continuum. Such workgroup must include a seat for nursing at the table in order to ensure that APRNs contribute their wealth of considerable experience in treating Medicare patients using EHRs and billing for those services. ANA looks forward to directly working with ONC and CMS to ensure that this is the case.

Health IT Usability and the User Experience Recommendations

With respect to ONC's recommendations regarding Health IT Usability and the User Experience, ANA supports the strategies and recommendations laid out by ONC. We must, however, highlight our position statement, "Inclusion of Recognized Terminologies Supporting Nursing Practice within

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[3] American Nurses Association. "Letter from ANA to Centers for Medicare and Medicaid Services in Response to the Proposed Rule Regarding the Fiscal Year 2019 Acute Care Inpatient Hospital Prospective Payment System and Long-Term Care Hospital Prospective Payment System". June 25, 2018. Online: https://www.nursingworld.org/~49f428/globalassets/docs/ana/final-anacommentlettersignons-fy2019ipps-06252018.pdf

Electronic Health Records and Other Health Information Technology Solutions", dated April 19, 2018,[4] which states ANA's support for:

> [...] the use of recognized terminologies [...] as valuable representations of nursing practice and to promote the integration of those terminologies into information technology solutions. Standardized terminologies have become a significant vehicle for facilitating interoperability between different concepts, nomenclatures, and information systems. (ANA, 2015)

The use of such recognized terminologies in Health IT and EHR applications is critical to the usability of these applications and for nursing practice. As ANA has previously stated in comments on "Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0," dated April 2, 2015:[5]

> Registered nurses are pivotal in identifying patient-centered problems (e.g., incontinence, functional status) through standardized screening and assessments and compiling data. They provide information to other clinicians and are an essential source of information for patients, families and other caregivers. Registered nurses also have a critical role in documenting health information in current electronic health records (EHR) and providing care coordination in multiple roles, including during care transitions between units in acute care and across all care settings. Utilization of terminologies (and standards) that support nursing practice and patient-centered care will ensure that the steps articulated in this roadmap will result in data that informs comprehensive patient-centered care. Data collected by nurses and entered in the EHR ensures the capture of the contributions of registered nurses, the largest group of healthcare professionals. The promise of data analytics to improve patient care and outcomes will not be fully achieved without the inclusion of this data.

ANA looks forward to working with ONC on such terminologies and standards to achieve the outlined Health IT Usability and User Experience recommendations in order to both reduce burden and increase the ability of the provider to ensure patient-centered care and quality outcomes.

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[4] American Nurses Association. "Inclusion of Recognized Terminologies Supporting Nursing Practice within Electronic Health Records and Other Health Information Technology Solutions Position Statement". April 19, 2018. Online: https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/Inclusion-of-Recognized-Terminologies-Supporting-Nursing-Practice-within-Electronic-Health-Records/

[5] American Nurses Association. "Letter from ANA to the National Coordinator, Office of National Coordinator for Health IT (ONC), regarding comments on Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0". April 2, 2015. Online: https://www.nursingworld.org/~4ad35b/globalassets/docs/ana/comments-to-onc.pdf

Electronic Health Record Reporting Recommendations

ANA conditionally supports the strategies and recommendations in the Draft Report regarding EHR Reporting. We strongly emphasize, however, that reporting requirements and incentives to achieve interoperability must be inclusive of registered nurses and advanced practice registered nurses in order to be successful and equitable. It is worth directing ONC to the recommendation "Ensuring Parity of Resources and Incentives as a Critical Path to Promote Interoperability" that ANA and the Alliance for Nursing Informatics (ANI) jointly sent to CMS in June 2018 in response to a Request for Information on Promoting Interoperability and Electronic Healthcare Information Exchange through Possible Revisions to the CMS Patient Health and Safety Requirements for Hospitals and Other Medicare- and Medicaid-Participating Providers and Suppliers.[6] ANA and ANI strongly recommended in this letter that policies ensure parity in how eligible providers are defined and identified and encourage inclusive language for all types of providers that provide patient care and that all APRN providers should be eligible for EHR incentive payment, not only under Medicaid, but also under Medicare.

Public Health Reporting Recommendations

ANA fully supports taking steps to increase the interoperability of state Prescription Drug Monitoring Programs (PDMPs) in order to better monitor the prescription of opioids. As noted in ANA's August 2018 issue brief, "The Opioid Epidemic: The Evolving Role of Nursing"[7], as of August 2017, all 50 states, the District of Columbia and the territory of Guam have a PDMP program.[8] However, there is no standard related to drugs monitored, or data collected or shared between states. Provider use of the PDMPs varies according to state mandate and ease of system access. Emerging research on the efficacy of PDMPs has shown mixed results, in part due to the lack of standardization among programs. ANA and the ANI jointly noted in a February 2018 letter to ONC[9] that "there is currently not complete interoperability among the states on data sharing. In addition, current epidemiological data are not collected as part of PDMPs. A single on-ramp to such data could not only bolster prescription drug monitoring but open avenues to more comprehensive data mining to support population health and evidence-based practice development." ANA continues to support such efforts to improve interoperability between PDMPs in order to combat the opioid epidemic.

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[6] American Nurses Association and the Alliance for Nursing Informatics. "Letter from ANA and the Alliance for Nursing Informatics to Centers for Medicare and Medicaid Services in Response to the Request for Information Regarding Interoperability and Electronic Healthcare Information Exchange". June 25, 2018. Online: https://www.nursingworld.org/~49f420/globalassets/docs/ana/anianacmsinteroperability-final.pdf

[7] American Nurses Association. "The Opioid Epidemic: The Evolving Role of Nursing". August 2018. Online: https://www.nursingworld.org/~4a4da5/globalassets/practiceandpolicy/work-environment/health--safety/opioid-epidemic/2018-ana-opioid-issue-brief-vfinal-pdf-2018-08-29.pdf

[8] Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC). (2017) Status of prescription drug monitoring programs (PDMPs). Retrieved from: http://www.pdmpassist.org/pdf/PDMP_Program_Status_20170824.pdf

[9] American Nurses Association and Alliance for Nursing Informatics. "ANA and Alliance for Nursing Informatics Comments to The Office of the National Coordinator for Health Information Technology Regarding Draft US Core Data for Interoperability (USCDI) and Proposed Expansion". February 15, 2018. Online: https://www.nursingworld.org/~49b0b1/globalassets/docs/ana/aniandanaresponsetooncuscdi02-15-2018.pdf

We look forward to the opportunity to further engage with ONC regarding strategies to improve the use of Health IT and EHRs. If you have questions, please contact Ingrida Lusis, Vice-President, Policy and Government Affairs (Ingrid.Lusis@ana.org or (301) 628-5081).

Sincerely,

Debbie D. Hatmaker, PhD, RN, FAAN
Chief Nursing Officer/EVP

cc: Ernest Grant, PhD, RN, FAAN, ANA President
      Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, ANA Chief Executive Officer