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October 11, 2019

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma,

On behalf of the 33 member companies of the Electronic Health Record (EHR) Association, we are pleased to offer our input to the Center for Medicare and Medicaid Services (CMS) on the recent [Request for Information for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment](#).

The EHR Association’s member companies serve the vast majority of hospitals, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs across the United States. Our core objectives focus on collaborative efforts to accelerate health information and technology adoption, advance information exchange between interoperable systems, and improve the quality and efficiency of care through the use of these important technologies.

The EHR Association requests that CMS take into account existing and emerging health Information and technology solutions that can improve opioid risk assessments, prescribing practices, and stewardship. The Association’s [CDC Opioid Guideline Implementation Guide for EHRs](#), published in November 2018, provides commentary on ways that health IT can contribute to organizational opioid stewardship. For purposes of maximizing previous investments and respecting current provider workflows as much as possible, the CMS SUPPORT Act Action Plan should endorse these technologies, including Prescription Drug Monitoring Program (PDMP) adoption and integration with EHRs, and Electronic Prescribing of Controlled Substances (EPCS).

Other health information and technology, such as remote patient monitoring and telehealth, show promise to improve the management of chronic pain populations, and they align well with EHR-based workflows. Additionally, telehealth is a promising technology for expanding medical and pain management coverage in professional shortage areas as well as for patients challenged to visit a doctor's office for a variety of reasons, whether in rural or urban environments. Because patients do not always see providers in the state in which they live and might also benefit from access to out-of-state specialists or providers offering 24-hour access to care via telehealth, the issue of interstate licensing and regulatory limitations is one that needs to be addressed.

Accordingly, the EHR Association recommends that the CMS Action Plan allow for the interstate practice of telehealth to increase access to appropriate care in areas with health professional shortages. Also, we believe it is necessary for CMS to assess what business incentives for telehealth would be necessary to better ensure access for the most vulnerable or underserved patients. Historically, the EHR Association has supported expanding incentives to encourage increased adoption of interoperable health IT in the behavioral health space; the SUPPORT Act grants CMS the authority to develop such incentives, and we would support CMS efforts in doing so.

EHR developers would appreciate additional information about upcoming telehealth requirements and definitions, as other related technologies, including EHRs, would need to undertake development work to consider intake and exchange of telehealth-sourced patient data, particularly as it impacts the clinician who usually sees the patient but was likely not the provider holding the telehealth visit. It is important that CMS be mindful of the need to allow adequate time for development of software that supports future regulatory requirements.

With respect to new service delivery models, CMS should encourage innovation in the health IT space to more effectively address acute and chronic pain problems, including consideration of payment policies that support options beyond writing prescriptions. One such innovation would be to develop improved information sharing practices to track patient outcomes, improve monitoring, and identify future quality metrics. Specifically in the Substance Use Disorder (SUD) space, once a referral order is placed in an EHR, appropriate members of the patient's care team outside of that healthcare organization should be alerted via interoperable solutions using CDS Hooks and FHIR standards. Integration between health systems, and more broadly with other industries, can improve continuity of care and help promote improved patient experiences and outcomes.

With respect to care management for Medicare beneficiaries with pain who transition across settings, Social Determinants of Health (SDOH) are a critical piece of the puzzle. The integration of social care into healthcare delivery can be transformative for addressing the individual needs of patients and the collective needs of communities and in particular the Opioid epidemic. However, clinicians need a consistent way to capture this data and make it available and actionable during opioid prescribing and care coordination. Presently, there is no consensus on what data health IT needs to capture in this space, and little to no policy from CMS in this area; a national standard would be beneficial. With respect to research and policy development to prevent Opioid Use Disorder (OUD), the EHR Association

recommends collecting data regarding SDOH; specifically, we suggest defining a set of domains that may impact the success of an OUD prevention program.

The EHR Association encourages the standard adoption of the [CDC Guideline for Prescribing Opioids for Chronic Pain](#) in clinical practice for the safe management of opioid medications in all care settings. This will allow patients to experience consistent prescribing and management approaches, such as utilization of urine drug screens, opioid treatment agreements, medication reconciliation with integrated Milligram Morphine Equivalent (MME) tracking, and limited initial prescriptions of opioid medications.

EHR Association members encourage CMS to set standards in the way that opioid data is collected and accessible in PDMPs. The lack of standardization means that physicians and other providers in emergency departments, primary care, and other settings may not have the full picture they need to effectively evaluate individual circumstances when considering pain management options. Lack of standardization additionally creates complexities for organizations and health IT developers who are working to incorporate data and clinical decision support tools into clinical workflows. Currently, there is no state or U.S. territory in which clinicians can comprehensively see where and when a patient has filled an opioid prescription, and the wide state-to-state variation in required and shareable PDMP data sets creates increased clinician burden and difficulty identifying opioid “frequent flyers” who may be seeking prescriptions in more than one state.

The U.S. needs nationwide standards in order to realize the full benefits of PDMPs. The EHR Association recommends that CMS set standards for data elements collected, establish consistent timeframes for reporting data, ensure consistency in rules regarding data retention, and ensure a comprehensive national registry of opioid use data is available for every practitioner. Finally, we request that CMS provide guidance to the states on consistent models to avoid disparity among approaches going forward.

Thank you for this opportunity to provide feedback in response to the CMS [SUPPORT Act Action Plan](#). The members of the EHR Association appreciate your willingness to consider our input to advance the use of health IT to achieve the goals of the SUPPORT Act.

Sincerely,



Cherie Holmes-Henry
Chair, EHR Association
NextGen Healthcare



Hans J. Buitendijk
Vice Chair, EHR Association
Cerner Corporation

HIMSS EHR Association Executive Committee



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About the HIMSS EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of more than 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families.

The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.