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March 4, 2019

United States Senate
Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington DC 20510

Dear Chairman Alexander,

On behalf of the [Electronic Health Record \(EHR\) Association](#), we are pleased to provide you with our perspective as the Senate Committee on Health, Education, Labor, and Pensions continues its efforts to identify meaningful actions to reduce healthcare costs for Americans.

The EHR Association’s 34 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 (IT) adoption, advance information exchange between interoperable systems, and improve the quality and efficiency of care through the use of these important technologies.

We appreciate the Committee’s desire to drive down healthcare costs and enable increased adoption of innovative approaches to care delivery. As technology designers, we have seen how health information and technology can increase efficiencies and provide better care. According to the Office of the National Coordinator for Health Information Technology, [benefits of EHRs](#) include:

- Improved patient care
- Increased patient participation
- Improved care coordination
- Improved diagnostics and patient outcomes
- Practice efficiencies and cost savings

Unfortunately, we’ve seen a disturbing trend where federal regulatory bodies are inadvertently *introducing* burden, involving increased documentation requirements, rather than removing it. This not only affects the clinician end-user and leads to increased frustration for our clients, but it stifles innovation by diverting limited

technologist time and resources away from enhancements requested by our clients toward product changes, features and policies that the healthcare industry does not deem valuable clinically and that will not lead to reduced costs.

This is an incredibly busy time for EHR developers and the entire healthcare industry, with an alphabet soup of regulatory requirements that are driving much of our activity. Dozens of items in the CMS and ONC interoperability-related proposed rules, published in the Federal Register today, will add even more to clinician and developer burden if finalized.

As we engaged with stakeholders on a variety of issues while at the recent HIMSS19 Global Conference, including with members of your staff, it became clear that many policymakers are unaware of the breadth of requirements being imposed on the healthcare industry, likely because they are passed in a piecemeal fashion by Congress and implemented by a wide array of regulatory bodies at the Federal and State levels. Therefore, we recently mapped what the next three years will look like for health IT software developers, and it is clear that there are a variety of requirements we will be forced to deliver that will add minimal value but increased costs to the health system as a whole.

In addition to focusing as much as possible on customer requests and enhanced health IT usability, the many government programs that require EHR developers and their provider customers to invest significant resources include:

- 21st Century Cures Act certification updates, deployment
- CMS Physician Fee Schedule annual updates
- CMS Inpatient Prospective Payment Schedule annual updates
- Annual EHR certification maintenance
- Annual quality measure updates
- Clinical Quality Language (CQL) updates and 2019 Promoting Interoperability (PI) measure updates
- Re-contracting (*new ONC proposed rule requirements*)
- Development and implementation of documentation updates (*new ONC proposed rule requirements*)
- Evaluation & Management (E&M) documentation updates
- Develop new Promoting Interoperability measures
- API updates and deployment
- Prescription Drug Management Program (PDMP) integration
- Support e-Prescribing of Controlled Substances (EPCS) implementation/requirements
- Appropriate Use Criteria (AUC) development and implementation
- Hospital event notification implementation
- Updates to e-Prescribing standards mandated by CMS
- New CMS Center for Medicare and Medicaid Innovation (CMMI) payment models
- Potential updates to the HIPAA privacy and security rules
- Trusted Exchange Framework and Common Agreement
- Possible updates to support changes to CFR 42 Part 2, (confidentiality of substance use disorder patient records)

- Supporting state-specific requirements
- Supporting medical specialty society requirements for electronic reporting and measurement
- Pediatric certification
- State opioid requirements

Note that this is just a partial list of our obligations. The image accompanying this letter (see page 5) visually demonstrates just how complex a task keeping up with evolving regulatory requirements has become, and this level of activity adds cost to the system - often with little benefit to clinicians or patients.

Thank you for your leadership on these important issues. We look forward to continuing to work with you and your staff. Please contact Sarah Willis-Garcia, EHRA Program Manager, at swillis@ehra.org or 312-915-9518 with questions or for more information.

Sincerely,



Cherie Holmes-Henry
Chair, EHR Association
NextGen Healthcare




Sasha TerMaat
Vice Chair, EHR Association
Epic

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About the 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.

Attachment: EHRA Regulatory Burden Snapshot Feb 2019

2019

2020

2021

Cures

IPPS

PFS/
MIPS

IPPS

PFS/
MIPS

IPPS

PFS/
MIPS

CQL updates and
2019 measure
updates

2020 measure updates

2021 measure updates

2022 measure updates

Dev and implement.: doc updates

Documentation updates (E&M)

Dev new PI measures*

Implement new PI measures

*still pending CMS clarification of measure logic

Re-contracting

API updates and deployment

21st Century Cures certification updates, deployment

Annual cert maintenance (MU)

Annual cert maintenance (MU)

Annual cert maintenance (MU)

New CMMI Payment Models

AUC Dev and Implementation

Hospital event notification implementations

PDMP Integration

New SCRIPT dev

EPCS implementations

EPCS required

Trusted Exchange Framework

HIPAA rule?
 CFR 42 Part 2 rule?
 Pediatric EHR certification?
 State-specific registries
 Specialty-specific registries