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Adventist HealthCare – Comments on Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs

1. Reference to the patient controlling their health data such as “...an initiative designed to empower patients by ensuring that they can control their health care data and decide how it is going to be used...” raises some concern. This statement casts the patient in the role of data gatekeeper for health information. That’s an attractive idea and supports the goal of patient empowerment and a patient-centric approach. However, many patients are not willing/able to take on that responsibility. Patients expect their physician to have access to that information. We advocate facilitating electronic exchange of health information directly between health care providers, without depending on the patient to be the intermediary.
2. Regulatory drivers should be enacted AFTER the health information technology is already available. The reverse places undue burden on physicians.
3. Recommend uniformity and consistency of key physician documentation such as the Discharge / Transfer Summary and Consult Notes. Each organization and physician produce documents in different formats. In addition to being full of repetitive, large amounts of “note bloat”, it is difficult for the physicians to find the critical elements or key recommendations. This creates risk and adds to the physician burden. A consistent format or structure to the notes would help alleviate this.
4. Extensive time is often required when medication coverage is denied. The pharmacies are not helpful in recommending what other medications in that class may be covered by the insurance. Recommend pharmacies be encouraged to share alternatives based on the patient’s insurance with the physician, and even more importantly that the covered medications be shown in the EMR at the time of ordering.
5. EMR vendor engagement is critical to address the usability recommendations. Best practices should be shared, and vendors should not charge the client for updates addressing usability concerns.



6. Mapping and standardization of lab orders and results should be required of certified EMRs.
7. Recommend a usability and safety focus on acute, time sensitive orders that are complex, such as Heparin protocols in the ED. These rarely used, complex orders create high stress physician burden due to the time it takes to place and validate the order when every minute counts for the patient.
8. When designing for usability, recommend ensuring that a missed step in the EMR does not require the physician to start over, but rather ensure there is a streamlined ability to add the missing step, such as adding an order or element of documentation.

