1400 Crystal Drive, Suite 900
Arlington, VA 22202
Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
apic.org

January 28, 2019

Mr. Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

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

Dear Mr. Azar:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Department of Health and Human Services (HHS) and the Office of the National Coordinator for Health Information Technology (ONC) for the opportunity to provide input to the proposed "Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs". APIC is a nonprofit, multidisciplinary organization representing 16,000 infection preventionists whose mission is to create a safer world through prevention of infection. Our work relies on the ability to gather and convey information in a timely and organized way. Our members will benefit from interoperable health information, which in turn will allow them to create a safer healthcare system.

We recognize the balance needed between clinician burden and robust data output. Our comments will focus on the recommendations for Clinical Documentation, Health IT Usability and the User Experience, and Public Health Reporting that are relevant to our practice.

<u>**Clinical Documentation**</u>

Strategy 1: Reduce regulatory burden around documentation requirements for patient visits.

Recommendation 2: Leverage data already present in the EHR to reduce redocumentation in the clinical note.
The unique ability to "copy and paste", which was not possible with a paper health record, can save time when healthcare providers recognize the importance of ensuring the information is correct and/or still applies before moving it forward. Allowing unlimited "copy and paste" functionally leads to the unintended consequence of incorrect information being perpetuated. One wrong piece of information becomes the "truth" when there are no checks. Attention to detail will be essential to ensuring that review and verification processes are hardwired into the "copy and paste" functionality. It may be determined that certain data should not be included in "copy and paste" capabilities.

Auto-populating validated information such as prescribed medications and finalized lab results can facilitate the transfer of information at transitions of care and support patient centered care. For example, as we noted in our comments[1] to the Centers for Medicare & Medicaid Services (CMS) Office

Spreading knowledge. Preventing infection.™

of Research, Development and Information on *Quality measures to satisfy the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 domain of: Transfer of Health Information and Care Preferences When an Individual Transitions – Medication Profile transferred to Provider/ Medication Profile Transferred to Patient* in May 2018, APIC believes that the medication profile should be included at transitions of care and include the: indication; dose; duration; start and stop dates; route of administration; and prescriber for all antimicrobials provided. These elements are captured in the electronic health record (EHR) and could easily be auto-populated into the discharge summary to facilitate communication at all transitions of care. Using an automatic function to bring the information forward will reduce the time needed for the clinician to search for and enter the information into the discharge summary.

➢ APIC supports the appropriate use of limited "copy and paste" functions in the electronic health record (EHR).

➢ We are in full support of auto-populating functions.

Recommendation 3: Obtain ongoing stakeholder input about updates to documentation requirements.
Collaboration is critical to the success of an effective and efficient EHR. All stakeholders who document in and/or utilize the output from the EHR should be included in development and updates of the EHR. The output will be limited by the quality and organization of the data entered. To fully understand the interface between the clinical workflows, information technology processes, and data requirement needs as well as the potential unintended consequences of documentation requirements all parties must have a voice.

➢ Improvements in clinical documentation should address the needs of all who interact with the EHR to ensure safe appropriate care and communication across the continuum of care.

➢ IT vendors should be held accountable for collaborating with all users of electronic systems and information, including infection preventionists (IPs), to understand workflows and documentation requirements.

Health IT Usability and the User Experience

Strategy 1: Improve usability through better alignment of EHRs with clinical workflow; improve decision making and documentation tools

Recommendation 2: Improve clinical decision support usability
Evidence based care is a key component of safe care delivery. Ensuring that healthcare providers have the most up-to-date evidence relevant to each individual patient will support safe care. Clinical decision support (CDS) brings that knowledge to the provider. The Agency for Healthcare Research and Quality (AHRQ) has a proven track record for vetting processes for widespread use. Lessons learned from the AHRQ CDS Connect project should be utilized to expand the use of CDS to additional evidence-based care guidelines.

➢ APIC supports the use of Clinical Decision Support to improve the quality of care.

Spreading knowledge. Preventing infection.™

Recommendation 4: Improve presentation of clinical data within EHRs

APIC members rely on the EHR and at times find it difficult to effectively and efficiently find relevant clinical data in the EHR. Because all EHRs do not "talk" to each other, relevant information may be contained in scanned records from another care setting. A method of organizing scanned documents would facilitate the review of such information. Having a standardized format across all care settings would enable seamless communication of information despite the need for sharing information through scanned documents.

> ➢ We support improvement in data display to ensure efficient access to needed data.
> ➢ APIC supports efforts to create a longitudinal picture of a patient's health status.

Public Health Reporting

In addition to the identified strategies and recommendations for public health reporting, consideration should be given to improving the electronic transfer of reportable communicable disease and emerging infectious pathogen data from all care settings to the local and state health department. An example is the Web-based bidirectional data exchange system or registry described by Trick and colleagues.[2] Such registries can be utilized to identify clusters of organisms/disease in a timely manner, which will support early implementation of infection prevention and control interventions.[3] Additionally, Ray and colleagues[4] found that the use of discharge data coupled with information in the registry accurately predicted which hospitals patients with an outbreak strain of New Delhi Metallo-β-lactamase producing *Escherichia coli* would visit. Having automated access to this information will allow public health departments to work with facilities to control transmission.

> ➢ APIC suggests strategies to support public health reporting should address communicable diseases and emerging infectious pathogens.

Summary

Many disciplines interact with the EHR. Efforts to improve the overall functionality of the system should address the needs of all who interact with the EHR and not be solely focused on physicians and physician workflow. As with most quality improvement initiatives in healthcare, a multi-stakeholder approach is needed to reduce the unintended consequences, optimize the functionality, and ensure the needs of all are met. Establishing just the right balance between too much and not enough information as well as recognizing the clinical workflows and information technology capabilities will be the challenge. There is power in information, but only if the information can be trusted. We look forward to working with HHS and ONC to improve the value, functionality, and satisfaction of the electronic health record.

Sincerely,

Karen Hoffmann, RN, MS, CIC, FSHEA, FAPIC
2019 APIC President

[1] https://apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/Advocacy_Updates/IMPACT_Medication_Profile_measures_final_5-1-18.pdf

[2] Trick WR, Lin MY, Cheng-Leidig R, et al. Electronic Public Health Registry of Extensively Drug-Resistant Organisms, Illinois, USA. *Emerging Infectious Diseases*. 2015;21(10):1725-1732. doi:10.3201/eid2110.150538.

[3] Ray MJ, Trick WR, Lin MY, et al. Utilizing SaTScan and the Space-time Permutation Scan Statistic to Detect Spatial and Temporal Clustering Based on Disease Registry Information. Abstract (5246). *Council of State and Territorial Epidemiologists Annual Conference*, Boston, MA, 2015.

[4] Ray MJ, Lin, MY, Tang AS, et al. Regional Spread of an outbreak of Carbapenem-Resistant Enterobacteriaceae Through an Ego Network of Healthcare Facilities. *Clinical Infectious Diseases.* 2018;67(3):407–10. DOI: 10.1093/cid/ciy084.

Spreading knowledge. Preventing infection.™