![MGMA - Medical Group Management Association®]

April 3, 2020

Donald Rucker, MD
National Coordinator
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: 2020-2025 Federal Health IT Strategic Plan

Dear National Coordinator Rucker:

The Medical Group Management Association (MGMA) is pleased to submit the following response to the Office of the National Coordinator for Health Information Technology (ONC) proposed *2020-2025 Federal Health IT Strategic Plan* (Strategic Plan). With this Strategic Plan, ONC seeks to move the health care ecosystem in the direction of interoperability and to meet the vision outlined in the bipartisan 21st Century Cures Act (Cures Act) to improve access to, and quality of, information that physician practices and others require in order to make informed healthcare decisions. We commend ONC for recognizing the need to improve interoperability to increase access to healthcare information and for seeking stakeholder feedback on how this best can be accomplished.

MGMA is the premier association for professionals who lead medical practices. Since 1926, through data, people, insights, and advocacy, MGMA empowers medical group practices to innovate and create meaningful change in healthcare. With a membership of more than 55,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,500 organizations of all sizes, types, structures and specialties that deliver almost half of the healthcare in the United States.

MGMA appreciates the intent of the ONC Strategic Plan and the promise that health information technology (IT) offers physician practices. However, as Senate Health, Education, Labor and Pensions Committee Chairman Lamar Alexander reminded the Administration at the May 7, 2019 hearing *Implementation of the 21st Century Cures Act: Making Electronic Health Information Available to Patients and Providers, Part II*, "…if you play it a little slower, you're less likely to make a mistake." We urge ONC to avoid pushing physician practices too far, too fast. The risks of moving too quickly include additional administrative and financial burdens on practices, weaker privacy and security protections for sensitive health information, an increased level of physician burnout, and the potential of compromised patient care.

ONC has set out an extremely aggressive framework and goals to achieve over the next five years. We support many of the Administration's health IT goals, particularly putting patients at the center of the care delivery process by arming them with the health information they need. However, we believe the Strategic Plan should be modified to ensure that physician practices and other care providers gain quicker access to more accurate and pertinent health information that directly improves the patient care delivery process. This transformation could lead directly to enhanced efficiency and improved clinical performance.

We submit the following recommendations to modify the Strategic Plan to facilitate the adoption and deployment of safe, effective, secure, and interoperable health IT.

Summary of Key Recommendations

- MGMA supports the Strategic Plan's focus on promoting health and wellness and enhancing the delivery and experience of care but recommends the Strategic Plan increase the emphasis on maintaining the privacy and security of patient information.

- MGMA supports the inclusion of the "Reducing regulatory and administrative burden on providers" objective in the Strategic Plan but urges ONC to do more than offer vague promises. Specific actions need to be taken if physician practices are to realize a reduction in administrative burden.

- MGMA recommends the Strategic Plan include the objective of leveraging health IT to advance practice participation in value-based care arrangements.

- MGMA recommends that the Strategic Plan not call for the mandated adoption and use of health IT by physician practices. Absent opportunities to fully defray the acquisition and maintenance costs associated with health IT, practices with fewer resources will be unable to meet government mandates.

Specific Recommendations

- **Increase emphasis on maintaining the privacy and security of patient information.** ONC should consider including as a specific addition to the framework outlined in the Strategic Plan opportunities to prioritize the privacy and security of patient information. Absent appropriate privacy protections, patient information is at risk of being sold, used for vendor marketing, and shared without permission with third parties.

  Specifically, while MGMA supports the use of Application Programming Interface (API) technology to enhance interoperability and give patients access to their health information, we are concerned about the security implications with the deployment of APIs. Patients must be the primary authority in designating rights to access, exchange, and use of their data, but practices have an important role to play as well. ONC must design a process that gives practices the assurance that a third-party application has met a minimum level of security. As well, ONC must ensure patients can be educated on their rights and responsibilities, and to the potential threats to their data.

- **Turn planning into action to reduce administrative burden.** While we appreciate the inclusion in the Strategic Plan of Objective 2c: *Reduce regulatory and administrative burden on providers*, we strongly urge ONC to, in collaboration with other federal agencies, implement specific policies that will reduce regulatory and administrative burden. ONC and the Centers for Medicare & Medicaid Services (CMS) have requested stakeholder input on numerous occasions regarding opportunities to reduce burdens, yet few policies have been implemented to achieve that goal. ONC needs to move beyond simply outlining the many areas of provider burden and take specific policy actions to alleviate these challenges.

- **Leverage health IT to automate administrative transactions.** The ONC Strategic Plan focuses very heavily on improving clinical workflows but scant attention is paid to the opportunity to leverage health IT to automate administrative transactions. If properly incentivized and deployed, health IT can dramatically increase the ability of practices to automate numerous administrative transactions, include prior authorization, the reporting of quality measures, and other data submission requirements. Automating what currently are manual administrative process increases the ROI for practices and will help incentivize them to make the necessary resource investments.

- **Prioritize the reduction of information blocking burdens.** The unwarranted blocking of patient information must be discouraged, but in addressing the information blocking issue, ONC should not mandate additional administrative burden to physician practices. One of the ONC's goals in the Strategic Plan should be to strike the appropriate balance between discouraging the blocking of patient data and not imposing additional administrative burdens on physician practices.

- **Identify additional health IT pathways beyond the QPP.** Currently, the main economic driver for physician practices' purchase of CEHRT is participation in the Merit-based Incentive Payment System (MIPS) and Advanced Payment Model components of the Quality Payment program (QPP). However, recent maximum MIPS bonuses have averaged less than two percent, far less than the practice investment required to acquire the technology and participate in the reporting program.

- **Avoid federal mandates.** Objective 4 highlights federal investments. While we support the goal of federal investment in health IT and making resources available to support adoption and use, we urge caution when requiring health IT use in federal programs. While "federal programs" is not defined, it could mean, for example, clinician participation in the QPP or even clinician participation in the Medicare program. In regards to the QPP, should ONC finalize overly stringent requirements with administrative burdens and costs, clinicians may be unable to participate in the Promoting Interoperability component of MIPS, resulting in lower QPP scores or penalties.

  We strongly urge ONC to restate the goal outlined in Objective 4a in the following manner: "Support provider adoption and use of health IT by incentivizing health IT use in federal programs, investing in health IT, and making resources available to support adoption and use."

- **Incorporate adoption accelerators.** ONC should consider including as a specific addition to the framework outlined in the draft Strategic Plan opportunities to accelerate adoption of health IT. As a stand-alone goal within the Plan, "Accelerate Adoption of Health IT" could leverage the following Objectives: (i) Support application of and appropriate alignment of incentives to drive health IT adoption; (ii) Aggressively enforce technology vendor compliance with certification requirements and widely publicize and (iii) Align software certification, real-world testing, and price transparency to support adoption of health IT.

- **Recognize the role health IT plays in supporting value-based care.** To effectively coordinate care and achieve the goals of value-based care, practices require the ability to leverage health IT to exchange patient information between other practices, inpatient facilities, other care settings, health plans, and patients themselves. We recommend the Strategic Plan include as an objective the deployment of health IT in support of alternative payment models and value-based care.

- **Include addressing potential harm caused by health IT.** Objective 2c recognizes that Health IT can be the cause of medical errors, financial hardship for physician practices and other care institutions, and physician burnout. However, we assert that the importance of this issue warrants its own Objective or Strategy.

- **Address health IT return on investment.** Federal incentive programs no longer offer physician practices the financial support required to purchase and maintain health IT. In order to prioritize the transition to health IT, practices need to know that there will be value to their patients and value to their practices. Thus, accurately measuring the clinical value and financial ROI of Health IT should be a priority for ONC and included in its Strategic Plan.

- **Include a focus on prohibiting unfair vendor business practices.** Interoperability will stall and provider support will be reduced should practices be the target of unfair vendor business practices. ONC should include in the final Strategic Plan an objective focused on prohibiting vendors from imposing unreasonable fees or requirements.

- **Emphasize oversight and enforcement.** The draft Strategic Plan does not underscore the importance of ONC oversight and enforcement as a means to achieve interoperability and deployment of effective health IT. There is a growing concern that certified health IT products are not able to replicate the ONC certification requirements in the real-world practice environment. The Strategic Plan should discuss specific processes and actions, including the imposition of significant monetary penalties, that ONC will use as a deterrent to unfair business practices or for any vendor not providing practices the functionality that the product was certified to support.

- **Align health IT incentives.** Appropriate federal incentives must be in place in order for physician practices to have the means to acquire and maintain EHRs and other health IT technologies. ONC should include in its strategic plan the objective of working with CMS and other agencies to develop incentive programs to drive adoption of these important technologies.

- **Prioritize clinical and administrative data feedback loops.** We are fully supportive of Goal 1: *Promote Health and Wellness* and its Objective 1b: *Advance healthy and safe practices through health IT*. However, we urge ONC to prioritize clinical and administrative data feedback loops in its Strategic Plan. Feedback loops, especially when the data is supplied in a timely manner, can drive practice improvement and be yet another incentive for health IT acquisition and deployment.

Conclusion

In conclusion, MGMA supports the objective of deploying HIT in physician practices to improve the sharing of clinical data between physician practices and other care settings and decrease administrative burden. However, considerable work must be accomplished to overcome the numerous technical, legal, and logistical barriers to the widespread and effective use of health IT. Through implementation of appropriate policies, processes, and incentives, as well as outreach to physician practices and other key stakeholders, we believe that the nation's health IT infrastructure can achieve the goals and vision laid out in the Cures Act.

With the publication of this Strategic Plan, ONC has taken on the formidable task of reshaping public policy in an effort to create a healthcare environment that leads to improved patient care

and more efficient delivery of care. We look forward to continuing to work with ONC and other federal agencies to facilitate the physician practice transition to effective and efficient health IT and ensure that the promise of improving the nation's healthcare system through technology becomes a reality. Should you have any questions regarding these comments, please contact Robert Tennant, Director, Health Information Technology Policy, at 202.293.3450 or rtennant@mgma.org.

Sincerely,

/s/

Anders Gilberg, MGA
Senior Vice President, Government Affairs