AMERICAN COLLEGE of RHEUMATOLOGY
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May 28, 2024

The Honorable Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services

Submitted electronically via https://healthit.gov/feedback

RE: 2024-2030: Federal Health IT Strategic Plan

Dear Dr. Tripathi:

On behalf of the 8,500 members of the American College of Rheumatology (ACR), I write to provide comments in response to the Federal Health IT Strategic Plan for 2024-2030 ("The Plan") to urge that the federal government should prioritize health information technology to promote a modern, equitable health system facilitated by robust IT infrastructure in the coming years. Rheumatologists and rheumatology healthcare professionals provide longitudinal care for Medicare beneficiaries with complex chronic and acute conditions that require specialized expertise. They provide non-procedure-based care to patients with severe conditions that can be difficult to diagnose and treat, including rheumatoid arthritis and other forms of inflammatory arthritis, vasculitis, systemic lupus erythematosus, and multiple other debilitating diseases that require complex diagnostic evaluation and treatments. Rheumatologists and rheumatology professionals also work closely with other specialists and physical and occupational therapists to maximize the ability of patients to achieve and maintain independence outside of healthcare settings. Early and appropriate treatment by rheumatologists and rheumatology professionals can control disease activity and prevent or slow disease progression and damage, improve patient outcomes, and reduce the need for costly surgical or interventional procedures. Improving outcomes enables our patients to continue to be more productive than they would have been without timely or effective treatment.

Rheumatology is evolving with the emergence of health information technologies, such as electronic health records (EHRs), virtual visits, mobile health, wearable medical devices, social media, digital therapeutics, artificial intelligence, and machine learning. These technologies offer new opportunities to improve essential aspects of care, such as disease diagnosis and management and sharing clinical information. EHRSs can significantly reduce the risk of errors and the workload of rheumatologists, while enhancing communication between physicians and patients, resulting in better quality of ambulatory care to avoid costly acute care or complications.

However, the use of health IT in rheumatology also has specific barriers such as the implementation of assessing and addressing social determinants of health, increased administrative burden, and incremental costs of EHRs and registries, as well as limited digital health literacy and access. Therefore, further analysis, actions and strategies are needed to overcome these barriers. As such, the ACR appreciates The Plan's timely focus on patient empowerment, equity, and data access and infrastructure. Our comments on The Plan are as follows.

Goal 2: Enhance the Delivery and Experience of Care

Objective: Providers deliver safe, equitable, high-quality, and improved care

The ACR believes that high quality care cannot be achieved without optimal interoperability. As such, we support the federal government's intention to promote interoperable and secure health information sharing through nationally adopted standards. The biggest obstacle to interoperability in health care is the absence of any universally accepted standard. Even if every provider switched to EHRs, different communication and encryption protocols would limit transfers between providers. Similar discrepancies limit the devices any one provider group or facility can use together. Any national standards established by the federal government should account for the following:

- National standards either must be compatible with older technologies or must be accompanied by detailed guidance for compliance.
- National standards should provide needs-based financial incentives and assistance to providers who need to procure EHRs or upgrade their existing systems.
- Federal regulations must incentivize the development of robust EHRs that include culturally flexible and sensitive SDOH fields and that are integrated with community referral networks that include social workers. Regulations must also include training on how to integrate SDOH data in clinical workflows. Furthermore, ONC should encourage CMS to consider the time it takes to document these data when it calculates reimbursement rates for EHR use and office visits.

Objective: Patients experience expanded access to quality care and reduced or eliminated health disparities

The ACR supports government endeavors to expand access to quality care and reduce health disparities. We believe that telemedicine (including audio-only), when used appropriately or is the only feasible option without wifi, can aid providing quality care to everyone as long as it does not supplant essential face-to-face evaluations, particularly for patients who have limited alternatives for care. This was particularly apparent during the COVID-19 pandemic and continues to be a priority in specialties like rheumatology that are experiencing a workforce shortage. However, even patients in areas with a high volume of rheumatology providers struggle to access care given mobility limitations and social determinants. As such, the ACR believes telemedicine regulations should address the following:

- Removing restrictions on geographical locations (including originating and distant sites) on providing care to Medicare beneficiaries via telemedicine.
- Permanently allowing Medicare beneficiaries to stay in their homes for telemedicine visits.

- Removing restrictions on the interstate practice of telemedicine. This should include any restrictions on prescribing drugs across state lines.

Objective: Providers experience reduced regulatory and administrative burden

With growing levels of provider burnout before, during, and after the COVID-19 pandemic, the burden associated with the use of EHRs has emerged as a paramount challenge. In particular, there is an increasing burden on providers who document care via EHRs. This has resulted in providers spending more time using their EHRs to complete documentation than actual patient care. A reduction in administrative burden will enable providers to focus on patients, not paperwork, and reinvest resources in improving care, improving health, and reducing costs. In future regulations, we encourage the federal government to address the following:

- Federal government agencies and programs with a stake in health IT should ensure that the development, content, and implementation of relevant regulations are in agreement and subject to routine review for effectiveness to ensure the benefits for patients outweigh additional compliance burden.
- Federal government agencies should seek input directly from qualified clinical data registries (QCDRs) as part of their strategic planning and regulatory development wherever possible and appropriate as QCDRs work directly with providers on a daily basis to understand their EHR data and clinical and documentation workflows and how they are impacted by regulatory requirements.
- All health IT regulations should be accompanied by concise, transparent guidelines and pragmatic timelines for implementation.
- Relevant federal agencies, such as CMS and the VA, should accelerate the transition to automation of administrative transactions, such as prior authorization.
- Regulations should focus on interoperability and mandate the streamlining of meaningful use requirements. They should also not hold providers responsible for the actions of developers and insurance companies.
- Regulations on quality payment programs (i.e. MIPS) should be thoroughly evaluated across all programs to better determine what measures provide meaningful and actionable information for patients, providers, and regulators.

Objective: The health care workforce uses health IT with confidence

While there are wide disparities in the abilities of patients to use health IT effectively, disparities also exist in the abilities of providers to adequately and appropriately use it to provide high quality care. In future regulations, we encourage the federal government to address the following:

- Regulations and standards should incentivize the development and use of health IT that appeals to all cultures, languages, and levels of digital literacy. These regulations should be accompanied by ONC guidance on the proper procurement, implementation, and use of health IT by providers to ensure they are providing high quality care to all their patients as intended.

Conclusion

The ACR is dedicated to working with CMS to ensure that rheumatologists and rheumatology interprofessional team members are equipped to provide patients with quality care. We are encouraged by the potential of health IT to expand access to high quality care to more patients. To realize this goal, we call for the federal government to partner with the ACR and other specialty societies on steps needed to improve patient access to high quality care, and we look forward to serving as a resource as rules and regulations are developed. Please contact Colby Tiner, MA, Manager of Regulatory Affairs, at ctiner@rheumatology.org if you have any questions.

Sincerely,

Christie Bartels MD MS

Christie Bartels, MD, MS
Chair, Committee on Registries and Health Information Technology
American College of Rheumatology