

AMERICAN ASSOCIATION OF  
NEUROLOGICAL SURGEONS

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Submitted online at <https://www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-use-health-it-and-ehrs>

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

Dear Dr. Rucker:

On behalf of the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), representing more than 4,000 neurosurgeons in the United States, we appreciate the opportunity to comment on Office of the National Coordinator for Health Information Technology's (ONC) *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*.

We refer ONC to the comments submitted by the Alliance of Specialty Medicine, as well as the Physician Clinical Registry Coalition (PCRC). The AANS and the CNS are active members of both of these coalitions and support the positions expressed in each of their comment letters.

In addition to those comments, we urge ONC to consider the following recommendations:

- 1. Clinical Documentation:** ONC should require qualified EHRs to offer simple export of data in a standardized electronic format for purposes of prior authorization, transfer of care, and patient request. Insurer and self-insured employers subject to federal regulation should be required to accept documentation in standardized electronic format for purposes of prior authorization and related appeals.
- 2. Health IT Usability and User Experience:** Many issues related to usability and user experience are difficult to regulate, and it is important to allow for some competition and differentiation among vendors. However, one feature that is critical to the adaptability of EHRs is the ability of users to customize their interface. While there must be some standardization to promote structured data entry and interoperability, users should be able to select these data elements to customize note templates, forms, order sets, care pathways, data visualization tools, and alerts, etc. Users should be able to customize their workflow with simple graphical user interface (GUI) without having to code the macros or other programs underpinning such customization. Local administrators and clinical

leaders (rather than EHR vendors) should be responsible for controlling customization privileges that strike a balance between individual needs and departmental standardization.

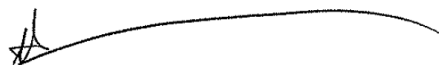
3. **EHR Reporting:** ONC should work with CMS to create incentives to encourage the development of properly defined and standardized Electronic Clinical Quality Measures (eQMS) for use under MIPS. The availability of measures as structured data elements in certified EHRs would greatly reduce clinician reporting burden. However, proper incentives are needed to support the development of such measures and their incorporation into EHRs.
4. **Interoperability:** Interoperability is likely the area where there is the greatest gap between what EHRs purport to be capable of and what they can actually achieve in most practice settings. At a minimum, a certified EHR should be able to exchange documents with other health care providers including operative reports, DICOM-based imaging, and laboratory data. Poor information exchange due to limited interoperability leads to inappropriate decision-making and unnecessary duplication of tests. For surgeons, in particular, imaging reports are insufficient, and original DICOM-based imaging is often essential for appropriate decision-making and surgical planning, particularly when a patient's care is transferred to a specialist.
5. **Accessing and exchanging data from medical devices:** EHR developers should maintain an accurate list of any medical devices with which an EHR is capable of accessing and exchanging data.

The AANS and the CNS appreciate ONC's effort to address ongoing barriers to effective EHR implementation, as well as the opportunity to provide feedback on the most appropriate strategy. If you have any additional questions or would like to discuss any of these issues in more detail, please feel free to contact us.

Sincerely,



Shelly D. Timmons, MD, PhD, President  
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