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National Committee on Vital and Health Statistics (NCVHS)

Subcommittee on Standards

NCVHS Recommendations — Predictability Roadmap

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Testimony from the Pennsylvania Medical Society

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Thank you for allowing the Pennsylvania Medical Society (PAMED) to address the National Committee on Vital and Health Statistics (NCVHS) regarding the important issue of the recommendations for the Predictability Roadmap to update and adopt standards and operating rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

On behalf of Pennsylvania physicians and the patients we serve, PAMED looks forward to working with NCVHS and appreciates consideration of our recommendations and feedback. We encourage the efforts to build upon the framework of the HIPAA standards, code sets, and operating rules while increasing transparency and predictability. These features that largely focus on the workflow of both the administrative and clinical record require more education, accountability, and standardization. Support and education must be mandated by the U.S. Department of Health and Human Services (HHS) to ensure accountability while promoting innovation.

On first review, the goals and recommendations as articulated in the Predictability Roadmap seem both comprehensive and ambitious. Improving health care system efficiency by accelerating the update, development, and end-user implementation of Administrative Standards and Operating Rules is indeed a laudable and important goal. However, the devil is always in the details. Developing the precise strategy, tactics, and logistics to accomplish these creditable goals will take both time and focused effort on the part of HHS and its component organizations. This will require ongoing up-front input and feedback from all stakeholders. Such input must not only include appropriate government agencies, industry leaders, and vendors, but also, and we feel importantly, clinically relevant end-users: physicians and the patients we serve.

Since CMS' goal is to empower the patient in their health care and freeing the data initiatives, the responsibility of the committee and stakeholders must be to consider the patient outcomes and ultimate patient experience. As we accelerate the update, adoption, and use of administrative standard and operating rules, we must keep CMS' goal at the forefront during the process. Moreover, the final process must remain fluid and flexible enough to adjust the rules and standards development process in a time-sensitive and contemporary fashion as needs and concerns arise.

PAMED is pleased to make the following recommendations.

Require compliance in order to compel adoption of standard transactions.

Just as providers are held to a standard when transmitting data, payers, vendors, and trading partners should be required to comply with the standards and operations. Compliance audits offer an enforceable action for all stakeholders to be held to the same standards.

We support compliance through the expansion of application programming interfaces (API). APIs can help to create a successful exchange of information between stakeholders and propose a solution to minimize processing workarounds put in place to ensure a successful transaction between provider and payer.

Promote behavior change in the health information technology (HIT) ecosystem through guidance, education, and testing.

Guidance should be made available for each entity identifying responsibility and expectation. Offer symmetry by identifying each stakeholder's role and how each will be accountable. We recommend best practices white papers that speak to the same standards regardless of the entity.

Educate health plans and vendors about the workflow of a provider's office. Educate providers about what method health plans, vendors, and trading partners implement these standards and operations into procedures. In the spirit of transparency, how will mandated changes affect a stakeholder? Consideration should be applied to all stakeholders, but most importantly to the potential effects on the care of the patient. Implementation and the upgrade process will adversely affect workflows, although temporarily even in best case scenarios. Such interruptions to care will negatively affect patient experience and health care outcomes.

Pilot changes. Test the environment to ensure the standards and operations work for all stakeholders prior to the release of a new rule. Marrying a pilot with a cost benefit analysis of standards and operations offers a valid testing environment and will provide a persuasive use case to recommend the adoption of proposed modifications. Enable innovation through use of pilots on a voluntary basis. Pilots should be tested on large health systems in addition to independent practices, especially small practices.

The goal of Six Sigma is improved process performance and increased customer – in this case the patient – satisfaction through reducing variability and defects, resulting in consistently producing high quality services, products, or processes. Six Sigma reduces poor quality by understanding who your patients are and what is important to them, and hearing and understanding their needs. It is imperative for this committee to determine the necessary requirements and prioritize patient needs when considering the recommendations and calls to action within the Predictability Roadmap.

Level the playing field through governance and coordination of efforts between stakeholders.

In its final draft, the Predictability Roadmap must be designed to level the playing field by identifying how the HIT and electronic data interchange (EDI) ecosystems can be improved based on all-stakeholder collaboration that continually includes these very same physician end-users. Heretofore there has been a lack of both infrastructure and harmonization between the payer, vendor, and provider that this Roadmap is appropriately intended to correct.

Administrator Verma's Fax Free by 2020 challenge to developers is a prime example of both lack of infrastructure and harmonization. The challenge afforded payers the opportunity to eliminate fax numbers for prior authorization and directed providers to the payer portal for most prior authorization requests. CAQH Core has indicated in the past that the payer portal has become a barrier to the adoption of the electronic transaction for prior authorization.

PAMED reached out to physician members to learn how elimination of the fax machine would impact their workflow. We encouraged our members to participate in No Fax Friday on Oct. 12, 2018 and share their experiences.

It became evident to PAMED the fax machine continues to be the lifeline of an ambulatory practice, and standard transactions were no exception. Only one practice was able to remain fax free throughout the day. Out of 100 practices:

- 52 faxed prior authorization requests
- 42 faxed referrals
- 30 faxed claims attachments

Reducing error rates was also a consideration during No Fax Friday. A fax machine is a vital part of a physician office workflow when it involves patient care. Disruptive workflows are erroneous workflows and can delay care. If one of the goals of interoperability is to reduce errors, then we must refer to the goal of Six Sigma.

Interoperability and the cost to invest and maintain technology infrastructure, combined with access to care and timeliness of patient care, were all points of contention addressed in responses from practices which participated in No Fax Friday.

As we nudge closer to the expectation of interoperability within the Predictability Roadmap and the merger of clinical and administrative systems, we must be sure oversight and governance are a part of the equation. There needs to be harmonization of the stakeholders to create fair and transparent policies that are reasonable for all organizations. Governance should be representative of both the public and private sectors in order to identify best practices.

PAMED policy supports interoperable administrative and clinical health information exchanges. The use of the standard transactions, operations, and code sets have streamlined many of the revenue cycle processes that offer a meaningful data exchange between providers and payers. The recommendations set forth by NCVHS are a necessity as technology advances and processes are improved upon.

If properly executed, PAMED believes this Roadmap will not only enhance predictability of the rules and standards development process, but will return relevancy to all stakeholders, including physicians, supporting staff, and the patients they serve.

Maintain pace of technology with considerations of financial impact.

Updates to standards and operating rules should occur on a two-year cycle to maintain pace with the changes in technology, but no less than two as this could be considered a financial and administrative burden on providers.

Depending on the change, it could affect workflow, technology solutions, and maintenance fees. We could fall into a workaround turn-style rather than enforce the elimination of the workaround. We recommend that as rules are proposed and finalized, time and cost for both implementation and workflow changes as well as maintenance or support costs are included. The need for transparency associated with the adoption of standards and operations and the financial commitment is vital in promoting the need and benefits of the standards.

It is axiomatic to state that the overall intention of the Roadmap is to assure that rules and standards are not only predictable, but in their implementation, will also improve health care efficiency and decrease health care costs. Thus, we believe that during the process of rules and standards development, guidelines should be created regarding the identification of best practices for efficiency and value which can be subsequently promulgated and broadly disseminated.

As an actively practicing physician in a busy surgical group practice, and as a physician leader representing the nearly 22,000 PAMED members, advocating for patient-centered health care design cannot be overstated. Transparency and predictability are certainly necessary in order to allow users of the ever-changing health care technology framework to plan, budget, and ultimately maintain the highest level of efficiency within their practice, to survive financially, and to serve their patients well. Moreover, predictability will minimize the interruptions in patient access and delivery of quality care still evident within today's HIT landscape. While it is recognized that the endpoint of the Roadmap is focused on the predictability of the standards and rules development process, we were quick to notice the absence of any focus on the "patient" within the current draft outline. Is the patient not our principal concern, regardless of the nature of the stakeholder's platform, or source of their input? They should be, and we wish to emphasize that point.

The reduction of regulatory and administrative burdens relating to the use of electronic health records and EDI remains a topic of paramount advocacy for PAMED and Pennsylvania physicians. However, it also remains our fervent hope that the basic, patient-centered principles of increased access to health care, improved quality of health care, and enhanced efficiency and value in the delivery of health care to all Americans are not only considered and addressed during the submission, evaluation, and development process, but are also assured within the scope of all Rules and Standards in their final form.