CORRESPONDENCE

EHRs and clinical documentation to optimize patient care

INTRODUCTION

Electronic health records (EHRs) are important tools for the proper documentation and administration of clinical care. When combined with quality improvement capabilities such as clinical decision support, population health management analytics, and quality measurement, EHRs can greatly enhance the quality of care delivered. As with any tool, EHRs can be used to improve the efficiency and completeness of documentation in support of good care and good billing practices or for less laudable aims.

Preventing and reducing fraud and abuse is a societal goal that EHRs can support. As Secretary Sebelius and Attorney General Holder stated in a letter to hospital and health system leaders, 'false documentation of care is not just bad patient care; it's illegal.' While the primary focus of the Office of the National Coordinator for Health Information Technology (ONC) is on improving patient care, we have made a great deal of progress and will continue to work toward enhancing the capability of EHRs to improve clinical documentation and reduce improper billing practices.

FEDERAL PROGRESS ON THE ISSUE

ONC has always understood the importance of addressing concerns raised about EHRs and overbilling. In 2005 and 2007, ONC sponsored projects with the goal of gaining a better understanding of the issues and to identify opportunities for mitigating risks for improper billing practices.^{1 2} These projects, of which Dr Simborg was a part, ultimately produced reports that were informative, thought provoking, and influential on ONC's policy development. They were reviewed by ONC's advisory committee—the American Health Information Community (AHIC)—when published, and ONC has continued to incorporate many of the recommendations in our regulations and other efforts (see table 1).³

Overall, we have addressed many of these recommendations through EHR certification. ONC reviews all recommendations through a filter of what is best for patient care and how it aligns with our authority. Recommendations that have not been adopted are either those that were not widely supported by the care delivery

community or non-clinical, administrative functions which are not necessarily always performed by an EHR but rather a separate electronic billing system. One of the most notable certification criteria is the adoption of the 'view, download, and transmit to a third party' certification criterion in our 2014 Edition. The ability of patients to securely access their health information online will help to provide a significant check on improper billing practices, as those who received services will have a clear window into what is documented in the clinical record.

ONC'S ROLE AND PRACTICAL CERTIFICATION POLICY

ONC is not a fraud and abuse enforcement agency. We issue no fines, we impose no sanctions, and we take no one to court. We focus on improving information availability and interoperability, documentation, and decision tools to improve care delivery. Lawful billing is and should always be a by-product of proper clinical actions and documentation. Ideally, EHRs should make it easier for providers to meet both of these objectives.

The meaningful use incentives programs, as part of the HITECH Act,⁴ and the Affordable Care Act have delivered an unparalleled driver for providers to use EHRs for more than simply electronic record keeping. In an environment where there will be continued demands on healthcare providers' time and greater data needs to support population health management and improved care coordination, the EHR's ability to assist and enable accurate and complete documentation will be necessary and invaluable.

We believe that ONC is best positioned to understand the risks and benefits of certain EHR functionality, such as templates and 'carry forward' macros and what best practices exist so that functionality is not misused. Even where EHRs are not used for billing purposes, such as the Veterans' Affairs health system, some of these documentation practices are in use. At ONC's request, the Health IT Policy Committee recently held a hearing on EHR documentation functionality and its affect on the delivery of high quality care and provider efficiency. We anticipate receiving actionable recommendations in 2013 for ONC and other Health and Human Services (HHS) agencies to consider.

From our perspective, the patient always comes first. Any conversation about EHR functionality should start with what is best for optimal patient care. ONC can, where it is able, reinforce that

perspective by adopting certification criteria for EHRs. ONC's certification program is designed to affirm that certain capabilities properly perform and, where applicable, are designed and implemented in accordance with adopted technical standards. Capabilities included in EHR technology for which no certification criteria exist are not part of what we consider certified EHR technology to represent. Even if ONC could somehow find a way to certify the absence of certain functionality, these capabilities could be added on or purchased separately. Put simply, Dr Simborg's suggestion that ONC can 'simply make a vendor's product a candidate for decertification,' does not align with the purpose of certification and the certification program designed in accordance with the HITECH Act.

Rather than attempting to prohibit certain functionality, ONC seeks to better understand what functionality or best practices could be addressed through certification. For example, would a 'code of conduct' that EHR developers abstain from marketing their products as revenue enhancement tools be impactful? Would detailed audit logs (that make transparent the provenance of each documentation element) facilitate fraud detection efforts? We look forward to recommendations from the Health IT Policy Committee on how to leverage this program to support best practices.

CONCLUSION

Although some drivers may speed, we do not prohibit auto manufacturers from making vehicles that can drive at more than 65 mph. We also know that for those people who seek to commit fraud, creativity has no limits. Our best immediate step is to identify best practices and instill a greater sense of integrity and professional responsibility that comes with the adoption of any new technology. We are open to the possibility that ONC's certification program may offer additional opportunities to reduce and/or detect fraudulent actions.

Can EHR technology help make a difference here? Over four decades ago, Larry Weed observed that indeed, technology could improve both the breadth and depth of data capture, while reducing provider workload.⁵ Our goal today is the same as it was 45 years ago: to leverage better processes and better tools toward better care.

ONC has taken steps to require EHR certification criteria for many of the recommendations identified by Dr Simborg and others. Now let's better understand clinical documentation and

Table 1 Implementation progress

2007 Report recommended requirements	Implementation progress
Requirement 1: Audit Functions and Features	Addressed by 2011 Edition Certification Criteria and in greater detail by 2014 Edition Certification Criteria
Requirement 2: Provider Identification	Addressed by 2011 and 2014 Edition Certification Criteria
Requirement 3: User Access Authentication	ONC (as well as through our Federal Advisory Committees) has been engaged with NIST in its National Strategy for Trusted Identities in Cyberspace (NSTIC) initiative and how it applies to provider authentication
Requirement 4: Documentation Process Issues	Partially addressed by 2014 Edition Certification Criteria
Requirement 5: Evaluation and Management (E&M) Coding	Not addressed by adopted certification criteria
Requirement 6: Proxy Authorship	Addressed by adopted 2011 and 2014 Edition Certification Criteria
Requirement 7: Record Modification after Signature	Addressed by adopted 2011 and 2014 Edition Certification Criteria
Requirement 8: Auditor Access to Patient Record	Not addressed by adopted certification criteria
Requirement 9: EHR Traceability	Partially addressed by adopted 2011 and 2014 Edition Certification Criteria
Requirement 10: Patient Involvement in Anti-Fraud	Addressed by 2011 and 2014 Edition Certification Criteria. Specifically, for the 2014 Edition, EHR technology will need to be certified to enable patients to securely access their health information online
Requirement 11: Patient Identify-Proofing	ONC has also worked with a broad community of stakeholders, including other Federal agencies to promote the 'Blue Button' initiative
Requirement 12: Structured and Coded Data	ONC (as well as through our Federal Advisory Committees) has been engaged with NIST in its NSTIC initiative and how it applies to patient identification and authentication
Requirement 13: Integrity of EHR Transmission	Addressed by 2011 Edition Certification Criteria and in greater detail by 2014 Edition Certification Criteria, where data standards exist
Requirement 14: Accurate Linkage of Claims to Clinical Records	Addressed by 2011 Edition Certification Criteria and in greater detail by 2014 Edition Certification Criteria
	Not addressed by adopted certification criteria
	ONC collaborates with CMS on its electronic submission of medical documentation initiative
	The Affordable Care Act requires the adoption of electronic health care claims attachment standards for compliance by January 1, 2016. This will be led by CMS

CMS, Centers for Medicare & Medicaid Services; EHR, electronic health record; NIST, National Institute of Standards and Technology; ONC, Office of the National Coordinator for Health Information Technology.

find ways we can improve documentation to support clinical care.

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