

August 12, 2019

The Honorable Seema Verma
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-6082-NC
Submitted electronically: <http://www.regulations.gov>

Dear Administrator Verma:

Thank you for the opportunity to provide responses to your Request for Information on Reducing Administrative Burden to Put Patients over Paperwork.

The Alliance for Nursing Informatics (ANI), cosponsored by AMIA & HIMSS, advances nursing informatics leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations that represents more than 20,000 nurse informaticists and brings together 25 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the more than 4 million nurses in practice today. We offer our comments as nursing stakeholders.

ANI fully supports the Patients over Paperwork initiative, and other CMS efforts to reduce documentation burden while improving patient outcomes. We strongly endorse CMS' stated commitment to allow clinicians to ["leverage their full skill set and provide high-quality patient care, instead of being consumed by paperwork"](#). With that in mind, **ANI recommends regulatory reform to allow advanced practice nurses and other qualified clinicians to practice to the full extent of their education and training.** This would include the removal of costly supervision requirements that add to administrative burden of clinicians without any demonstrated benefit to patients or population health.¹ Regulatory reform for expanded scope of practice would result in reduced regulatory burden, improved healthcare access, and the development and implementation of innovative care delivery models.²

Furthermore, **ANI recommends that all strategies for reducing documentation burden be approached from a team-based healthcare perspective.** This requires use of inclusive language, consideration of all the members of the healthcare team and their contributions to care and documentation, and the engagement of all these stakeholders, including nurses, in CMS work groups and technical expert panels.

¹ Judith Ortiz et al., "Impact of Nurse Practitioner Practice Regulations on Rural Population Health Outcomes," *Healthcare* 6, no. 2 (June 15, 2018), <https://doi.org/10.3390/healthcare6020065>.

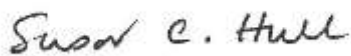
² Ellen McCleery et al., "Evidence Brief: The Quality of Care Provided by Advanced Practice Nurses," in *VA Evidence Synthesis Program Evidence Briefs*, VA Evidence Synthesis Program Reports (Washington (DC): Department of Veterans Affairs (US), 2011), <http://www.ncbi.nlm.nih.gov/books/NBK384613/>; L. Poghosyan et al., "Nurse Practitioner Organizational Climate in Primary Care Settings: Implications for Professional Practice," *Journal of Professional Nursing* 29, no. 6 (November 2013): 338–49, <https://doi.org/10.1016/j.profnurs.2013.07.005>; Debra Hain and Lauren M. Fleck, "Barriers to NP Practice That Impact Healthcare Redesign," *Online Journal of Issues in Nursing* 19, no. 2 (May 31, 2014): 2.

As the largest of the healthcare professions,³ working on the frontlines of healthcare across the care continuum, nurses play a substantial role in the collection, exchange and use of electronic health information. Nurses, as key stakeholders, are uniquely suited to support the reduction of documentation burden through health information technology system usability improvements, workflow redesign, and patient engagement. As healthcare transitions to a value-based reimbursement model, nursing documentation in electronic health record (EHR) and other health IT systems will increasingly be used to demonstrate nursing's contribution to that value. Nursing documentation can also be used to measure the contributions of nurses to improvements in individual and population health outcomes, patient safety, operational efficiency and clinical effectiveness.⁴

Finally, ANI recommends an emphasis on harmonization between various reporting programs, including the use of standardized data elements. ANI fully supports existing efforts to guide data standardization and encourages the alignment of strategies and recommendations with these efforts. **We recommend the inclusion and use of nursing terminologies as outlined in the 2017 report prepared by the Office of the National Coordinator for Health IT entitled, Standard Nursing Terminologies: A Landscape Analysis.**⁵ As noted in this report, "the combination of efficient, value-based documentation to reduce burden, along with a standardized terminology strategy could be significant for nurses and patients."

ANI appreciates the opportunity to respond to this Request for Information on Reducing Administrative Burden to Put Patients over Paperwork. We are available and interested in supporting future public responses on these important healthcare issues.

Sincerely,



Susan Hull, MSN, RN-BC, NEA-BC, FAMIA
ANI Co-chair



Mary Beth Mitchell, MSN, RN, BC, CPHIMS
ANI Co-chair

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³ Institute of Medicine (US) Roundtable on Evidence-Based Medicine, "Healthcare Professionals," in *Leadership Commitments to Improve Value in Healthcare: Finding Common Ground: Workshop Summary* (Washington, D.C.: National Academies Press (US), 2009, <https://www.ncbi.nlm.nih.gov/books/NBK52843/>).

⁴ Sensmeier, J., Androwich, I., Baernholdt, M., Carroll, W., Fields, W., Fong, V., Murphy, J., Omery, A. & Rajwany, N. (Summer 2019). The value of nursing care through use of a unique nurse identifier. *Online Journal of Nursing Informatics (OJNI)*, 23(2). Available at <http://www.himss.org/ojni> (<http://www.himss.org/ojni>)

⁵ Office of the National Coordinator for Health Information Technology, *Standard Nursing Technologies: A Landscape Analysis*, May 15, 2017, https://www.healthit.gov/sites/default/files/snt_final_05302017.pdf