

January 28, 2019

Seema Verma, Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
200 Independence Avenue  
Washington, DC 20201

Don Rucker, MD, National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
330 C St SW, Floor 7  
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Dear Administrator Verma and Dr. Rucker,

On behalf of the undersigned organizations, we would like to thank you for the efforts of the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) to address the burden regarding the use of health IT and EHRs in a physician's practice. However, there is still much work to be done and the Society for Vascular Surgery (SVS), in concert with our collaborating regional and national societies (see list below), has developed a set of recommendations regarding future steps that CMS and ONC could take to further address the regulatory and administrative burden of health IT and EHRs. Together our groups represent the majority of vascular surgeons in the United States. Today, we take this opportunity to reach out to you with one voice, on these recommendations to address this significant disruption throughout our specialty.

While systems of medical records have been in place for a very long time, only recently have they become the source of widespread physician dissatisfaction. This phenomenon coincides with the mass integration of electronic-based health records over the past decade. Paper-based charts could be completed almost passively, usually during interactions with the patient. Computer-based systems often require the physician to literally turn their back on the patient to complete the documentation in real time. Many physicians eschew this practice in favor of performing the record keeping at some later point in time, after completion of the patient encounter. Multiple studies have confirmed the increased documentation burdens placed on physicians via Electronic Health Record (EHR) integration. This additional time often occurs after regular work hours and comes at the expense of time spent with families, time spent on leisure activities, and even sleep. The result is emotional exhaustion, an essential component of physician burnout.

In 2018, active SVS members were surveyed anonymously using a validated burnout assessment embedded in a questionnaire that also captured demographic and practice-related characteristics. The survey was personalized for the specialty and did allow for free-text. We specifically analyzed emotional exhaustion, a critical dimension of burnout. Responses from 872 practicing vascular surgeons were analyzed. Overall, 30% of respondents met criteria for burnout, 37% screened positive for symptoms of depression in the past month, and 8% reported thoughts of taking their own life during the last 12 months. Factors significantly associated with burnout included clinical work hours, on-call frequency, **electronic medical record (EMR)/documentation requirements**, perceived conflict between work and personal

responsibilities, and physical pain. What was more compelling perhaps, was that nearly 80% of the free text comments expanded on frustrations of the EHR.

Similarly, Wellness Focus Groups were conducted at the 2018 Annual Vascular Meeting of the Society for Vascular Surgery. Participants identified several themes that produced additional stress and negatively impacted quality of life. Again, the EHR was identified as one of the most significant stressors. Simply put, we are a specialty in crisis with rates of burnout and suicidal ideation that far surpass the general population. The integration of EHR has significantly, and perhaps principally, contributed to these issues.

The proprietary EHR vendors helped to defeat the Stark bill (HR 6898) and pass the Health Information Technology for Economic and Clinical Health Act (HITECH). HITECH essentially mandated EHR implementation. The vendors then marketed themselves to hospital administrators, often based on billing efficacy. Usability remained unmeasured. If EHRs had been designed to maintain or improve the physician experience, this would have been a priority. To this day, there have been no standards placed on the “usability” of EHR platforms. While proprietary EHR vendors have generated billions in profits, there is little evidence of any major investment in finding methods to reduce the burden they place on physicians, much less improving the work life of doctors, a vital component of the Quadruple Aim system to improve health care.

While we agree with many of the principles advanced by the 21<sup>st</sup>-Century Cures Act, we feel there must be a greater sense of urgency. The effects of EHR implementation have created a public health crisis. As a surgical subspecialty, vascular surgery is facing a dire workforce shortage. According to reports prepared for the Association of American Medical Colleges, no there are no current projections under which the demand for vascular surgeons can be met by 2030. EHR burdens are producing widespread burnout in our existing workforce, leading to decreased productivity, substance abuse, and early retirement. Urgent reform is needed. The major EHR vendors have shown little interest in addressing the impact their technology has had on physician burnout. As such we need actionable goals and strict deadlines for implementation. It is time to hold the major EHR vendors accountable for their contributions to the deficiencies of our current system.

1. Usability of EHR systems remain unmeasured. Metrics, measures, and standards must be developed immediately to improve the physician experience and decrease time spent on EHR documentation. These actions must be performed with full physician collaboration including vascular surgeons who remain at particular risk to EMR related emotional exhaustion.
2. To better integrate EHRs, all systems should be required to have a standardized import/ export function.
3. Prescription Monitoring Programs should be integrated into all EHRs.
4. Vascular surgeons should be able to document patient encounters according to their practice. The focused history, problem list, review of systems, physical exam should be specialty specific. These guidelines and requirements should be set in coordination with the Society for Vascular Surgery.
5. Each EHR vendor should be required to continuously consult clinicians from all essential medical and surgical specialties. This could be achieved by either submitting to each major clinical society or by nationally (or each state/ region) developing a team of clinicians with representatives from each specialty to review new EHRs. This team should include not only practicing physicians, but also residents, physician assistants and nurse practitioners who also regularly interact with the EHR.
6. Health insurance agencies should be required to facilitate automatic authorization through communication with EHRs.
7. Effective and efficient physician training and support for EHR use must become standard and not related to the specific “support package” purchased by the health care organization.
8. Quality measures must be universal across all payers.

Thank you for your review, we enthusiastically offer our assistance in any manner required.

For further correspondence please contact Kenneth M. Slaw, PhD, SVS Executive Director, 312-334-2301, [kslaw@vascularsociety.org](mailto:kslaw@vascularsociety.org).

Signed on behalf, and with the expressed permission of, the following Societies:

Amy Reed, MD, President Association of Program Directors in Vascular Surgery  
Gilbert Upchurch MD, President Society for Clinical Vascular Surgery  
James Black, MD, President Vascular and Endovascular Surgery Society  
Matthew Edwards MD, President Southern Association for Vascular Surgery  
Jean Starr MD, President Midwestern Vascular Surgical Society  
Richard Powell MD, President New England Society for Vascular Surgery  
Anil Hingorani MD, President Eastern Vascular Society  
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A handwritten signature in black ink, appearing to read 'M. Makaroun', with a large, sweeping initial 'M'.

Michel Makaroun, MD, President, Society for Vascular Surgery

A handwritten signature in black ink, appearing to read 'K. Slaw', with a large, sweeping initial 'K'.

Kenneth M. Slaw, PhD, Executive Director, Society for Vascular Surgery