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November 14, 2022

Senator Joan Ballweg, Chair
Legislative Council Study Committee on Uniform Death Reporting Standards
Room 409 South, State Capitol
PO Box 7882
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DELIVERED ELECTRONICALLY

Members of the Legislative Council Study Committee on Uniform Death Reporting Standards,

The study committee has spent time discussing delays in processing medical certification forms and is now entertaining new state-level regulations on how medical certification forms are completed, specifically mandating the use of the State Vital Records Information System (SVRIS) for electronic completion by individuals who file a medical certification form on a frequent basis. This action, albeit more limited than a mandate on all providers, would remove options to allow for both fax and electronic submissions for a group of providers.

Health care providers understand your frustration with delays in paperwork, as the burdens being placed on health care providers by government and insurance companies to submit and wait on forms have increased dramatically in recent years.

Yet, there is a fundamental and important question the committee should step back to consider: if an electronic system is much easier and efficient for health care providers to submit information to the state, then why is a government mandate necessary to ensure its use? The answer is not as clear as some may assume.

While there has been a significant shift towards utilizing electronic systems that are bolted onto electronic health record (EHR) technology, faxing does remain a vehicle for transmitting data in healthcare because it is secure when there are either cumbersome or no electronic alternatives.

Our members report a variety of reasons why they utilize either the SVRIS portal or the paper-based fax system. One member reported that they are part of a palliative care team that always inputs data electronically, but they too expressed the system's faults: "it isn't the most intuitive and definitely took some training." Another member reported that they were completely unaware an electronic process existed and only found out after they contacted the state because the state's fax number wasn't working correctly.

Finally, one member raised concerns with only accepting information electronically because they have created a workflow in the paper-based format that allows other providers to complete a medical certificate if the patient's primary provider is not available to complete the form.

During the committee's October meeting, Chair Ballweg asked the Department of Health Services about the ability for the State Vital Records Information System (SVRIS) to communicate directly with hospital and health

system EHRs, often referred to as “interoperability”. The Department has stated that they have similarly received these requests from physicians and hospitals when they discuss completing data electronically.

There is a reason why the Department immediately heard a request for interoperability from providers. A study conducted in 2016 by University of Wisconsin physicians and researchers, along with the American Medical Association, and [published in the *Annals of Family Medicine*](#) found that the average primary care physician spends **six hours every day** inputting information into an electronic health record. For every one hour of direct patient care a physician provided, they spent two hours working in the electronic health record. This is only one of many well documented studies about the time providers are being required to spend behind a computer screen. Efforts to reduce the amount of screen time required of providers by the state and federal government and insurance companies are critical, as more and more time is being mandated by external agencies to be spent in front of a computer rather than face-to-face with a patient.

Interoperability can work in a variety of ways, including direct feeds of patient care data or simply allowing the user to access external portals through a single sign-on process. In fact, the Wisconsin Department of Health Services, through the Division of Public Health, already enables providers to submit certain public health information including cancer data, electronic case reporting data, immunization data, lab results to the Wisconsin State Lab of Hygiene and syndromic surveillance data from certified hospital/health system electronic health record technology.

There is also a national trend emerging to make vital records data interoperable with hospital and health system EHRs. The Centers for Disease Control (CDC) published a white paper in 2021 showcasing the importance of creating standardized data exchanges that promote interoperability. The CDC’s National Center for Health Statistics concludes this paper by stating that they remain “focused on adopting best practices for information exchange that *put less burden on data providers* while providing more timely and automated data to improve public health and public safety.”

Wisconsin’s hospitals and health systems care about these added burdens being placed on our state’s providers. We ask that the committee and the state take steps to address these burdens, prior to implementing any state-level mandate. Staff at the Department of Health Services and in the state vital records office have been very responsive to inquiries resulting from the work of this study committee, as well as problems our members have encountered in completing forms with vital records data.

Recommendations

- This committee should refrain from mandating health care providers use a specific method of submitting information until the state has a better understanding of the opportunities to streamline processing of information through interoperability and has committed additional resources to accomplish this priority. (*LRB-0523/P2*)
- For other state IT systems that providers are mandated to use, like the electronic Prescription Drug Monitoring Program (ePDMP) and the Wisconsin Immunization Registry (WIR), state agencies have committed to making their programs interoperable with certified Electronic Health Record (EHR) technology.

If the legislature pursues a mandate on health care providers to use SVRIS, the legislature should also ensure that that SVRIS is capable of being accessed efficiently and directly through a provider’s electronic health record. This may include automatic feeds of information, but also may be as simple as a single sign-on approach into the SVRIS data portal.

- State laws and administrative rules do not easily change, they become stagnant and stale especially in health care. Administrative rules are taken very seriously by those they regulate, as a provider's license can be at risk for not being compliant with state laws or regulations. Administrative rules are not mere suggestions, they have the force of state law.

This committee should not recommend adoption of legislation that enshrines snapshot-in-time best practices into administrative rules. In health care, best practices can vary widely by many factors and often become outdated, creating conflicts between industry best practices and outdated regulation. (LRB-0524/P2)

If this legislation (LRB-0524/P2) is amended to only address best practices for death investigations/medical certifications conducted by medical examiners, not providers working in Wisconsin hospitals and health systems, then WHA would likely be neutral on the legislation.

- The Committee should instead work with the Department of Health Services and other stakeholders, like the Wisconsin Hospital Association, the Wisconsin Funeral Directors Association, and the Funeral Service & Cremation Alliance of Wisconsin, to understand the unique circumstances that make electronic processing of information difficult, educate data submitters about best practices and create awareness regarding the ability to input data through SVRIS. The Department does not need statutory nor rulemaking authority to accomplish these priorities.

Sincerely,

/s/ Kyle O'Brien

Kyle O'Brien
Senior Vice President Government Relations

Cc: Wisconsin Legislative Council Staff Attorneys
Wisconsin Department of Health Services
Wisconsin Funeral Directors Association
Funeral Service & Cremation Alliance of Wisconsin