



# Health Information Technology Advisory Committee EHR Reporting Program Task Force 2021 Virtual Meeting

## Meeting Notes | August 5, 2021, 10:00 a.m. – 11:30 a.m. ET

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### Executive Summary

The focus of the Electronic Health Record Reporting Program Task Force 2021 (EHRRP TF 2021) meeting was to continue to discuss the preliminary recommendations for the Public Health Measure and to review preliminary recommendations on and to discuss the preliminary work Steven Lane and Abby Sears completed for the Clinical Care Measure. TF members discussed the measures and provided feedback.

There were no public comments submitted by phone, but there were several comments submitted via the chat feature in Adobe Connect.

### Agenda

10:00 a.m.	Call to Order/Roll Call
10:05 a.m.	Opening Remarks
10:10 a.m.	Preliminary Recommendations for Public Health Measures
10:25 a.m.	Discussion of Clinical Care Measures
11:20 a.m.	Public Comment
11:25 a.m.	Final Remarks
11:30 a.m.	Adjourn

### Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:00 a.m. and welcomed members to the meeting of the EHRRP TF 2021.

### Roll Call

#### MEMBERS IN ATTENDANCE

**Raj Ratwani, MedStar Health, Co-Chair**

**Jill Shuemaker, American Board of Family Medicine's Center for Professionalism & Value in Health Care, Co-Chair**

Zahid Butt, Medisolv Inc

Jim Jirjis, HCA Healthcare

Bryant Thomas Karras, Washington State Department of Health

Joseph Kunisch, Harris Health

Steven Lane, Sutter Health

Kenneth Mandl, Boston Children's Hospital

Abby Sears, OCHIN

Sasha TerMaat, Epic

Sheryl Turney, Anthem, Inc.

Steven Waldren, American Academy of Family Physicians



## ONC STAFF

Mike Berry, Designated Federal Officer, ONC  
Michael Wittie, ONC Program Lead  
Dustin Charles, ONC Task Force Lead

## PRESENTERS

Gary Ozanich, HealthTech Solutions (subcontractor of the Urban Institute, an ONC contractor)

## General Themes

### TOPIC: PRELIMINARY RECOMMENDATIONS FOR PUBLIC HEALTH MEASURES

Bryant Karras and Sasha TerMaat presented the feedback they captured during the discussion at the previous TF meeting of suggested recommendations for the Public Health Measures domain. TF members discussed the preliminary and potential recommendations and provided feedback.

### TOPIC: DISCUSSION OF CLINICAL CARE INFORMATION EXCHANGE MEASURES

Gary Ozanich provided an overview, and Steven Lane and Abby Sears presented the pre-work they completed on the Clinical Care Information Exchange Measures domain. TF members discussed the proposed preliminary measures and edits to the measures and provided feedback.

## Key Specific Points of Discussion

### TOPIC: OPENING REMARKS

Jill Shuemaker and Raj Ratwani, EHRRP TF co-chairs, welcomed members and reviewed the agenda for the meeting. Jill briefly referred TF members to the EHRRP TF 2021 charges, which were included in the presentation materials.

### PRELIMINARY RECOMMENDATIONS FOR PUBLIC HEALTH MEASURES

Sasha TerMaat presented a recap of the recommendations that emerged from the previous EHRRP TF's meeting and discussion around recommendations for the Public Health Measures. She explained that the TF reached a consensus agreement on the following topics:

- We suggest the denominator of Measure 1 be updated to "Number of immunizations administered."
- We suggest the numerator of Measure 1 be "Number of administrations whose information was electronically submitted to a registry successfully."
  - Sasha asked if the concept of success should be included.
- These updated denominator/numerator suggestions help address the possibility of the numerator being larger than the denominator, which would be confusing.
- We suggest stratifying the numerator by the registry submitted to and avoiding the complexity of attempting to stratify by state. This also provides additional data where there are multiple registries within a state.
- A goal is to minimize burden on provider organizations in data collection.
  - Sasha asked TF members to comment on whether this should be a cross-cutting recommendation or specific to this domain.
- We suggest that this measure have the same reporting frequency of the other measures in the program: reported annually for a 12-month reporting period, no lookback necessary.

Sasha explained that there were several Public Health Measure recommendations that needed further TF discussion, and these included:

- Consider that electronic health record (EHR) system developers may have to change their agreements with providers to be able to report their data.



- Any stratifications would have to be clearly defined for consistent reporting (the state of the registry, the state of the patient's address, or the state of the provider's office location)
- Stratifications are possible, but the TF will want to discuss where to invest "complexity tokens"
- There is interest in identifying the success of messages transmitted; a clear definition of what would constitute a successful message would be necessary, and the group would need to prioritize this complexity. The following considerations were added during the discussion period:
  - One suggestion to define success is total messages submitted minus acknowledgments with fatal errors; this way, immunization information system (IIS) jurisdictions that don't send acknowledgment messages (ACKs) will not be a limitation. This approach assumes that submitted messages are at a minimum reaching Public Health.
  - There's consideration of deferring this to a future update of the measure given complexity.
  - Not all registries send ACKs.
  - There's consideration of splitting into two measures, one regarding submissions overall and one looking at ACKs.
  - There are discussions about where to prioritize measurement efforts.

TF members discussed the Public Health Measure recommendations:

#### DISCUSSION:

- Steven Lane submitted several comments:
  - The first point under the recommendations that need further discussion (developers may have to change agreements) is a cross-cutting issue.
  - Stratification should be done by the immunization registry.
  - First, focusing on the number of administrations whose information was electronically submitted to a registry. Then, focus on the rate of success in the next iteration.
- Bryant Karras commented that 53/57 states, cities, and territories are testing their IIS standards, and 39 states are conformant. The TF should emphasize the rates of successful transmission and measure ACKs.
  - Steven Lane suggested splitting the measure into two: one for submissions and one for known successful submissions.
  - Jill voiced her support for this suggestion.
  - Bryant commented on Sasha TerMaat's earlier statement, noting that even though ACKs are being sent back, it does not mean that EHR vendors are logging this information.
  - Sasha asked if registries could report this information and if the TF wanted to prioritize spending its "complexity tokens" on the recommendation. Is it more important than the other public health measures? There is a limited amount of development that can be put into the EHR Reporting Program. Bryant suggested that all public health measures are important.
- Sasha TerMaat asked TF members to comment on the following potential recommendation, noting that it could also be added to an overarching considerations section:
  - Consider that developers may have to change their agreements with providers to be able to report their data.



- Steven Lane voiced his support for the July to June reporting period and discussed the various immunizations given at various times of the year.
  - Abby Sears voiced her support.
- Joe Kunisch asked if the expectation is that the provider is doing the immunization query at every encounter and commented that it is not likely for a provider to do so every time (only when necessary). The results for the numerator and denominator could be thrown off accidentally.
  - Sasha TerMaat commented on several ways to change the measures, like narrowing the denominator. However, there could be problematic side effects of these changes. Specialty clinics might not include immunizations in the scope of their business, and the data should be analyzed to account for the fact that not all encounters need to have an immunization.
  - Joe responded that meeting the one encounter rule (like many other interoperability measures) is the threshold. There should be a way to narrow when this is appropriate. He expressed support for the measure but added that not every encounter will be appropriate if all encounters are used in the denominator (especially for CMS's measures).
  - Steven Lane responded that collecting metrics is important, so the TF should not focus on the level of granularity.
  - Bryant Karras agreed that an indication of success in this measure would not be 100%. If all encounters had a vaccine query, it could over-burden the system. He was concerned that implementation teams would over-utilize an API to get a higher score when it is not helpful or necessary.
  - TF members suggested wording that would highlight considerations for those interpreting the data. They suggested that none of the measures would or should yield a score of 100%.

Jill Shuemaker invited TF members to continue to add comments during future offline work to this measure within the TF's shared working document.

## **TOPIC: PRELIMINARY RECOMMENDATIONS AND DISCUSSION OF CLINICAL CARE INFORMATION EXCHANGE MEASURES**

Gary Ozanich from HealthTech Solutions discussed the motivation for the creation of the draft measures and the questions that they were meant to address. He discussed Measures 1 and 2 (including potential numerators and denominators) and the related reporting elements and format. Discussion questions that arose during discussions with stakeholders and others were also included in the slides. He directed TF members to slides #12 and #13 in the presentation, where the Clinical Care Information Exchange measures were detailed.

Steven Lane and Abby Sears served as co-leads for the measures and presented the preliminary work they completed on these measures. Abby explained that they created a set of guiding principles and key questions as they explored the metrics, and these were included on slides #18 and #19 in the EHRRP TF meeting presentation slides. Steven explained that the key questions are meant to guide the focus of the TF, and he highlighted the key considerations for each metric, which were detailed in the presentation on slides #21 through #28. He emphasized that the recommendations centered around reporting from the product level instead of the care setting level. Global comments and recommendations were included on slide #29.

TF members were invited to discuss the draft recommendations presented by Steven and Abby.

### **DISCUSSION:**

- Sasha TerMaat submitted several comments on the first metric the co-leads shared (clinical documents received and viewed):
  - She agreed that the complexity tokens also apply to the processing power necessary to capture and transmit information.
  - Some considerations for the gathering and summarization of data could be overly prescriptive, and they might not be applicable across all EHR deployment models.



- Are these considerations better suited to an overarching recommendation related to minimizing provider burden? All recommendations the TF makes will have an impact on provider hardware.
  - Steven supported adding these considerations to an overarching statement.
- Steve Waldren submitted several comments:
  - The notion of “viewed or not” should be removed from the measures.
  - “Parsed and integrated” is important, but the focus should be on integrating the data that comes in from the records for the measure.
  - Steven Lane responded that systems vary by how well they integrate outside data, so the viewing of documents itself could be a burden but is an important measure of how systems utilize received documents. He supports keeping “viewed documents” as an intermediate measure.
  - Abby Sears responded that the point of interoperability is to move the data for a purpose. Though she also supported not including this information, she explained the importance of measuring how data moves and how this impacts care.
  - Bryant Karras commented that this metric does not consider that it is likely that not all historical records (in a transfer) are relevant to a consultation, just the most recent. A provider should not be made to click through and open everything.
- Steven Lane described the comments and draft recommendations he and Abby prepared for Metric 1, Metric 1a, and Metric 1b.
  - Raj stated that there were several comments in the public chat on the topic.
  - Steve Waldren noted his raised questions around the definitions for “clinician” and “view,” noting that the measure will likely only show that documents have been opened but not information around who is viewing them and for what purpose.
  - Sasha TerMaat submitted several comments:
    - She voiced her support for the first recommendation under Metric 1.
    - She stated that draft recommendations 2 and 3 refer to capabilities outside the scope of certification and would not be practical for inclusion in the EHR RP. She and Steven discussed how this process works across various EHR vendor systems and how it impacts the variances in reporting of metrics.
    - She supported the fourth recommendation but added that each health system would have to identify its user types.
      - Steven stated that patients with multiple encounters in the same episode of care should be counted. Rolling this information up to the vendor level could decrease the value of the data.
      - Sasha explained that attributing/receiving direct messages, which is not an encounter-linked activity, is one of the most complicated parts of reporting on interoperability and involves a lot of assumptions about being associated with the next chronological encounter. It might not necessarily be clinically relevant, but it is too complex really to figure out otherwise. She suggested that this recommendation merits further conversation and one suggestion is to differentiate the denominator, which is encounter-based, by product and to identify inpatient encounters separately in a value set from the ambulatory set. The product could then report those.
      - Steven responded that this recommendation should stay on the future considerations list.
    - She was concerned that recommendations 5 and 6 were overly prescriptive for how various types of EHR deployments would do data gathering.
    - She asked if product-level reporting would be practical for recommendation 7.
  - Jill Shuemaker highlighted comments from the public chat in Adobe around patient safety



related to viewing and invited the co-leads to respond.

- Steven Lane referenced Steve Waldren's earlier point about knowing the value of what has been viewed, received, etc., even though the context matters. He suggested that there could be one denominator (documents received?) and multiple numerators (how many reviewed? Etc.).
- Jill and Steven agreed that patient safety/privacy should be emphasized, as per Grace Cordovano's comment in the public chat, but Steven stated that the question is how to achieve this goal.
- Joe Kunisch commented on data captured from health information exchanges (HIE), in which the HIE is used as a single source of truth, and asked Steven to comment. Steven responded that data usually comes from HIEs as a CDA document, so that would be captured by the metrics, though other interfaces would not be captured. Jill suggested that the TF consider this further.
- In the interest of time, Steven Lane invited TF members to provide feedback on the draft recommendations within the shared/working Google documents and to work to adjudicate them during offline work. TF member comments will then be reviewed at the next meeting.
- Steven Lane reviewed Metric 2 considerations (on slide #27) and draft recommendations/future considerations (on slide #28), and Abby asked to add another consideration for the metric:
  - How are third-party apps impacted by equity issues related to people who do not have access to smartphones? Is the TF creating more equity issues by focusing on third-party apps when those who are most underserved do not have access?
    - Steven responded that that consideration should be applied to an earlier metric (for patient-facing apps) because this metric refers to apps used by clinicians
    - Abby responded that if patients are not/cannot use the app, it does not matter what clinicians enter.
- Steven Lane reviewed the global comments and draft recommendations, which were detailed on slide #29.
  - Sasha TerMaat stated that the TF should be judicious when building out this program and expressed concern that recommendation 2 in this section is overly prescriptive, would not hold true across all types of reporting, and could create more burden. It should be generalized to prioritize minimal burden on the provider to have their data gathered.
  - Abby Sears responded that the TF will need to navigate this in a careful way; if too much computing is required or too many upgrades/purchases are required, providers might self-select out. Smaller community providers might be overly burdened. She stated that the data that is returned could also not be as useful as necessary.
  - Sasha responded that if EHR programs provide useful data, a call needs to be made around which data are useful and are worthy of incurring an extra, incremental cost to gather and analyze. The TF should acknowledge that there will be some impact on providers but should prioritize keeping approaches open, looking forward.
- TF members discussed how often vendors should report to ONC, and they decided that, though it should be done on a yearly basis, this recommendation should be pulled out into a set of cross-cutting/broader recommendations.
- TF members discussed the wording and definitions for "parsed" and "integrated," with Sasha representing the vendor perspective and Steven discussing the clinician's view. The recommendation will be refined during offline work and presented at a future meeting.

Following a discussion by TF members, the following recommendations were moved to the agreed-upon recommendations list:

- Metrics should be based on any valid C-CDA document type received, not only Summary of Care (CCD) documents.
- Signal to industry the intention to add a future metric separating counts of documents received



based on a push to the CHIT system, e.g., via Direct messaging, vs. documents pulled into the CHIT system, e.g., via query-based document exchange.

- “Clinicians” includes all licensed independent practitioners + all nursing/MA/clinical support staff.
- Viewing a document should be defined as having an open document display to a user, whether the display includes all or a subset of the data received, and regardless of whether the user scrolls through or clicks on any of the data in the document itself.
  - TF members discussed whether a lookback period should be added and if this recommendation just defines “viewing” or if the wording makes it applicable more broadly.

## Action Items and Next Steps

EHRP TF members were asked to volunteer to take the lead on each week’s Domain discussions by digging deep into the week’s content, presenting the draft measures, and leading the discussion on them with the group. EHRP TF members were asked to volunteer for each domain. So far, the following assignments have been made:

- August 12 discussion of Standards Adoption and Conformance measures: Ken Mandl and Jim Jirjis
- August 12 discussion of Data Quality and Completeness Measure: Sasha TerMaat, Zahid Butt, and Bryant Karras

TF members who would like to volunteer to help lead any of these topics were asked to email Michael Wittie and to copy [onc-hitac@accelsolutionsllc.com](mailto:onc-hitac@accelsolutionsllc.com).

While the members listed above will lead the discussions, it is critical that every TF member come prepared and be familiar with the measure concepts to be discussed. All TF members were asked to be ready to provide comments, suggested revisions, and concerns in the areas outlined in the Issues Template (in Google docs).

TF members were asked to review all shared Google documents prior to each meeting and to respond to all draft recommendations that were not finalized during the normal meeting. TF members who are not able to access the documents should reach out to ONC staff.

## Public Comment

### QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

### QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry (ONC): Welcome to the EHR Reporting Program Task Force. We will start shortly.

Jim Jirjis: Jim Jirjis Here

Sheryl Turney: sorry joining now

Sheryl Turney: still on hold

Bryant Thomas Karras MD: I was disconnected from audio

Bryant Thomas Karras MD: having difficulty getting operator

Bryant Thomas Karras MD: back now



Vaishali Patel: Note that this is NOT a provider reported measure but EHR developer reported measure. There is not a way to link a provider to a measure.

Ken Mandl 2: Ken Mandl is on, BTW.

Grace Cordovano, PhD, BCPA: Re: "How often are received C-CDA documents viewed by non-clinicians?", is it of interest to understand why/for what reason the documents are being viewed?

Vaishali Patel: Exactly, Abby. What is the point of exchanging the information if no one is looking at it?

Grace Cordovano, PhD, BCPA: From the patient perspective, I do believe that capturing and understanding the "viewing" can help inform use cases, care coordination, and to potentially identify gaps. Also, more concerned from a privacy perspective, why/how non-clinicians are using/viewing patient data.

Joe Kunisch: I recall in the past when we tried to capture data downloaded and incorporated into the EHR and the vendor told us they were not able to capture the data that was queried from the HIE and what was used to add into the EHR encounter. They mentioned that the HIE would be the source for what data was actually sent from the HIE. This might pose some barriers to using HIE used data

Grace Cordovano, PhD, BCPA: Incredibly important point: if a document exists but no one opens it, can be a matter of patient safety. Important to capture viewing.

Jim Jirjis: Grace, agree. We have heard very high numbers about CCD transfers (almost bragging) but then have not idea if providers or clinicians are actually viewing the information

Jim Jirjis: Measurin this may drive prioritization of workflow and how to present this information is a way that makes sense clinicallyh

Grace Cordovano, PhD, BCPA: To play devil's advocate, having a capability to enable and empower patients and their carepartners to report when information has been sent to their clinicians and has NOT been meaningfully viewed and utilized in care could be an alternative.

Jim Jirjis: Grace, true. Would need to pilot because not all information needs to be reviewed by all clinicians so we would definitwely want to pilot that to design it in a way that does not unintendedly add provider burden that is low value

Vaishali Patel: These are clinician facing apps rather than patients, as Steve noted.

Jim Jirjis: Maybe allowing proxies for the patient facing apps

Jim Jirjis: helps with equity

Jim Jirjis: Yes they are clinican facing, but I assume Grace means that the ecosystem may be less siloed than that. Imaginign a world where apps have both a patient offering but also a provider or clinican portal and the workflow involves both

Abby Sears: There are many caregivers that are part of the care continuum for at risk patients and they may or may not have sophisticated systems or skills to be additive to the clinicians data that is available.

Jim Jirjis: So for example a diabetes app, where a patient enters data into their patient facing app, and then the patient knowing if a clinician has yet viewed the data

Jim Jirjis: in the clinician facing app





Grace Cordovano, PhD, BCPA: Jim, the remote patient monitoring, in for example, diabetes and cardiology, are major patient safety points where viewing is critical and a gap in viewing can negatively impact patient safety, coordination of care, outcomes, etc.

Jim Jirjis: agree. that was my point. Though the task force differentiates between patient versus clinician facing apps, the measurements should be sensitive to the fact that the app ecosystem will likely be far less siloed than this

Jim Jirjis: particularly as apps are built around specific workflows that involve providers, clinicians and patients

Jim Jirjis: It is easier to state that this is a need than to operationalize in a way that does not create Muda

Grace Cordovano, PhD, BCPA: What about where the documents came from? Could priority/weight be given to document types to show that they SHOULD be viewed?

## **QUESTIONS AND COMMENTS RECEIVED VIA EMAIL**

There were no public comments received via email.

### **Resources**

[EHRRP TF 2021 Webpage](#)

[EHRRP TF 2021 – August 5, 2021 Meeting Agenda](#)

[EHRRP TF 2021 – August 5, 2021 Meeting Slides](#)

[EHRRP TF 2021 – August 5, 2021 Meeting Webpage](#)

[HITAC Calendar Webpage](#)

## **Meeting Schedule and Adjournment**

Jill and Raj thanked everyone for their participation in the discussions.

The next TF meeting will be held on Thursday, August 12, 2021, from 10:00 a.m. to 11:30 a.m. E.T.

The meeting was adjourned at 11:30 a.m. E.T.