



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

Meeting Notes | August 25, 2021, 10:00 a.m. – 11:30 a.m. ET

Executive Summary

The focus of the Electronic Health Record Reporting Program Task Force 2021 (EHRRP TF 2021) meeting was to review preliminary recommendations for the Data Quality Potential Future Measure, the Standards Adoption and Conformance Measures, and the Clinical Care Measures. 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.	Draft Recommendations Report and HITAC Meeting Slides
10:50 a.m.	Recommendations for Public Health Information Exchange 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 10:01 a.m. and welcomed members to the meeting of the EHRRP TF 2021.

Roll Call

MEMBERS IN ATTENDANCE

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

Jim Jirjis, HCA Healthcare
Bryant Thomas Karras, Washington State Department of Health
Joseph Kunisch, Harris Health
Steven Lane, Sutter Health
Abby Sears, OCHIN
Sasha TerMaat, Epic
Sheryl Turney, Anthem, Inc.
Steven Waldren, American Academy of Family Physicians

MEMBERS NOT IN ATTENDANCE

Raj Ratwani, MedStar Health, Co-Chair



Zahid Butt, Medisolv Inc
Kenneth Mandl, Boston Children's Hospital

ONC STAFF

Mike Berry, Designated Federal Officer, ONC
Seth Pazinski, ONC
Dustin Charles, ONC Task Force Lead

PRESENTERS

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

General Themes

TOPIC: DRAFT RECOMMENDATIONS REPORT AND HITAC MEETING SLIDES

Jill Shuemaker reviewed the draft EHRRP TF recommendations report and meeting slides for the TF's presentation to the HITAC at the September 9, 2021, meeting. TF members discussed the proposed recommendations and provided feedback.

TOPIC: RECOMMENDATIONS FOR PUBLIC HEALTH INFORMATION EXCHANGE MEASURES

Mary Beth Kurilo and Eric Larson from the American Immunization Registry Association (AIRA) presented on the topic of using the ACK message to determine the success of submission.

Key Specific Points of Discussion

TOPIC: OPENING REMARKS

Jill Shuemaker, EHRRP TF co-chair, welcomed members and explained that her co-chair, Raj Ratwani, would not be present. She reviewed the agenda for the meeting and briefly referred TF members to the EHRRP TF 2021 charges, which were included in the presentation materials.

TOPIC: DRAFT RECOMMENDATIONS REPORT AND HITAC MEETING SLIDES

Jill explained that the EHRRP TF's draft recommendations have been moved into a report and meeting slides for the TF's presentation to the HITAC. The contents of the meeting slides included: introductory TF information, a high-level summary of measures reviewed, the high-level and cross-cutting recommendations, and recommendations and considerations by domain.

Jill reviewed the TF's high-level and cross-cutting recommendations, which were included on slides #11 and #12 in the presentation slides. She explained that because similar themes were repeated throughout the TF's recommendations for various measures, the co-chairs and the team from the Urban Institute pulled them into a set of recommendations that cut across all domains.

Jill reviewed the recommendations the TF developed in the following areas and invited members to comment: (detailed in the presentation on slides #13 through #23)

- For Patient Access:
 - Use of different methods for access to electronic health information
 - Use of 3rd party patient-facing apps
 - Collection of app privacy policy – the TF initially recommended removing this measure
- For Public Health Information Exchange:
 - Sending vaccination data to Immunization Information Systems (IIS)
 - Querying IIS by health care providers



- For Clinical Care Information Exchange:
 - Viewing summary of care records
 - (For future reporting) Viewing summary of care records
 - Use of 3rd party clinician-facing apps
- For Data Quality and Completeness:
 - By data element, percentage of data complete
 - Other considerations regarding interpretation of Data Quality and Completeness measure

TF members shared the following feedback:

DISCUSSION:

- Steve Waldren stated that the cross-cutting recommendation that mentioned developing precise definitions for terms used in the measures, like Encounter, should read, “Encounter – based on SNOMED (inpatient) and CPT (outpatient).”
 - TF members discussed how the recommendation was developed, noting that Sasha TerMaat had recommended making the definitions for terms more expansive, but Steve Waldren stated that he ran out of time to make the definitions broader than the information that was listed in the presentation slides. He added that a consensus around the definitions was not reached at the previous meeting.
 - Jill suggested that the recommendation should be that these terms need to be defined but that the TF did not create definitions for all terms. Steve and Zahid will prepare any further text for review at the next meeting.
- Steven Lane commented that the TF discussed aggregating by product during work on the Patient Access recommendations and suggested adding the wording “where possible” after the recommendation.
 - Jim Jirjis discussed how the move toward patients using telehealth more often might lead to information being missed because an active patient is currently defined by someone who had an in-person encounter within the reporting period. How could the patient use of apps be captured? He discussed the example of a user logging information regularly in a diabetes wellness tracking app as a way to indicate to the Fast Healthcare Interoperability Resource (FHIR) interface that they are “active.”
 - Fred Blavin commented that this will be captured in the denominator information, which will be captured separately from the numerator.
 - Jim stated that metric that the percentage of logins to apps for patients (what percentage of all logins have patients who had an encounter during a certain timeframe and not) could be an important insight for ONC as a value-based care metric. This information could capture if there is acceleration of app use outside of encounters.
 - TF members discussed the suggestion that the denominator is the total number of app sessions, and the numerator would be the percent of patients who have had at least one encounter.
 - Bryant Karras explained that denominators (in the context of public health) have been inflated by people seeking vaccine care with providers who are not their usual care providers and asked how this situation should be handled.
 - Jim Jirjis suggested that the change in app uses per encounter could be valuable information for ONC. He added that true risk-shifting will encourage us not to have people have to come in for yearly encounters and suggested that an additional measure be added.
 - Steve Waldren commented that, since the reporting period is a year, today and in the near future, there would be an encounter for those using digital apps. In the future, this may not always be the case. They would phase out for the next reporting period unless they have another encounter.



- Jim Jirjis asked for clarification on the recommended measures for Patient Access: Collection of app privacy policy. If this measure is removed, what other lever will give ONC information on whether EHR developers have a privacy policy?
- Steve Waldren explained that the TF chose which recommendations to prioritize based on “complexity tokens” and how much effort would be needed/whether it was an appropriate use of the efforts of the TF. Jill referenced questions made in the draft documents.
- Jim Jirjis discussed recent work on an Information Blocking exception-driven checklist, which included a question as to whether an app has a privacy policy. He stated that this would not be in violation of Info Blocking and would be protected by it. He asked if a tool like the Safety Assurance Factors for EHR Resilience (SAFER) Guide includes a process to vet apps to the extent the Info Blocking exceptions allow.
- Steven Lane added that the reporting program is not the right place to deal with this, and the TF agreed that ONC would address this recommendation through another channel, like SAFER.
- Steven Lane suggested rewording one of the measures under Public Health Information Exchange to replace the word “whose.”
 - Bryant Karras noted that, in these recommendations, not all registries are state-based; some are from territories, tribes, and jurisdictions. He recommended wording to update the explanation, noting that the outcome was correct, and he asked the presenters from AIRA to provide feedback. Mary Beth Kurilo provided suggested language.
- TF members provided small grammatical suggestions for the Clinical Care Information Exchange measures and discussed several of the recommended measures.
 - Steven Lane suggested that several of the bullets could be moved to the cross-cutting section and stated that the issue is that some vendors have grown by acquisition and have different products. TF members discussed the suggestion and agreed to pull the bullets into the cross-cutting recommendation section.
 - TF members suggested adding “integrated” after parsed in the second set of recommendations.
 - Steven Lane suggested that the TF be consistent when referring to categorization levels for the use of 3rd party clinician-facing apps recommended measures. Increments defined earlier in the report can be used.
- Bryant Karras inquired if types of phone numbers should be specified in the recommendations for the Data Quality and Completeness measures. He stated that research supports that the cell phone is the most critical element for identifying an individual, so just listing one number might not indicate data completeness. He suggested calling “mobile/cell” number out for prioritization now, not in the future.
 - Steven Lane suggested adding a parenthetical statement listing the types of phone numbers. (mobile, work, home).
 - TF members discussed whether the mother’s maiden name is an important piece of identifying information or not. Abby Sears commented that it is used for patient matching and stated that phone numbers cannot always be used for identification (i.e., they are burner phones, they are shared, etc.) of the at-risk patient population, though it is useful for many.



- Abby Sears stated that many data matching issues she has experienced have come from the lab, not the providers. The providers then must bear the burden of the incomplete data. She stated that the way the recommendation is framed is that the provider system can solve the majority of the issues, which is not true. She expressed her concern that the lab level would not be held more accountable and suggested adding wording to the recommendation. She asked for Bryant's feedback but recommended that an equal bullet should state that the labs should be held as accountable as the providers. Jim Jirjis voiced his agreement and shared his personal experiences with labs. Bryant stated that ONC does not certify the LIMS, so the only way to force completeness is to have subcontractors enforce it.
- Bryant Karras commented that he is working with other groups of subject matter experts to determine the correct language but stated that the issue is that if something is not required, the data may not be collected through the end-user interface with which the patient interacts. There should be a better way to communicate with the end-users to understand the implications of not collecting information that will be used upstream. He highlighted the substantial gap in the information collected on cell phone numbers.
- TF discussed that a stronger recommendation would be preferable, but, currently, there is no way to represent the issue in these standards. They discussed whether collecting the number from a burner phone is useful or not.

TOPIC: RECOMMENDATIONS FOR PUBLIC HEALTH INFORMATION EXCHANGE MEASURES

Bryant Karras introduced Mary Beth Kurilo and Eric Larson from the American Immunization Registry Association (AIRA). They presented on the topic of using the acknowledgment (ACK) message to determine the success of submission. They introduced themselves, and Mary Beth commented on the previous discussion related to the usefulness of mother's maiden name. She stated that it is commonly used for matching in immunization registries and is one of the main identifiers for children. She commented that a phone number may change, and there are equity issues, but this information is also used by patients as an identifier through consumer-facing apps.

Mary Beth described the process of how the IIS sends the ACK message and how this is used to determine the success, likening it to the process of receiving confirmation after booking a hotel. She referred to the AIRA presentation materials, which were included with the TF general presentation slide deck, and described the IIS Measurement and Improvement (M&I) Initiative, noting that though the process is not mandatory, over 90% of IIS participate.

Eric discussed the ACK processing rules and the logic AIRA uses to determine if the IIS accepted or rejected a message. He described how AIRA got IIS to work toward a unified approach and created an ACK Guidance Document through AIRA's Standards Workgroup. He reviewed the progress AIRA has made since beginning the process in 2016, noting that, today, they have 53 IIS with 1 ACK message. He described how work was done during the onset of the COVID-19 pandemic and how the Tennessee Department of Health, Vanderbilt University, and Epic work on a pilot project on ACK usage in production. He described how AIRA defines a "successful" message and directed TF members to the Guidance Document. He suggested some language from HL7 for potential use in the TF's recommendations. Selected resources were included as website links at the end of the presentation materials.

Mary Beth stated that a small percentage of IIS do not send back ACK messages and explained that, because nothing would be sent back, they would not count as far as the numerator is concerned. It should not affect the success of the TF's measures.

Jill directed TF members to the set of Public Health recommendations that were previously reviewed but left for further discussion. She invited TF members and the presenters to review comments made on the



document and to discuss whether any measures should be moved into the TF's recommendations report.

DISCUSSION:

- Bryant Karras commented that the number of IIS registries that do not send ACK messages is a minority. Eric Larson discussed situations in which this occurs, sometimes including health information exchanges (HIEs). Steven Lane stated that an HIE in the middle is not an excuse.
 - Jill reviewed TF member comments from the chat in Adobe.
- Mary Beth added that there is a project that ONC is overseeing to strengthen the connection between HIEs and IIS and to align them with EHR partners.
- Bryant commented that the numerator could be the number of successfully sent immunization reports, minus the number of fatal errors returned. There is now one clear, consistent error message that is returned. He supported elevated several recommendations listed as “for further consideration,” but Jill commented that the implementation of HL7 messages for certification for EHRs and other systems may not have occurred. Bryant responded that HL7 is universally implemented across IIS, and Mary Beth agreed.
- Jill and Sasha TerMaat discussed the TF's previous reservations, including the challenge of using ACK message as a measurement, including two mitigations. Sasha also highlighted the TF's need to prioritize where to use its complexity tokens and asked if this is where the TF would like to use them. Sasha suggested that if the TF feels that the risk of misinterpreting the data is mitigated (based on learnings from the presentation), the TF should promote the proposed definition (first sub-bullet) up to the agreed-upon recommendation list.
- Eric Larson suggested rewording language around the term “fatal error” to avoid confusion for implementers. Sasha, Eric, and TF members wordsmithed the text. Sasha suggested that the recommendations be transformed into the type of specifications used for other reporting measures for greater consistency.
- Bryant invited Eric and Mary Beth to comment on the use of CPT and SNOMED for inpatient/outpatient.
- Bryant suggested that the document use a consistent default time period of July 1 through June 30 across all measures to eliminate seasonal variation across all vaccine measures.
 - Jill suggested that this item would be added to the cross-cutting recommendations section.
 - TF members noted that it has been added to the recommendations, but the rationale was not communicated. They agreed that an explanation around nullifying seasonal variation should be included under the Public Health section.

Action Items and Next Steps

EHRP 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.

TF members were asked to review the draft slide deck for the presentation to the HITAC. The TF will have one final meeting to reach a consensus.

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 the EHR Reporting Program Task Force!

Jim Jirjis: Good orning. *[sic]* Jim Jirjis signing in



Fred Blavin: We will now that in the numerator.

Fred Blavin: know

Steven Waldren MD: Since our reporting period is a year, I would say today and the near future there would be an encounter for those using digital apps. In the future this may not always be the case.

Steven Waldren MD: They would phase out for the next reporting period unless they have another encounter

Jim Jirjis: Steven agree, and also think that true risk shifting will encourage us to not have people have to come in for yearly encounters *[sic]*

Joe Kunisch: Good morning- Joe Kunisch joining late

Vaishali Patel: Nothing exists currently.

Jim Jirjis: I would want to make sure there is a process

Jim Jirjis: Maybe this is part of SAFER

Jim Jirjis: or should be addresses in Safer

Jim Jirjis: I would have a comment be that ONC deal with this in another manner like SAFER, etc

Vaishali Patel: The data elements such as mother's maiden name were deemed relevant for patient matching and also for health equity.

Vaishali Patel: Agreed, Steven!

Vaishali Patel: But it is used for patient matching and identification related purposes.

Jim Jirjis: doesnt *[sic]* capturing a burner phone actually complicate attempts at [atient *[sic]* identity?

Jim Jirjis: Or does it help

Sheryl Turney: I have to drop for a meeting conflict. Sorry.

Vaishali Patel: Very helpful, thanks for the presentation!

Steven Lane: What levers exist to incentivize/require IIS to manage these messages in a consistent manner?

Steven Lane: Is there a role for ONC to help here through some sort of IIS certification, perhaps as a component of a more comprehensive Public Health IS certification program?

Abby Sears: I agree. Steven. I wonder what they can do. I like these suggestions.

Mary Beth Kurilo: The Measurement and Improvement effort really functions as a validation process (similar to certification) - now that IIS have more resources, they'll be able to move more quickly in implementing changes in response to the findings of M&I.

Steven Lane: An HIE in the middle is not an excuse.

Mary Beth Kurilo: CDC is also folding this into their requirements



Steven Lane: They too need to provide consistent services.

Steven Waldren MD: Sorry have to drop

Jill Shuemaker: Thanks Steven for your input. Enjoy your day.

Vaishali Patel: Yes, it is a cross cutting

Eric Larson, AIRA: Slide 11 says "July 1 - June

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

[EHRRP TF 2021 Webpage](#)

[EHRRP TF 2021 – August 25, 2021 Meeting Agenda](#)

[EHRRP TF 2021 – August 25, 2021 Meeting Slides](#)

[EHRRP TF 2021 – August 25, 2021 Meeting Webpage](#)

[HITAC Calendar Webpage](#)

Meeting Schedule and Adjournment

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

The next TF meeting will be held on Thursday, September 2, 2021, from 10:00 a.m. to 11:30 a.m. E.T.

The meeting was adjourned at 11:29 a.m. E.T.