EHR Reporting Program 2021 Task Force Kickoff Meeting

Raj Ratwani, Co-Chair

Jill Shuemaker, Co-Chair

July 15, 2021

Health Information Technology Advisory Committee
The Office of the National Coordinator for Health Information Technology

Meeting Agenda

- Call to Order/Roll Call

- Background and Task Force Charge

- Introductions and Review of Task Force Roster

- Overview and Discussion of Meeting Schedule and Process

- Public Comment

- Final Remarks

- Adjourn

Overview of Task Force Charge

EHR Reporting Program Timeline to Date

2018
ONC issued a Request for Information to inform the development of the EHR Reporting Program measures and processes; and ONC awarded a contract to the Urban Institute to support implementation of the Program

2020
The Urban Institute published voluntary user-reported measures, which were informed by a 60-day public feedback period

2021
The Urban Institute published draft developer-reported measures for Health IT Advisory Committee feedback and a 60-day public feedback period. Feedback is due to the Urban Institute by 9/14/2021

2018 .... **2019** ——————— **2020** ——————— **2021** ....

2019 – 2020
The Urban Institute conducted a series of in-person and virtual stakeholder engagements to inform the development of the voluntary user-reported measures and draft developer measures

2020-2021
The Urban Institute conducted additional background research, market research, targeted virtual stakeholder engagements, and received ONC feedback to inform the development of the draft developer measures

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EHR Reporting Program Task Force Charge

- **Vision:** To address information gaps in the health IT marketplace among all stakeholders, including ONC, and provide insights on how certified health IT is being used

- **Overarching Charge:** Make recommendations to prioritize and improve the draft set of developer-reported, interoperability-focused measures for the ONC EHR Reporting Program

- **Specific Charges:** Review the draft developer-reported measures and supporting materials developed by the Urban Institute, under contract with ONC, and provide recommendations to prioritize the measures and suggest ways to improve the draft measures

  - Consider background research, reports, and other sources as relevant to inform analysis of draft measures

  - Consider both established and emerging measurement practices and capabilities, as well as technical, legal, and policy requirements

  - Consider the use, technical feasibility, and potential policy impacts of the draft measures

  - Prioritize the draft measures to elevate those with the most potential for addressing gaps and providing insights in the certified health IT marketplace

  - Consider ways to avoid placing undue disadvantage on small and startup health IT developers in reporting measures

  - Develop recommendations to inform revisions to improve an initial set of developer-reported measures

  - Suggest additional measures and measure categories to prioritize for subsequent iterations of the developer-reported measures

  - Approve recommendations for submission to the National Coordinator by September 9, 2021

Introductions and Review of Task Force Roster

EHR Reporting Program Task Force Roster

Name	Organization
Raj Ratwani (Co-Chair)	**MedStar Health**
Jill Shuemaker (Co-Chair)	**American Board of Family Medicine Foundation**
Zahid Butt	Medisolv Inc
Jim Jirjis	HCA Healthcare
Bryant 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

Overview and Discussion of Meeting Schedule and Process

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EHR Reporting Program Task Force

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Potential Meeting Schedule

July 15	Kickoff – introductions, overview of task force charge and plan for meeting topics and process, begin discussion of measures
July 22	Patient Access measures
July 29	Public Health information exchange measures ONC program leads, and co-chairs begin developing recommendations report
August 5	Clinical Care information exchange measures
August 12	Standards adoption and conformance measures
August 19	Review draft recommendations report and slide deck
August 26	Review final recommendations report and slide deck, plan for HITAC meeting
Sept 2	Available for additional task force meeting if needed, finalize slides/report for HITAC
Sept 9	HITAC meeting and vote
Sept 16	Hold for follow-up task force meeting if needed

Draft Domains and Measure Concepts

- **Patient access**
  - Use of different methods for access to electronic health information
  - Use of 3rd party patient-facing apps
  - Collection of app privacy policy

- **Public health information exchange**
  - Sending vaccination data to Immunization Information Systems (IIS)
  - Querying of IIS by health care providers using certified health IT

- **Clinical care information exchange**
  - Viewing summary of care records
  - Use of 3rd party clinician-facing apps

- **Standards adoption and conformance**
  - Use of FHIR profiles by clinician-facing apps (adjusted by #patients and #apps)
  - Use of FHIR profiles by patient-facing apps (adjusted by #patients and #apps)
  - Use of FHIR bulk data

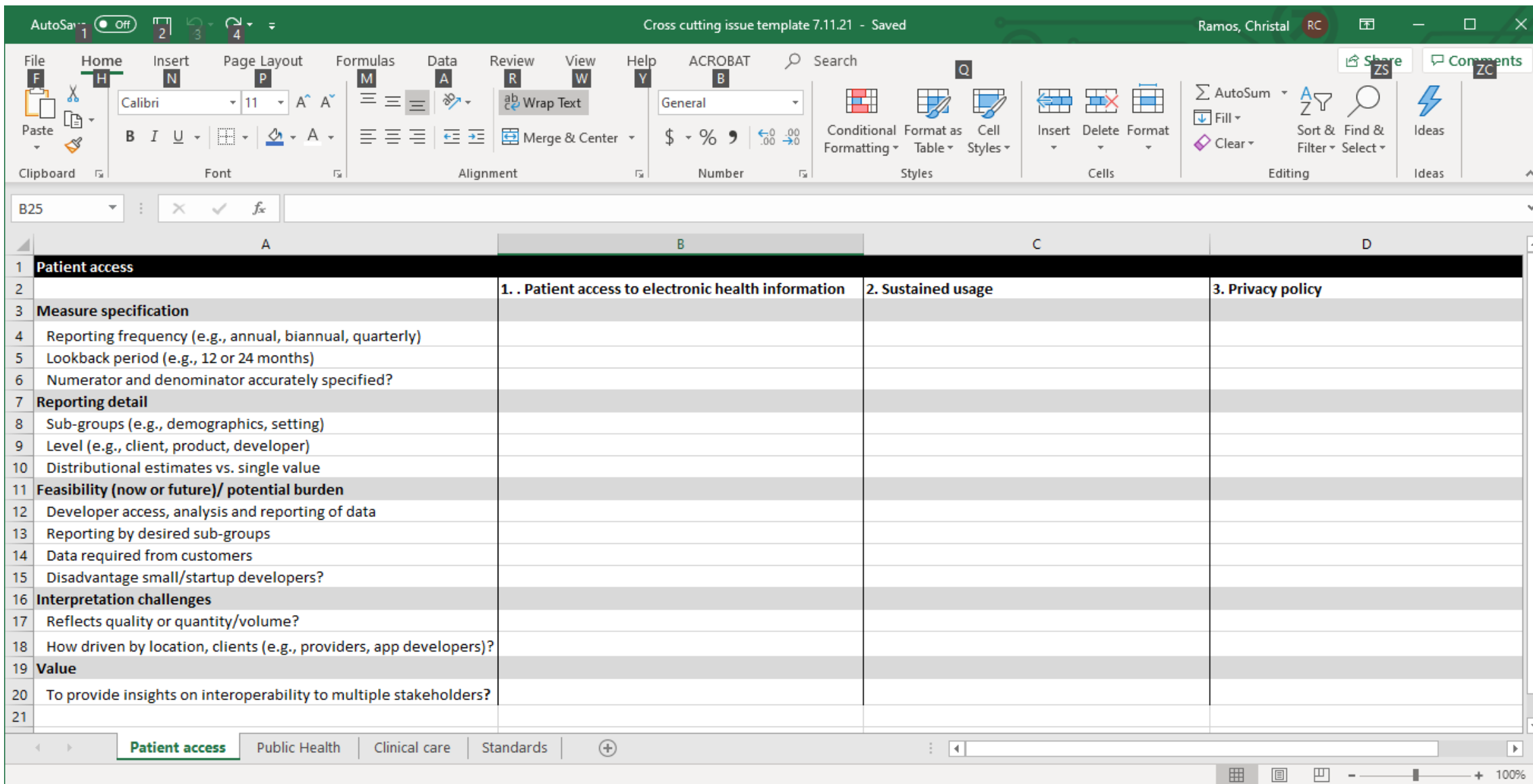# Example Measure: Public Health Information Exchange Measure

Measures	Reporting elements and format
<u>Vaccinations/Immunizations:</u> Percentage of vaccinated individuals whose immunization data was sent electronically to immunization information system (IIS) ***Num***: Number of individuals whose immunization information was electronically submitted to the registry (e.g., via HL7v2.5.1 transactions) ***Den***: Number individuals with an immunization administered	For each measure, collect numerator and denominator counts by: • State • State and setting (e.g., inpatient vs. outpatient) • State and age group (adults, adolescents, child/infant) Require developers to report numerators and denominators, not just percentages EHR developer would need to construct the measure at the client-level, then roll-up into aggregated groups. Quintiles may not be of value for these measures because (1) would provide only variation within developers that would not comparable across developers; (2) would result in reporting of many estimates by state and subgroups that may be burdensome to generate. Frequency of reporting (e.g., annually) and look back period (e.g., in the past calendar year) for numerators and denominators to be determined.

Cross-Cutting Issues for Discussion

- **How frequently should reporting occur (e.g., annually, 2x a year or quarterly)?**

- **How should the results be reported?**
  - Are proposed sub-groups appropriate (e.g., demographic characteristics, setting)?
  - What are the implications of including measures that require data from developer's customers (e.g., reporting by characteristics)?
  - Does the level of reporting make sense (e.g., client, product- vs. developer-level)?
  - Should reporting consist of distributional estimates (which show variation within developer) vs. a single value per developer?

- **What is the appropriate look back period for numerator/denominator? For example, active patients seen within the last 12 or 24 months.**

- **Are other aspects of the numerators and denominators accurately specified?**

- **How feasible is it for developers to access, analyze, and report data, particularly for capturing subgroups? If not feasible today, what could be feasible by the timeframe for data collection in several years?**

- **How to address potential interpretation challenges?**
  - Degree to which measures reflect quality rather than quantity or volume? More is not necessarily better for volume-based measures.
  - Extent to which measures reflect characteristics of geographic areas or clients (e.g., providers, app developers) as opposed to product itself?

- **Is there any potential burden on users of certified health IT? Would reporting unduly disadvantage small / startup developers?**

- **Value of the measure to provide insights on interoperability, including to multiple stakeholders?**

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Discussion Template

	A	B	C	D
1	**Patient access**			
2		**1. . Patient access to electronic health information**	**2. Sustained usage**	**3. Privacy policy**
3	**Measure specification**			
4	Reporting frequency (e.g., annual, biannual, quarterly)			
5	Lookback period (e.g., 12 or 24 months)			
6	Numerator and denominator accurately specified?			
7	**Reporting detail**			
8	Sub-groups (e.g., demographics, setting)			
9	Level (e.g., client, product, developer)			
10	Distributional estimates vs. single value			
11	**Feasibility (now or future)/ potential burden**			
12	Developer access, analysis and reporting of data			
13	Reporting by desired sub-groups			
14	Data required from customers			
15	Disadvantage small/startup developers?			
16	**Interpretation challenges**			
17	Reflects quality or quantity/volume?			
18	How driven by location, clients (e.g., providers, app developers)?			
19	**Value**			
20	To provide insights on interoperability to multiple stakeholders?			
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Sheet tabs: **Patient access** | Public Health | Clinical care | Standards

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Discussion

- What pre-work should task force members do before each meeting?

  - How should members be assigned measures to:

    - Prepare information in discussion template,

    - Present their take on the issues for others to react to, and

    - Determine if specific experts/stakeholders should be invited to that meeting?

- Should the discussion template be displayed and updated in real time?

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Future Measures for Consideration

- Measurement Domain: Public Health Information Exchange
  - Extent to which data is being submitted to public health agencies via third-party apps (e.g., eCR Now) or APIs

- Measurement Domain : Patient Access
  - Extent to which 3rd party patient-facing app users are using write-back functionality (patient-level measure), OR
  - Number of patient-facing apps with users that are using write-back functionality (app-level measure)

- New Measurement Area: Data Quality and Completeness
  - Completeness of key socio-demographic and geographic data needed for patient matching and health equity efforts e.g., race/ethnicity, DOB, address, name, gender, and mother's maiden name.

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Public Comment

To make a comment please call:
Dial: 1-877-407-7192

*(Once connected, press "***1**" to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
"Public Comment" field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time,
but they will be delivered to members of the Task Force and made part of the Public Record.

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Final Remarks

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Meeting Adjourned

EHR Reporting Program Task Force Appendix

July 15, 2021

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Measurement Domain: Patient Access

- Motivation
  - Assess the implementation of health IT provisions of the 21st Century Cures Act by providing insight regarding whether individuals are electronically accessing data and whether they are taking advantage of 3rd party apps to do so.
  - Currently, only have insights into apps that are in the public galleries which likely represent a subset of apps. And we have no insight into the usage (authorization) of those apps.
  - Little information available to guide ONC/OCR regarding privacy policies among patient-facing apps
  - Applies to certification criteria (e)(1) and (g)(10)

- Draft measures address the following questions:
  - How are patients accessing their health information electronically (i.e., patient portal and 3rd party apps)? To what extent is usage sustained by method?
  - To what extent are 3rd party patient-facing apps registered via (g)(10) being used? How many apps have sustained usage (vs. drop off after download)?
  - To what extent do registered 3rd party patient-facing apps include comprehensive, publicly available privacy policies?

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Measurement Domain: Public Health Information Exchange

- Motivation
  - Helps ONC assess health care providers engagement in public health exchange beyond CMS Promoting Interoperability Program measurement, which would be critical during a pandemic or other public health emergencies.
  - Data not typically available to CDC; existing survey data limited
  - Applies to certification criteria (f)(1)

- Draft measures address the following questions:
  - How frequently are providers using their certified health IT to send immunization/vaccine information to IIS?
  - How frequently are providers using their certified health IT to query IIS for immunization forecasts and histories?

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Measurement Domain: Clinical Care Information Exchange

- Motivation
  - Provides insight as to whether users are using certified health IT to view and use data received from external sources.
  - Provides insight into the availability and use of clinician facing apps
  - Applies to certification criteria (b)(1), (b)(2), and (g)(10)

- Draft measures address the following questions:
  - Use of clinical data received from external source
    - Is clinical data received using certified health IT being used and viewed?
    - Of the total number of unique summary of care records received using certified health IT, how many of those were parsed and integrated and then viewed by end users/clinicians?
  - Usage of clinician facing 3rd party apps
    - How many clinician-facing apps are registered via (g)(10) and to what extent are these apps used?

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Measurement Domain: Standards Adoption and Conformance

- Motivation
  - Provides a measure of the use of FHIR profiles which can help guide updates to US Core and provide insights into volume and types of data used by app users
  - Assess the implementation of health IT provisions of the 21st Century Cures Act by providing insight into usage of bulk FHIR overall, and for different use cases
  - Applies to certification criteria (g)(10)

- Draft measures address the following questions:
  - What FHIR Core and non-Core profiles are requested by providers and consumers when using apps?
  - How frequently are bulk FHIR transactions occurring overall and by type?