



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

Meeting Notes | August 12, 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 continue to discuss the Data Quality Potential Future Measure, to review preliminary recommendations for the Clinical Care Measures, and to discuss the preliminary work Ken Mandl and Jim Jirjis completed for the Standards Adoption and Conformance 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.	Discussion of Data Quality Potential Future Measure
10:35 a.m.	Preliminary Recommendations for Clinical Care Measures
11:05 a.m.	Discussion of Standards Adoption and Conformance 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 10:02 a.m. and welcomed members to the meeting of the EHRRP TF 2021.

Roll Call

MEMBERS IN ATTENDANCE

Raj Ratwani, MedStar Health, 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

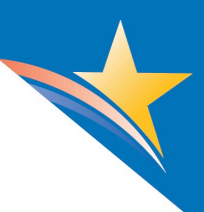
Kenneth Mandl, Boston Children's Hospital

Abby Sears, OCHIN

Sasha TerMaat, Epic

Sheryl Turney, Anthem, Inc.

Steven Waldren, American Academy of Family Physicians



MEMBERS NOT IN ATTENDANCE

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

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: DISCUSSION OF DATA QUALITY POTENTIAL FUTURE MEASURE

Sasha TerMaat and Zahid Butt presented the pre-work they completed on the Data Quality Potential Future Measure. TF members discussed the proposed preliminary measure and provided feedback.

TOPIC: PRELIMINARY RECOMMENDATIONS FOR CLINICAL CARE MEASURES

Steven Lane and Abby Sears presented the feedback they captured during the discussion at the previous TF meeting of suggested recommendations for the Clinical Care Measures domain. TF members discussed the preliminary and potential recommendations and provided feedback.

TOPIC: DISCUSSION OF STANDARDS ADOPTION AND CONFORMANCE MEASURES

Ken Mandl and Jim Jirjis presented the pre-work they completed on the Standards Adoption and Conformance 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

Raj Ratwani, EHRRP TF co-chair, welcomed members, reviewed the agenda for the meeting, and briefly referred TF members to the EHRRP TF 2021 charges, which were included in the presentation materials. He explained that several TF members may not be able to attend the meeting because they were attending the Healthcare Information and Management Systems Society (HIMSS) conference.

TOPIC: DISCUSSION OF DATA QUALITY POTENTIAL FUTURE MEASURE

Sasha TerMaat and Zahid Butt served as co-leads for the measure and presented the preliminary work they completed. Sasha explained that Gary Ozanich would present background information on the measure, which was detailed on slide #10 in the TF meeting slide deck. Gary explained that the TF saw this potential measure as cross-cutting across all domains and directed TF members to the data quality and completeness-related discussion questions listed on slide #11 in the presentation.

Sasha summarized the observations she and Zahid made, following their work, which included:

- All of the potential data elements for consideration would have to be separately considered as a future measure and would raise unique questions.
 - This includes the social determinants of health (SDOH) and sexual orientation and gender identity (SOGI) data elements.
- More completeness is needed for use cases of potential data elements.
 - Sasha noted that they speculated on the additional information that would need to be defined, but their list (on the slides) is not exhaustive.



- Factor in the analysis of specific data collected by EHR systems that require certain information (e.g., last name is required). Similarly, be clear about values that are defaulted as unknown and what is being measured via the collection of this data. Be clear about what is meant in the measurement when some systems capture data at a patient, population, or hospital level.
- They did not think a look-back was necessary but suggested checking the denominator population for the numerator data element at the time the data was measured.
- Clarify or remove “potential subgroup by client (reported by quintile).”
- Aggregation by developer makes sense but does not account for patients with multiple records across systems.
- The proposals listed only apply to the aspect of data completeness, not other aspects of data quality.

DISCUSSION:

- Sheryl Turney inquired who would receive the information around how the data in question are made available and/or used. Would this information be shared within the EHR, to HHS, with others? She stated that payers would support several of the considerations Sasha listed.
 - Sasha explained that the proposal for this program would be that, as part of the certification process, products that undergo certification would submit these metrics under the recommended frequency (annually, etc.). Then, they would be made available with other product information (e.g., under ONC’s Certified Health IT Products List (CHPL), though this is all subject to further consideration.
 - Sheryl asked if the TF would also discuss this process or only what is measured. Sasha responded that the TF would likely only discuss the measures, and Gary confirmed this statement. Seth Pazinski responded that the current charge for this TF is to focus on the measures, and the processes will be defined through rulemaking, with a public comment period.
 - Zahid Butt commented that, for clarity of reporting, the internal precision of a definition for a data element would have to be clearly defined because some systems might use one data field to capture an element while others use several (e.g., gender).
- Joe Kunisch recommended adding preferred language, and Bryant Karras agreed, noting that a key use case that should be acknowledged is that information cannot be reported to public health if it does not exist in the EHR system. He stated that the vast majority of EHRs have this information.
 - Sasha responded that there is a difference between EHRs having the ability to hold certain data and whether EHR users actually capture it. Data capture is directly related to client/user processes and requirements for patient records.
 - Steven Lane stated that many of the measures the TF is discussing will be driven by client behavior, so the reason for the EHR Reporting Program is to allow purchasers of health IT to gauge the real-world capabilities of a vendor’s product.
 - Sasha agreed that the measures are user and third-party/app-driven.
- Steve Waldren commented that it is more important to discuss the use cases of patient matching and robust reporting around SDOH and health equity. The TF should focus on a couple of these use cases and the adoption of these data elements and look at the high-level reporting of the use of these elements.
 - Zahid Butt suggested that the patient matching use cases of name, date of birth, and zip code would be the most useful. He and Sasha agreed that mother’s maiden name is rarely seen in these data captures and stated that a full address could also be added.



- Sasha drew distinctions between how data were captured (patient-entered, entered from registrar/organization, from external sources, etc.) and noted that the TF should not try to make these distinctions for its use cases.
- Sasha asked for clarification around the following suggested questions:
 - To what extent do the regional/local characteristics for information exchange effect this measure?
 - Gary Ozanich commented that the focus of this question is to capture the effect on interoperability between organizations.
 - Could duplicate measures be counted and distort this measure?
 - Gary Ozanich commented that this question was looking at the possibility of having duplicate records for the same patient within the system. Some developers have better opportunities to deal with duplicates than others.
 - Sasha clarified that this question should say “duplicate records,” not “duplicate measures,” and Garry confirmed that it was a typo. She discussed how reporting to the vendor would vary versus reporting to the system (across duplicates).
 - Steve Waldren suggested that the duplicates should be shown and be counted. Sasha agreed that showing to what extent the duplicate records have data populated is important. It will not distort the measure to show that patients have duplicate records with various amounts of information completed. Zahid added that an encounter-based measure would be more problematic than duplicates.
- Sasha addressed the following question: “To what extent does the use of third-party applications/middleware shape the performance relative to this measure?”
 - She stated that the situation would be specific to the systems that are in play and what was envisioned when the data were entered.
 - Zahid stated that this question is similar to the question around distinctions made between data captured within a system versus from external sources.
 - They suggested that this should be deferred; distinguishing by source would not provide a meaningful insight at this time.
 - Joe Kunisch commented that the distinction of where the data were entered is not as important as whether it is complete. He agreed that the mother’s maiden name element is not of high value and is a field that is often skipped. He is reluctant to create additional required fields due to the need to enter information quickly during emergency situations.

TF members were encouraged to add additional comments and questions within the shared working Google documents.

TOPIC: PRELIMINARY RECOMMENDATIONS FOR CLINICAL CARE MEASURES

Abby Sears and Steven Lane presented the changes made to the preliminary recommendations for clinical care measures, following the previous discussions and comments entered by TF members.

Abby reviewed the following agreed-upon recommendations and invited TF members to discuss them:

- Metrics should be based on any C-CDA document type received including but not limited to Summary of Care (CCD) documents.
- Recommend/urge CHIT to require EHR certification expectations that will allow for the reporting to separate counts of documents received by push.
- The definition of “Clinicians” for the sake of this reporting includes all licensed independent practitioners, as well as 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.



Abby reviewed the following recommendations that are still under consideration for further discussion and invited TF members to discuss them further. Crossed-out recommendations were removed/deferred, and bolded recommendations were moved to the list of agreed-upon recommendations.

- ~~If possible, metrics should count each received document once and avoid re-counting subsequent updates to iterations of the same document.~~
- ~~We are recommending that this statement be added to the global expectations across all the domains.~~
 - ~~A cross-cutting overarching expectation for all reporting should include activity log reports be automatically generated and transmitted from provider systems at specified intervals.~~
- **When possible, metrics should be reported at the product level, e.g., ambulatory, inpatient, or ED EHR product, not at the vendor level, as products from the same developer may have different functionality and performance.**
 - The denominator should be used to differentiate the product type and will replace “health IT.”
- **The reporting period should align with the reporting period of the other metrics and reflect any view of documents received during that time period.**
- Request future reporting to include, “How often was data parsed and viewed separately from the received document as defined by the definition in certification language.” (i.e., Continuity of Care Document, Referral Note, and (inpatient setting only) Discharge Summary)
- Use of third party/clinician-facing apps:
 - Report separately on app registration versus app use if possible
 - Include 1,000+ users as a separate category for reporting volume of use
 - Report by the following order of magnitude user number categories:
 - 1 user
 - 2 - 9 users
 - 10 - 99 users
 - 100 - 999 users
 - 1,000 – 9,999 users, etc.
 - Report the number/proportion of registered apps by usage volume category within the reporting period

TF members discussed the recommendations:

DISCUSSION:

- Steven Lane asked to change the text back to what was provided in an earlier version of the second agreed-upon recommendation.
 - Abby Sears responded that the change in the text was made in reference to the earlier TF conversation that the process should move upstream and should ask for more granularity at the certification process, which would provide the signal to the industry. Steven asked to revisit the wording.
 - Sasha TerMaat responded that the certification process already includes documents received by push, but query-based document exchange is outside of the process currently. She asked for clarification, and Abby responded that the concern is that some systems might not differentiate or have the level of granularity for specific counts.
 - Steven Lane stated that it would be valuable to be able to measure documents received by push versus documents received by a query. This would have to be added to certification before it is added to reporting.
 - TF members discussed the intent of the recommendation and how to get to the best level of reporting. They agreed on the following language for the recommendation:



- Recommend that ONC incorporate EHR certification requirements that will allow for the reporting to differentiate counts of documents received by push from those received by query/pull.
- Sasha TerMaat commented on the third agreed-upon recommendation that it would require that each health system build to match their user types to the recommendation.
 - TF members acknowledged the request and left the recommendation as written above.
- Abby commented that, based on the discussion at the previous meeting, a final consensus was not reached on the first recommendation under the “for further discussion” section.
 - Steven and Sasha summarized the points they made previously and suggested that this recommendation be cut or deferred to a later time because it would be too difficult to differentiate.
 - All TF members agreed to cut the recommendation.
- TF members reiterated previous discussions on the second “for further discussion” recommendation.
 - Steven stated that it was too prescriptive for vendors and was too focused on the process (outside of the TF’s scope).
 - Sasha suggested creating a cross-cutting recommendation prioritizing minimizing provider burden but that the current wording was too prescriptive, given the differences in EHR deployment models.
- Abby explained that the third “for further discussion” recommendation was a consolidation of other recommendations following previous TF feedback. She asked TF members to
 - Sasha commented that some vendors may not be able to comment at the product level, while Steven stated that it may be useful for other vendors to comment at the product level because they cannot roll up to the vendor level.
 - Sasha discussed potential options for the numerators and denominators and related issues to the various choices. Sasha commented that the first recommendation (below) might not always be possible.
 - Abby discussed ways to wordsmith the second (below) recommendation for clarity, and Sasha described things the
 - Following a discussion, TF members updated the wording of the recommendation and separated it into two. They read:
 - When possible, metrics should be reported at the product level, e.g., ambulatory, inpatient, or ED EHR product, not at the vendor level, as products from the same developer may have different functionality and performance.
 - This recommendation was moved to the “agreed-upon” list.
 - The denominator should be used to differentiate the product type, e.g., ambulatory versus inpatient EHRs, and will replace “health IT.”
- Abby commented that the fourth “for further discussion” recommendation should reflect the same time period to reduce the burden of the reporting. The look-back period would be for the length of time that the reporting period lasts. The TF previously discussed this topic.
 - Steven Lane commented that measuring the views of the documents received during the measurement period could limit the intensity of analysis required and added that the alternate approach is measuring views of any outside document received. He stated that the timely viewing of recently received data is likely to have a greater impact on care than the view of older documents. These are reasons to limit this to documents viewed that were received during the reporting period.
 - Bryant Karras commented that the receiving date does not reflect the age of the document, but he agreed with Steven’s comments for simplicity.
 - Sasha summarized that the recommendation should include the view of the documents received during the reporting period.



- The TF agreed to work on the wording but to move the recommendation to the “agreed-upon” section.
- Abby invited TF members to comment on the fifth “for further discussion” recommendation.
 - Steven suggested that the language of previous recommendations indicated that any C-CDA documents would be counted so the more specific language in the recommendation could be removed.
 - Sasha asked for clarity in the wording around “parsed,” and Abby responded that it is related to the data is already defined in certification language.
 - Steven highlighted a comment he made on the document to reference/utilize the existing Certification criteria for “incorporation” of received outside data in instead of terms like “parsed” and “integrate.” He provided a weblink and definition for incorporation and invited Gary to comment on the language used.
 - Gary responded that this was the language used by stakeholders during Urban’s discussions with them.
 - Sasha added that CMS has used different measures than what ONC is now looking to gather through this program and described differences. She suggested using “parsing” because it does not have a double usage across CMS and ONC. However, “parsing” is not used in certification language.
 - TF members discussed how to word the recommendation whether the TF should redefine these terms. Sasha will add more language to the document, and the TF will discuss the wording during offline work or at a future meeting.
- Abby invited TF members to comment on the sixth “for further discussion” recommendation listed above.
 - Sasha described comments from the Electronic Health Record Association (EHRA) around these recommendations:
 - The processes for the registration of patient apps and for the registration of clinician apps are handled differently. Having a denominator of the number of clinician apps might not be useful.
 - Registration and use can be useful, but EHRA would like to follow up.
 - Abby supported the differentiation between registration and use, and Steven agreed.
 - Sasha clarified that the app does the registration with the server (using FHIR), and the patient does not do the registration. The EHR developer maintains the registration process, and then the app is available to be selected and used by patients. The health systems would receive and be able to report this information. However, clinician-facing apps are not necessarily registered with the developer in the same way.
 - Steven suggested that the metrics report on the use of clinician-facing apps rather than registration.
 - TF members discussed differences in the terms “installed,” “activation,” “registration,” and “use” of apps and how systems would know about these activities. The TF will flag this recommendation and will review all terms/language used.

Raj Ratwani noted that the agenda would be updated to move the Public Comment period back to 11:25 a.m.

DISCUSSION OF STANDARDS ADOPTION AND CONFORMANCE MEASURES

Ken Mandel and Jim Jirjis served as co-leads for the measures and presented the preliminary work they completed on these measures. First, Gary Ozanich discussed the motivation for the creation of the draft measures and the questions that they were meant to address and directed TF members to slides #16 and #17 in the presentation, where the Standards Adoption and Conformance measures were detailed.



Ken reviewed slides shared with the TF members, which were created following discussions with other standards experts. These slides were posted to the TF's website. He explained that they created a set of objectives to give ONC the data they need to react to the real-world evolution of health IT and to monitor and advance key factors. He suggested that they collect across different denominators and numerators to yield a range of metrics.

Ken presented the suggestions for numerators and denominators for patient-facing apps and for Bulk Data (both for the use of apps and APIs), which were included on slides #3 and #4 in the presentation materials, and he reviewed background information for each of the suggestions which was based on feedback from various experts on Fast Healthcare Interoperability Resources (FHIR) and standards. He noted where the recommendations differed from information initially presented by the Urban Institute and referenced related certification requirements. He also provided suggested numerators and denominators for electronic health information (EHI) Export Metrics, which were detailed on slide #5. The co-leads shared suggested counts and lists of apps for vendors, based on the availability of apps, and a list of other questions, which were included on the final slide of the presentation.

TF members discussed the recommendations and will continue the discussion at a future meeting/during offline work.

DISCUSSION:

- Sasha TerMaat thanked Ken for the presentation and noted that the recommendations would clarify discussions around vocabulary and API usage. Being more consistent across all related measurements would be helpful. However, she stated that some of the recommendations are outside the scope of certification and offered to help prioritize by which were required for certification.
 - Ken and Sasha discussed the potential that some EHR vendors are meeting certification requirements through app galleries and other items not actually required for certification. Sasha suggested focusing on the certification requirements, not supplemental items.
- Steven Lane asked that the specific recommendations be added to the TF's shared Google document so that other members could add comments and feedback.

Raj Ratwani invited TF members to continue to add comments during future offline work to this measure within the TF's shared working document. The TF will continue to review these recommendations during the next meeting.

Action Items and Next Steps

EHRRP TF members were asked to review the draft recommendations report and slide deck.

All TF members were asked to be ready to provide comments, suggested revisions, and concerns at the next meeting.

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 be starting soon!



Steven Lane: Welcome to all of you braving the weather and the virus @ HIMSS in Las Vegas.

Grace Cordovano, PhD, BCPA: I'm having trouble hearing...

Jim Jirjis: Jim Jirjis joined late. Just landed

Joe Kunisch: agree, not sure how much value Maiden name would *[sic]* add

Dave deRoode: I strongly object to removing 'valid' from C-CDA documents. C-CDA documents' validity are defined by their published HL7 schema and schematron. *[sic]* Not holding vendor accountable for producing/exchange valid C-CDA documents is a major issue

Sasha TerMaat: Dave, this is measuring the documents received, so this is not related to producing valid documents.

Dave deRoode: Understood. The issue of allowing "invalid C-CDA documents" remains at the crux of the issue. My objection is around the use of measuring C-CDA docs without stipulating them to be valid. If we agree to remove valid, we might as well remove the term 'C-CDA' altogether and measure the receipt of any/all documents, including unstructured ones. The rules of what makes all C-CDA document types valid is very well established.

Steven Lane: Thank you Dave deRoode. I have captured your comment in our shared document for review by the TF leads and hopefully with the entire TF.

Sasha TerMaat: The screen is small, can this be enlarged?

Dave deRoode: Thank you Steven & Sasha

Mike Berry (ONC): The slides that are currently being presented by Dr. Mandl will be publicly available on healthIT.gov after the meeting: <https://www.healthit.gov/hitac/events/ehr-reporting-program-task-force-2021-3>

Grace Cordovano, PhD, BCPA: Just want to make sure that patients' primary carepartners are also included when capturing initiations by patient.

Sasha TerMaat: Can this be moved to the google doc so we can add comments?

Dave deRoode: Do 3rd party apps that are neither patient-facing nor clinician-facing, but rather public health reporting warrant their own category, or are they considered clinician-facing in the context of Dr. Mandl? For example, apps that report to Public Health entities, such as NHSN, NCHS which are often run automatically based on triggers and reviewed by a reporter (which may or may not be a clinician) within the health system

Jim Jirjis 2: Good point. I think we would want to consider the entire app catalogue

Jim Jirjis 2: they might be considered clinician facing

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

[EHRRP TF 2021 Webpage](#)

[EHRRP TF 2021 – August 12, 2021 Meeting Agenda](#)

[EHRRP TF 2021 – August 12, 2021 Meeting Slides](#)

[EHRRP TF 2021 – August 12, 2021 Meeting Webpage](#)
[HITAC Calendar Webpage](#)

Meeting Schedule and Adjournment

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

The next TF meeting will be held on Thursday, August 19, 2021, from 10:00 a.m. to 11:30 a.m. E.T.

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