Standards Adoption

Presentation to HITAC
EHR Reporting Program Task Force Meeting

Objectives

Give ONC the data they need to react to real world evolution of HIT and monitor and advance:

1) A competitive, market-driven, apps-based information economy
2) A data-driven health system where EHR-derived population datasets are readily obtainable and exchangeable
3) An affordable information economy

Collect across different denominators and numerators to yield a range of metrics

Clinician facing apps - use of apps and APIs

Numerators:
- For clinician facing endpoints, total number of API calls by FHIR version and resource type
- For clinician facing endpoints, total number of creates/updates by FHIR version and resource type (writeback)
- For clinician facing endpoints, total volume of data transferred (gigabytes) and count of FHIR resources transferred, by FHIR version and resource type
- For clinician facing endpoints, count of SoF apps with at least one launch
- For clinician facing endpoints, count of SoF app launches

Denominators:
- Providers with at least one EHR session in the period (active providers)
- Patients with at least one EHR documented encounter in period (active patients)
- Count of EHR documented encounters in period (EHR use)
- Per site

Patient facing apps - use of apps and APIs

Numerators:
- For patient facing endpoints, total number of API calls by FHIR version and resource type
- For patient facing endpoints, total number of creates/updates by FHIR version and resource type (writeback)
- For patient facing endpoints, total volume of data transferred (gigabytes) and count of FHIR resources transferred, by FHIR version and resource type
- For patient facing endpoints, count of SoF apps with at least one launch
- For patient facing endpoints, count of SoF app launches

Denominators:
- Patients with at least one portal login in period (active patients with portal access)
- Patients with at least one EHR documented encounter in period (active patients)
- Per site

Bulk Data - use of apps and APIs

Numerators:
- For bulk data endpoints, total number of API calls by FHIR version and resource type
- For bulk data endpoints, total volume of data transferred (gigabytes) and count of FHIR resources transferred, by FHIR version and resource type
- Count of registered Smart Backend Services apps with at least one API request

Denominators:
- Count of EHR documented encounters in period (EHR use)
- Per site
- Per user type (Payor, Researcher, Internal user)

EHI Export Metrics

Numerators:
- Number of individual patient EHI export requests processed
  - Initiated by patient?
  - Initiated by hospital staff?
- Number of full data EHI export requests processed
- [any marginal costs associated with these?]

Denominators:
- Per number of sites

Vendor - availability of apps

- Counts and list of apps using the SMART on FHIR API in vendor-associated app galleries
- Counts list of apps not using the SMART on FHIR API in vendor associated app galleries
- Counts and list of apps using the SMART on FHIR API plus additional APIs
- Counts and list of apps with at least one launch in the measure period, registered for SMART on FHIR API write permissions

Other questions

- Are vendors certifying their core products for, e.g., Bulk FHIR, or bolt on products?
- Can we require information on the costs associated with bulk FHIR access API calls and clinician facing SMART on FHIR app access calls?
- Can we get metadata on apps with unique identifier for each app?
- Can vendors resolve API calls by site?
- What data are visible to EHR vendors currently?
  - Does an EHR vendor typically, for example, even know how many apps are registered? Or do they only know what they are seeing in terms of API calls?
    - (e.g., for health-system-approved apps, outside of App Orchard)
  - How are these metrics complemented by mandated health system reporting? (e.g., in conjunction with CMS?)