Health Information Technology Advisory Committee

EHR Reporting Program Task Force 2021 Virtual Meeting

Meeting Notes | August 19, 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.	Preliminary Recommendations for Data Quality Potential Future Measure
10:35 a.m.	Preliminary Recommendations for Standards Adoption and Conformance Measures
11:05 a.m.	Preliminary Recommendations for 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 10:01 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
Jim Jirjis, HCA Healthcare
Bryant Thomas Karras, Washington State Department of 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

Zahid Butt, Medisolv Inc
Joseph Kunisch, Harris Health

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: PRELIMINARY RECOMMENDATIONS FOR DATA QUALITY POTENTIAL FUTURE MEASURE

Sasha TerMaat and Zahid Butt presented the feedback they captured during previous discussions of potential suggested recommendations for the Data Quality Potential Future Measure. TF members discussed the proposed preliminary recommendations and provided feedback.

TOPIC: PRELIMINARY RECOMMENDATIONS FOR STANDARDS ADOPTION AND CONFORMANCE MEASURES

Ken Mandl and Jim Jirjis presented the feedback they captured during previous discussions of suggested potential recommendations for the Standards Adoption and Conformance Measures. TF members discussed the proposed preliminary recommendations and provided feedback.

TOPIC: PRELIMINARY RECOMMENDATIONS FOR CLINICAL CARE MEASURES

Steven Lane and Abby presented the feedback they captured during previous discussions of suggested recommendations for the Clinical Care Measures. TF members discussed the proposed preliminary recommendations and provided feedback.

Key Specific Points of Discussion

TOPIC: OPENING REMARKS

Jill Shuemaker and Raj Ratwani, EHRRP TF co-chairs, 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.

TOPIC: PRELIMINARY RECOMMENDATIONS FOR DATA QUALITY POTENTIAL FUTURE MEASURE

Sasha TerMaat and Zahid Butt served as co-leads for the measure and presented the preliminary recommendations for the data quality potential future measure. Sasha presented the recommendations for further discussion and invited TF members to provide feedback on which recommendations should be moved into the “agreed-upon” category. The list of potential recommendations included: (bolded recommendations were moved to “agreed-upon”)

- **Each data element proposed would have to be clarified in a measure and prioritized as worth the additional reporting development and data processing effort. If some of these are prioritized, further definition is needed before consideration (address needs to be better defined as home, work, address parts, etc., gender needs to be clarified).**

  - **Required fields may lead to high completion rates but may not indicate data quality or usability.**
  - **Mother's maiden name seems low utility and would not prioritize.**
  - **We suggest also considering preferred language in future prioritization.**
  - **We suggest also considering phone numbers and email in future prioritization.**
- **Consider the use for the data in prioritization. Completeness of individual elements is not all that meaningful. Focus on equity and patient matching.**
- **A lookback is not necessary; check population at the time the data is collected. Collect after the year/reporting period is over.**
- Different system approaches will need to be considered.
  - Required fields may lead to high completion rates but may not indicate data quality or usability.
  - Some systems may capture data at the encounter level, making reporting at the patient level difficult.
  - If certain data elements are required to create a patient record, then reporting on them is not useful in this way.
  - Similarly, if a default value (say, unknown) is populated, what we are really interested in is the non-default values, not any value.
  - Aggregation cannot account for patients with multiple records across systems, of course.
- **"Potential subgroup by client (reported by quintiles)" is unclear and should be clarified or removed.**
- **If future industry efforts develop new best practices around data completeness and quality, revisit these measures.**

Sasha presented the preliminary recommendations, and TF members shared the following feedback:

DISCUSSION:

- TF members agreed to move the first three recommendations to the “agreed-upon” category.
- Sasha asked the TF to provide feedback on the fourth set of recommendations.
  - Steven Lane and Steve Waldren suggested that the recommendations be added to a separate section called “Other considerations regarding data interpretation,” like a preamble.
  - Bryant Karras suggested that a different term, other than “Required” and “Optional,” should be created to indicate that data should be captured, even in the event of an emergency. This would be important for patient matching upstream across the industry, and it could be used as an indicator for developers to improve a given metric. He will draft a bullet around this recommendation. Bryant and Sasha discussed effective ways to measure data quality versus looking at data completeness. Sasha suggested that a separate initiative could expand on this topic and that if other industry efforts develop new best practices around data completeness, the TF should revisit these measures.
  - Sasha responded that the TF might not expect the same level of data completeness for some of its recommendations as it does for others.
- TF members agreed to move the fifth and sixth recommendations to the “agreed-upon” category.

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

TOPIC: PRELIMINARY RECOMMENDATIONS FOR STANDARDS ADOPTION AND CONFORMANCE MEASURES

Ken Mandel and Jim Jirjis served as co-leads for the measures and presented the preliminary recommendations they completed for these measures.

Ken reviewed the list of recommendations for further TF discussion and invited TF members to provide feedback on which recommendations should be moved into the "agreed-upon" category. He explained that they also created a list of questions around how the ecosystem works and suggested that the TF do research to answer the questions. He noted a small change that was added since the previous presentation related to the listing of Smart on Fast Healthcare Interoperability Resources (FHIR) apps in various app galleries and other settings. The cost information requested would complement the 21st Century Cures Act rule for transparent listing of APIs and would provide real-world evidence monitoring of costs that can be held up against the published API. The co-leads discussed whether the use of app galleries would be permitted, and ONC indicated that it was fine to request that information as long as it is not part of the certification process.

Ken discussed the reasoning behind the list of potential recommendations, which included:

(All of the recommendations were left in the "for further discussion" list.)

Use of FHIR profiles by clinician-facing apps:

- Numerators:
  - For clinician facing endpoints, total number of API calls (queries) by resources type and FHIR version
  - For clinician facing endpoints, total number of creates/updates (writebacks) by resource type and FHIR version
  - For clinician facing endpoints, total volume of data transferred (gigabytes) and count of FHIR resources transferred, by resource type and FHIR version
  - For clinician facing endpoints, count of SMART on FHIR (SoF) apps with at least one launch
  - For clinician facing endpoints, count of SoF app launches
- Denominators:
  - Providers with at least one electronic health record (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

Electronic Health Information (EHI) Export Metrics recommendations for further discussion:

- Numerators:
  - Number of individual patient EHI export requests processed
    - Initiated by a 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 recommendations for further discussion:

- Counts and lists of apps using the SoF API
- Counts and list of apps using the SoF API in vendor-associated app galleries

- Counts list of apps not using the SoF API in vendor associated app galleries
- Counts and list of apps using the SoF API plus additional APIs
- Counts and list of apps with at least one launch in the measure period, registered for SoF API write permissions
- Denominators:
  - Count of EHR documented encounters in period (EHR use)
  - Per site
  - Per user type (Payor, Researcher, Internal user)

Health system - cost of supporting apps recommendations for further discussion:

- Numerators:
  - Total cost of provider facing API calls
  - Total cost of bulk data API calls

TF members discussed the recommendations:

DISCUSSION:

- Regarding the "Use of FHIR profiles by clinician-facing apps" set of recommendations, Sasha TerMaat inquired if products would not be eligible for certification if information about unrelated business lines is not reported. She asked for clarification around certification requirements and things that are unrelated to certification.
  - Jim Jirjis responded that if the purpose of these measures is to do reporting to assess what is occurring in the industry, ONC should weigh in on Sasha's questions.
  - Sasha responded that reporting the total number of apps registered in the method required for certification is directly related to the §170.315(g)(10) Standardized API for patient and population services Criterion, but she stated that having an app gallery is a value-added service that is not required for certification. Therefore, ONC should assess whether this is something that should be done. Jim agreed.
- Sasha inquired about the EHI export related recommendations and other newly proposed metrics created by the co-leads.
  - Ken confirmed that the EHI export recommendations were new (the fourth area that will mature a year later at the end of 2023) and were not included in the Urban Institute's draft. He discussed how it would and would not overlap with the allowed by the API to export data out. He stated that the two sections (Vendor Availability of Apps and EHI Export Metrics) are additional categories.
  - Sasha asked for clarification of the wording around "costs," and Ken responded that they were referring to the actual fees paid. She asked if the co-leads were proposing to use different metrics than those listed in the Urban Institute's previously shared document.
- Raj Ratwani commented that questions and comments were left within the margins of the document by TF members.
- Steve Waldren inquired if the inclusion of queries as an explanation was clarifying or redundant.
  - Steven Lane responded that this inclusion, as well as the mention of writebacks, were clarifying.
  - Steve supported the recommendations.
  - Sasha explained a product that a vendor has a product that achieves certification to (g)(10) but then has additional products that support other FHIR resources; these metrics would only report on the certified product. She asked how the program would collect data on products that are not certified and if this lack of inclusion would throw the reporting off. She cautioned that the program would be missing a data component, which would not be available for policymaking.

  - Ken suggested that they could report zero. Steven responded that the purpose of the program is so that purchasers can compare certified products. Sasha supported the usefulness of this from a purchaser's perspective but cautioned that the data collected would not be comprehensive from a policymaking perspective.
  - TF members agreed that it was important to operationalize the interpretation of the results because activities could be occurring outside the certified product. Jim Jirjis suggested that ONC would have to recognize that meaningful activity could occur outside of what currently falls under the scope of certification. Ken and Sasha discussed how certified products would be impacted by the approval and requirement of the US Core Data for Interoperability (USCDI) Version 2 (v2) in the future and the inclusion of USCDI v2 in the Standards Version Advancement Process (SVAP). Sasha suggested including the certification base and anything available in SVAP in the scope going forward. ONC was invited to comment.
- Raj and the co-leads reviewed the list of additional questions about the ecosystem that were included within a comment in the section in the TF's shared Google document. Ken explained that Epic just releases its first version of the bulk API in its core product since the questions were written.
  - Sasha asked about how capabilities outside of (g)(10) and how that would work.
  - Ken confirmed that the TF can require information on costs associated with bulk FHIR access API calls and clinician-facing SMART on FHIR app access calls, but the TF may choose to do so or not.
  - In response to a question about getting metadata on apps with unique identifiers for each app, Sasha commented that information from the trade association of Electronic Health Record Association (EHRA) developers has shown wide variance in data collection at the EHR developer levels. She discussed how this entire reporting program would create new complexities for some developers and how others would build on mechanisms that are available. She stated that the TF should determine which items in the draft list of recommendations should be prioritized for immediate inclusion.
    - Ken and Jim discussed how the recommendations could be prioritized/phased and the amount would inform this process of burden. They discussed timelines/phases for developers and ONC's potential goals for the reporting program.
    - Sasha asked if all numerators and denominators were of equal value to ONC and other policymakers and suggested that prioritization should occur around items of value for policymaking and EHR purchasing decisions. She stated that several recommendations, including the one related to the total volume of data transferred, would be significantly more complex to measure and asked how necessary this information would be for ONC's purposes.
    - Jim, Sasha, and Ken suggested whether to include the resources and the gigabytes in the recommendations and the usefulness of each. Ken explained that gigabytes are a gauge of how much data is considered of value to apps and what resources might be needed for bandwidth or cost. They discussed how insightful information gathered from each of the recommendations would be compared to how complex the reporting process could be. Sasha suggested that the TF should start with what is most valuable and let the data measured guide the next round of work.

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 a future meeting.

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. Steven acknowledged the input Sasha and several others contributed to these measures and presented

recommendations not shared at previous TF meetings. These included:

(Bolded recommendations were moved to the list of agreed-upon recommendations.)

Viewing of summary care records recommendations (continued):

- **In lieu of the terms "parse and integrate", consider referencing and utilizing the existing Certification criteria for "incorporation" of received outside data from https://www.healthit.gov/test-method/clinical-information-reconciliation-and-incorporation**
    - **"Incorporation" means to electronically process structured information from another source such that it is combined (in structured form) with information maintained by health IT and is subsequently available for use within the health IT system by a user."**
- **Request future reporting to include, "How often was data parsed and viewed separately from the received document"**
    - **Numerator 2: Number of unique C-CDAs received where any parsed/incorporated/reconciled data is viewed in integrated form by end users and clinicians**
    - **Denominator 2: Number of unique C-CDAs received using certified health IT that are parsed and have data incorporated or reconciled into the local system**

Use of third party/clinician-facing apps recommendations:

- **Report on app usage vs. app registration with the vendor or enablement in a customer system**
    - **App enablement could be measured by apps listed as being allowed access.**
    - **App usage could be measured via API audit trail.**
- **Report:**
    - **Count of apps with active registration in the reporting period**
    - **Count of apps with 1-9 users in the reporting period**
    - **Count of apps with 10-99 users in the reporting period**
    - **Count of apps with 100-999 users in the reporting period**
    - **Count of apps with 1000+ users in the reporting period**

TF members discussed the recommendations:

DISCUSSION:

- Steven Lane invited TF members to comment on moving the first and second recommendations to the “agreed-upon” section, and no TF members objected.
- Steven asked Urban Institute to comment on using the wording “third-party” in the third recommendation and if it was redundant or unnecessary.
    - TF members discussed the topic, with Urban weighing in that the wording is not necessary. Steve Waldren stated that the difference in creating the ecosystem to support the proliferation of third-party apps.
    - Steven asked if the wording in the other measures (i.e., SMART on FHIR apps) should be updated to mention “third-party” apps. The TF will discuss this in the future or during offline work.
- Sasha commented that active registration should be the baseline to address the total population of apps, then the orders of magnitude for users. She also added that the wording around “valid” C-CDA document types would be pursued during offline work, and TF members would work with a public commented who shared information at a previous meeting.
- Sasha suggested that the TF could consolidate its list of recommendations after work is completed on the other sections of measures.

TOPIC: RECOMMENDATIONS REVIEW AND DISCUSSION

Raj Ratwani explained that the TF would use its extra time to review the previously discussed lists of recommendations for further discussion under other measures. He asked the TF to comment on whether recommendations should be moved into the "agreed-upon" category, and the TF submitted the following comments:

- Under the Patient Access measure, Steve Waldren suggested removing the recommendation around differentiating between proxy use and direct patient access. TF members agreed.
  - Sasha suggested that a list of what CPT codes are measured would be more useful than those excluded (under the recommendation for a clearer definition for "encounter").
    - Steve Waldren explained that he and Zahid Butt worked to create lists for the most common inpatient and outpatient/ ambulatory codes. These will be shared with the TF shortly.
    - Sasha cautioned that specialty products would have lists of encounter types that are not the most common. Steve responded that he could only think of a code for specialty products for a procedure. Sasha asked the TF to consider this when designing the program and how these situations would be reported. Steve suggested that the top ten encounter codes for the certified product could be reported. Sasha suggested that larger/more expansive value sets be included and described potential challenges around data interpretation.
    - Steve responded that he and Zahid would continue their discussion and would present additional information at the next meeting.
- Under the third-party patient-facing apps section of the Patient Access measure, the TF agreed to promote several recommendations.
  - TF members agreed that there was no need to track "accessing more than once" across seasons and chose not to promote that recommendation.
- Under the "Sending vaccination data to Immunization Information Systems (IIS)" section of the Public Health Information Exchange measures, Sasha stated that the measures of "successfully" submitted information to a vaccination registry were not yet defined. The TF will examine this topic in the future.
  - Bryant Karras suggested that the TF invite the American Immunization Registration Association (AIRA) to formally present on the capabilities of immunization registries to send acknowledgment messages. He stated that a broader discussion around "success" would not be useful, as the discussion is around IIS.
  - Sasha TerMaat responded that the TF should focus on some of the questions raised earlier around the API measures in its future work instead of nitpicking this topic. Raj agreed, noting the minimal amount of time left in the TF's schedule to bring in additional speakers in advance of its presentation of its recommendations to the HITAC.
  - Sasha added that the TF does not have time to do further research but suggested that the recommendations be crafted to invite further public comment and that this would be handled later.
  - Bryant responded that the TF should not put off work with AIRA until later, when there is a critical need for work on IIS now.
- Under the "Querying of IIS by health care providers using EHRs" of the Public Health measures, Sasha and Bryant discussed whether to promote the recommendation to stratify reporting by jurisdictions versus states versus by registry. Bryant noted that not all registries are at the state level, so Sasha suggested striking this recommendation, as it would contradict an earlier recommendation.

Action Items and Next Steps

EHRRP 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.

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): Good morning, and welcome to the EHR Reporting Program Task Force. We will be getting started soon.

Jim Jirjis: Jim Jirjis joined

Steven Lane: Please refresh document to show changes entered in real time.

Steven Lane: Please collapse Katy Frye comment so other comments display.

Steven Lane: https://www.healthit.gov/topic/standards-version-advancement-process-svap

Steven Lane: Hoping to have time to discuss the outstanding recommendations regarding Clinical Care Measures as well

Raj Ratwani: Yes, transition in a minute and Steve we will give you some extra time (take away from final remarks etc)

Grace Cordovano, PhD, BCPA: Looking at the big picture, should it be considered to have initial reporting be at 6 months to see what the landscape looks like and make adjustments/offer support accordingly, instead of waiting a year before we have data to see how things are going?

Jill Shuemaker: Thanks Grace, we are noting your recommendation.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

EHRRP TF 2021 Webpage
EHRRP TF 2021 – August 19, 2021 Meeting Agenda
EHRRP TF 2021 – August 19, 2021 Meeting Slides
EHRRP TF 2021 – August 19, 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 Wednesday, August 25, 2021, from 10:00 a.m. to 11:30 a.m. E.T.

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