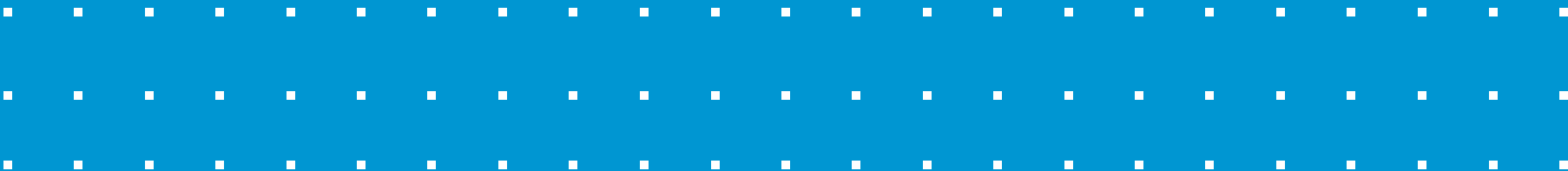


EHR Reporting Program: Draft Voluntarily-Reported User Criteria

Seth Pazinski (ONC), Christal Ramos, Fred Blavin, Emily Johnston,
Gary Ozanich, Kathy Frye

HITAC Meeting
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Purpose of Today's Discussion:

1. Discuss progress to date of the 21st Century Cures Act EHR Reporting Program
2. Discuss draft EHR Reporting criteria to be voluntarily reported by users

Background

Project Team

- **ONC**
 - Staff Leads: Michael Wittie, Lauren Richie, Seth Pazinski
- **Urban Institute**
 - Christal Ramos (PI)
 - Fred Blavin, Emily Johnston, Dulce Gonzalez, Luis Basurto, Diane Arnos
- **HealthTech Solutions:**
 - Gary Ozanich (lead)
 - Kathy Frye, Ashley Kruger, Pam Zemaitis, Caitlyn Turner, Amy Osborne

EHR Reporting Program

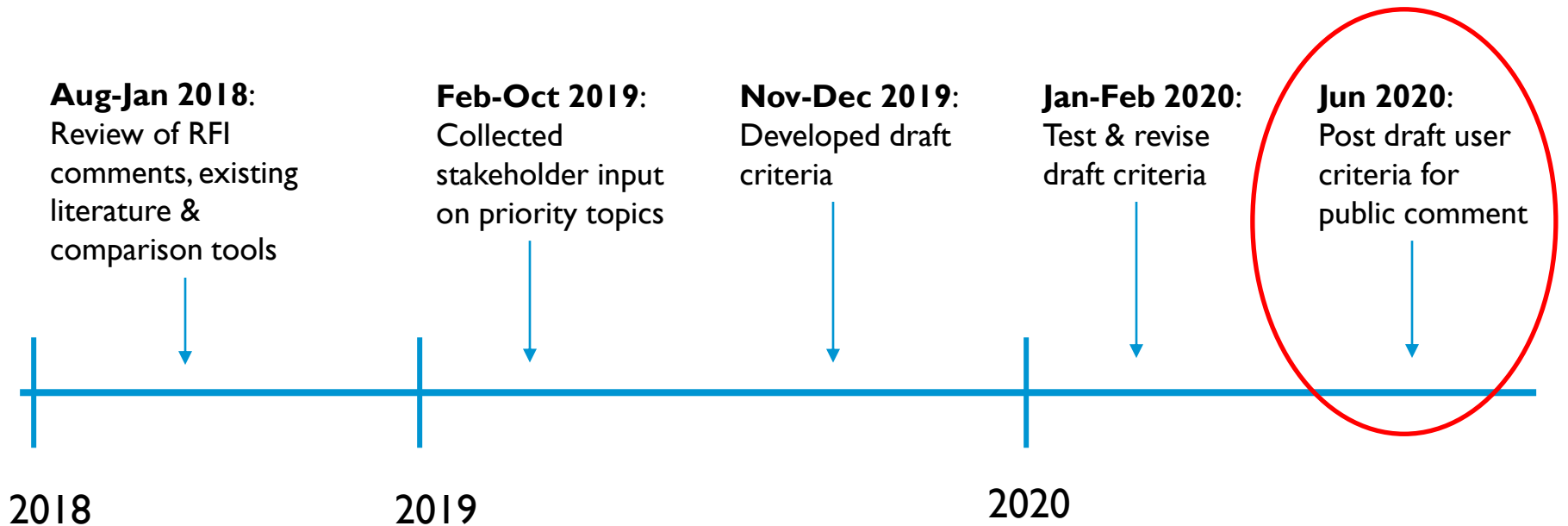
Mandated by the 21st Century Cures Act

- Provide publicly available, comparative information about certified health IT through:
 - Mandatory developer reporting
 - Voluntary user reporting
- Five key domains:
 - Interoperability
 - Usability and user-centered design
 - Security
 - Conformance to certification testing
 - Other categories as appropriate

Limitations with Existing Comparison Tools

- In 2016, ONC identified 18 health IT comparison tools but found many had major limitations such as:
 - High user fees to access information
 - Methodological problems
 - Lack of specific information on cost, usability, ability to integrate with other health IT, and quality reporting capabilities
- 2018 review conducted as background research for stakeholder engagement revealed additional limitations:
 - 4 are no longer available
 - 4 cater to narrow, specialized audiences
 - 3 only include information on product functionalities
- Some stakeholders worry current tools may not meet the needs of all providers

Development of EHR Reporting Criteria



Stakeholder Input

Stakeholder Input in 2018

- ONC Request for Information (77 comments)
- Public forums and office hours (7 states)
- Professional association conferences (4)
- Topical, virtual group discussions (9)
- One-on-one discussions with experts (9)
- Market research calls on existing EHR compare tools (3)
- Dedicated email inbox for public feedback

Framework based on Stakeholder Priorities

- Measure selection criteria:**
- Provide comparative information
 - Promote developer transparency and accountability
 - Promote safety
 - Drive market improvements
 - Fill information gaps
 - Minimize burden
 - Can be frequently updated

Interoperability	Usability and User-Centered Design	Privacy & Security	Conformance to Certification	Additional Areas
Functionality: What capabilities does the product provide?				
Performance: How does the product perform in the real world?				
Costs & Developer Practices: How do they structure pricing, contracts, user support?				

Draft Criteria Development Process

- Based on the stakeholder priorities, we developed draft criteria:
 - from existing data sources
 - to collect from EHR developers
 - to collect voluntarily from certified health IT users
- Revised measures based on feedback from subject matter experts
- Cognitive and feasibility tested criteria with developers and users
- Revision of draft criteria based on testing
- Draft user criteria were posted June 9, 2020
- Draft developer criteria development continues and will be posted at a later date

Findings from Development Process

- Not all stakeholder priorities feasible to capture through draft criteria
 - Some priorities too burdensome to collect
- Best source for different types of stakeholder priorities varied:
 - Users: usability
 - Developers: interoperability, privacy and security
 - Other sources: conformance to certification
- End users of certified health IT products include:
 - Clinicians
 - Administrative staff
 - IT staff
 - EHR specialists
- Cognitive/feasibility testing revealed preference for general criteria from:
 - Clinicians based on personal experience, or
 - IT staff about aggregate experience in their practice

Draft User Criteria

Interoperability Draft Criteria Topics

Priority Topic	User Criteria
HIEs, HIOs	Ease of exchange with health information organizations (HIOs) or health information exchanges (HIEs)
PDMPs	Ease of connecting with local Prescription Drug Monitoring Program
Other providers and payers	Ease of exchange with <ul style="list-style-type: none">• clinicians who have a different EHR/health IT product• clinicians outside organization• clinicians inside organization• payers
Registries and other public health	Ease of exchange with: <ul style="list-style-type: none">• state registries including public health• clinical registries
Reports and data	Ease of producing all the reports required for specialty
Incentive programs	Ease of attesting to the Promoting Interoperability Program and the Merit-based Incentive Payment System (MIPS)

Usability Draft Criteria Topics

Priority Topic	User Criteria
Provider burden	<p>Satisfaction with how product:</p> <ul style="list-style-type: none">• allows users to be more productive• aligns with practice workflow• easily accesses and assimilates data from other products• produces clinical benefits for the practice
Quality and safety	<p>Satisfaction with how product:</p> <ul style="list-style-type: none">• enables delivery of high-quality care• improves patient safety• does not disrupt interaction with patients• helps prevent care delivery errors• has advantages that outweigh the disadvantages overall
Features and functions to enhance usability	<p>Ease of use for:</p> <ul style="list-style-type: none">• Clinical summaries• Analytics• Orders• Documentation• e-Prescribing controlled substances• Receiving and reviewing images <ul style="list-style-type: none">• Chronic disease management tool• Mobile and remote access• Optional character recognition• Patient reminders• Telemedicine• User-configured interfaces• Voice recognition/voice-to-text

Security Draft Criteria Topics

Priority Topic	User Criteria
Overall privacy and security	Overall satisfaction rating for security and privacy features

Other Draft Criteria Topics

Priority Topic	User Criteria
Satisfaction	Satisfaction rating for: <ul style="list-style-type: none">• Product overall• Implementation process• Maintenance and upgrades (downtime, notice, support)• Available support
Pricing and cost	Pricing model(s) Approximate total implementation and maintenance cost
Support for standard use	Availability of support and whether additional fee required for: <ul style="list-style-type: none">• 24/7 desk support• Dedicated client support• In-person support• Online user guides/tutorial videos• Live and/or recorded webinars
Contractual information	Whether contract includes a defined cost and/or procedure for users to leave the product

Product and User Characteristics

Priority Topic	User Criteria
Product characteristics	Certified health IT product(s) used (vendor/product/version selected from dropdown)
User characteristics	<ul style="list-style-type: none">• Type of clinical or non-clinical user• Setting• Practice size• Types of services provided at practice• State• Urban/Rural• Share of patients uninsured or Medicaid• User proficiency with product

Discussion Questions

- Which draft criteria would you prioritize for inclusion in the EHR Reporting Program, and why?
- Which draft criteria should be rephrased, reworded, or removed?
- Should voluntary user-reported criteria include only reporting on the most recent version of each certified health IT product? Or, should voluntary user-reported criteria include all versions of each product?
- What types of users of certified health IT are most likely able to report on the criteria (e.g., clinicians, administrators, IT specialists)?
- What can motivate voluntary reporting by certified health IT users?

Questions or Comments?

- Email ehrfeedback@urban.org