



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

Meeting Notes | July 15, 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 kick-off the first meeting of the TF. Jill Shuemaker, EHRRP TF co-chair, welcomed members and reviewed the agenda for the meeting. She noted that her co-chair, Raj Ratwani, would not be present at the meeting. Michael Wittie, ONC Staff Program Lead, discussed the EHRRP TF 2021 charges, background, and timeline to date. The timeline, including key background events from 2018 to the present, was included in the presentation slide deck. TF members present introduced themselves, and Jill gave an overview of the TF's upcoming meeting schedule. Jill reviewed the EHRRP TF meeting schedule and process for upcoming work on the draft domains and measure concepts. There was a discussion period, during which TF members submitted comments and feedback on the topics presented.

There were no public comments submitted by phone, one (1) comment submitted via email, and several comments submitted via the chat feature in Adobe Connect.

Agenda

10:00 a.m.	Call to Order/Roll Call
10:05 a.m.	Background and Task Force Charge
10:15 a.m.	Introductions and Review of Task Force Roster
10:35 a.m.	Overview and Discussion of Meeting Schedule and Process
11:20 a.m.	Public Comment
11:25 a.m.	Final Remarks
11:30 a.m.	Adjourn

Call to Order

Cassandra Hadley, Acting 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

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

Zahid Butt, Medisolv Inc

Bryant Thomas Karras, Washington State Department of Health

Joseph Kunisch, Harris Health

Ken 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

Raj Ratwani, MedStar Health, Co-Chair

Jim Jirjis, HCA Healthcare
Steven Lane, Sutter Health

ONC STAFF

Cassandra Hadley, Acting Designated Federal Officer, ONC
Michael Wittie, ONC Program Lead
Dustin Charles, ONC Task Force Lead

General Themes

TOPIC: BACKGROUND AND EHRRP TF CHARGE

Jill Shuemaker, co-chair, opened the first meeting of the EHRRP TF and welcomed members. Michael Wittie discussed the EHRRP TF 2021 charges, background, and timeline to date.

TOPIC: INTRODUCTIONS AND REVIEW OF ROSTER

Jill Shuemaker expressed her thanks to EHRRP TF members for their commitment, introduced herself, and invited all members present to introduce themselves.

TOPIC: MEETING SCHEDULE AND PROCESS

Jill reviewed the EHRRP TF meeting schedule and process for upcoming work on the draft domains and measure concepts. TF members submitted feedback.

Key Specific Points of Discussion

TOPIC: BACKGROUND AND EHRRP TF CHARGE

Jill Shuemaker, EHRRP TF co-chair, welcomed members and reviewed the agenda for the meeting. She noted that her co-chair, Raj Ratwani, would not be present at the meeting.

Michael Wittie, ONC Staff Program Lead, discussed the EHRRP TF 2021 charges, background, and timeline to date. The timeline, including key background events from 2018 to the present, was included in the presentation slide deck. He described the EHRRP TF 2021 charges, which included:

- 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

Michael explained that the TF co-chair would address additional work and prioritization issues as the TF's work progresses.

TOPIC: INTRODUCTIONS AND REVIEW OF ROSTER

Jill Shuemaker expressed her thanks to EHRRP TF members for their commitment. She requested that TF members turn on their cameras in the Adobe meeting client whenever they speak and described meeting procedural instructions. She introduced herself and invited all members present to introduce themselves. (Links to TF member biographies are included below.)

INTRODUCTIONS:

- Jill Shuemaker, RN, CPHIMS is the Director of Clinician Measures at the American Board of Family Medicine Foundation's Center for Professionalism and Value in Healthcare. Jill leads the Measures That Matter to Primary Care Initiative and has over 30 years of experience as a registered nurse and clinical informaticist. She is past Chair of HIMSS National Quality and Safety Committee, current member of HIMSS Government Relations Public Policy Committee, and has served on several government Clinical Quality Measure and Health IT task forces. <https://www.healthit.gov/hitac/member/jill-shuemaker>
- Zahid Butt, MD, FACP, Medisolv Inc, is a board-certified gastroenterologist and a senior executive with more than 30 years of experience in healthcare delivery and health information technology (HIT). He has focused on quality measurements leveraging HIT to improve the quality of patient care. <https://www.healthit.gov/hitac/member/zahid-butt>
- Bryant Thomas Karras, MD, is the Chief Informatics Officer and Senior Epidemiologist at State of Washington Department of Health. His current position is in the Office of Science Health and Informatics, where he guides the agencies interoperability work. He is a Physician, an Engineer and Public Health Informatician. He looks forward to bringing the perspective gained as a member of the recent Public Health Data Systems Task Force 2021 (PHDS TF 2021). <https://www.healthit.gov/hitac/member/bryant-thomas-karras>
- Joseph Kunisch, PhD, is the Vice President of Quality Programs Harris Health System and serves as an adjunct assistant professor at the University of Texas School of Biomedical Informatics. <https://www.healthit.gov/hitac/member/joseph-kunisch>
- Ken Mandl, MD, MPH, directs the Computational Health Informatics Program at Boston Children's Hospital and is the Donald A.B. Lindberg Professor of Pediatrics and Professor of Biomedical Informatics at Harvard Medical School. His work at the intersection of population and individual health has had a unique and sustained influence on the developing field of biomedical informatics. <https://www.healthit.gov/hitac/member/ken-mandl>
- Abby Sears, MBA, MHA, is the President and Chief Executive Officer at OCHIN and works focused on building a premier information and technology network leveraging Health IT products, services, and the use of practice-based research to help community practices nationwide achieve federal and industry standards for healthcare delivery, quality, and cost control. <https://www.healthit.gov/hitac/member/abby-sears>



- Steven E. Waldren, MD, MS is the Vice President and Chief Medical Informatics Officer at the American Academy of Family Physicians. He is a nationally recognized expert in health information technology and has over 15 years of experience in technical standards and electronic medical record (EMR) system policy. <https://www.healthit.gov/hitac/member/waldren>

Additional biography information for the TF members can be found at:
<https://www.healthit.gov/hitac/committees/ehr-reporting-program-task-force-2021>

TOPIC: MEETING SCHEDULE AND PROCESS

Jill Shuemaker gave an overview of the potential meeting schedule for the EHRRP TF, which was included in the presentation deck on slide # 9.

Then, Jill presented the ten (10) proposed draft domains and measure concepts for the TF and described the formatting for how they would be detailed and discussed during future meetings. An example of a measure and related reporting elements were included on slide #11. Areas included:

- Patient Access
- Public Health Information Exchange
- Clinical Care Information Exchange
- Standards Adoption and Conformance

Jill described some of the cross-cutting issues for TF discussion and asked members to provide feedback on potential gaps in the issues or other topics that the TF should include in its plan of work. The cross-cutting issues included:

- How frequently should reporting occur?
- How should the results be reported?
- What is the appropriate look-back period for numerator/denominator?
- 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?
- Is there any potential burden on users of certified HIT? Would reporting unduly disadvantage small / start-up developers?
- Value of the measure to provide insights on interoperability, including to multiple stakeholders?

Jill provided an overview of the template for the TF's upcoming discussion periods, including a list of questions to spur conversation and feedback from TF members around how to best manage discussions. A list of questions was included on slide #14 in the presentation deck.

DISCUSSION:

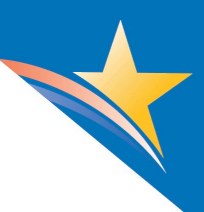
- Bryant Karras commented that the TF could consider potential population impacts, including reviewing recommendations from the PHDS TF and addressing gaps that TF identified. He described measures that could be used to assess the completeness and accuracy of public health reporting measures, as an example.
 - Jill thanked him for his suggestion and stated that measures were included in the TF's charge. New evaluation criteria can be included, per TF member suggestions. ONC has a list of measures under consideration.



- Abby Sears recognized that the measures were given to the TF and suggested thinking about how to leverage existing metrics to facilitate adoption rates. She suggested investigating how other agencies are asking for the same measures and emphasized the need for a strong communications plan to increase provider buy-in.
 - Jill suggested that the TF look at the burden for collecting data for each measure.
 - Gary, from HealthTech Solutions, spoke about the reuse of the measures and explained that other required reporting elements from other entities were reviewed. Also, extensive discussions were held with stakeholders, including providers and developers, to assess burdens. The measures that were reused were meant to build from the work of Promoting Interoperability, and the Urban Institute evaluated reporting requirements from the Centers for Medicare and Medicaid Services (CMS) and others.
 - Fred, from the Urban Institute, stated that the measures were collected from developers, not individual providers, and explained that the goal is to not place any additional burden on users of verified health IT products. The Urban Institute has looked at burdens to developers and assessed if any burdens are passed onto users. They also looked at existing survey data and related limitations (sample sizes, limited in terms of information collected, etc.).
- Ken Mandl asked if a developer is required to implement reporting capacity, what does it mean if there is less than 100% reporting? He used the example of reporting to an immunization registry.
 - The Urban Institute team explained that 100% electronic reporting is ideal but does not happen. The reporting data can highlight important information about the interoperability marketplace and shows developers where they need to improve their product. They explained that data are shared by developers and not the immunization registries, themselves, and though sharing the data is a requirement for certification, it is not always met. Christal explained that the survey questions were often asked in “Yes/No” format, though more information would be useful.
- Jill Shuemaker highlighted Grace Cordovano’s comment in the Adobe chat about the burdens on the patient and caregivers. She explained that the charge of the TF is to examine burdens for all stakeholders.
- Steve Waldren explained that the current technology does not allow for the measurement of the burden on the end users and suggested that the frontline users/providers would have to provide this information directly. He stated that the TF must ensure that transparency does not already exist in the marketplace for the measures. Also, he asked the TF to consider what each of the measures is meant to inform (purchasing of EHRs, decision making).
 - Michael Wittie explained that the plan for the TF is to issue recommendations that form the basis for the ONC and Urban Institute teams to create an updated set of measures, which will be used in ONC’s future rulemaking process. Developers will be given an “effective by” date into the future and will be able to update their systems. The measures will guide the collection of data to identify trends across the marketplace and will allow for assessments of the capabilities and use of the technologies. Also, he suggested that gaps in the current marketplace could be identified to help developers better address them through the use of newer technology like Fast Healthcare Interoperability Resources (FHIR).
 - Ken Mandl requested clarification around what constitutes the requirements for immunization reporting (for example) and discussed how various quality measures could apply to the situation.
 - Michael replied that there is a difference between the TF’s measures –which are measures of what users are doing with certified technology (and measured by the developers)— and traditional quality measures (which are reported by providers or patients). The design is meant to reflect whether and how interoperability is happening across certified HIT at the national level.



- ONC staff explained that the measures align to certification criteria (set via the 21st Century Cures Act) and will be used to measure how HIT products perform in the marketplace. Information gathered will be used to gain an understanding of which policy levers and requirements are necessary and to identify gaps in the market.
- Ken inquired how interoperability is measured if vendors are reporting manual processes.
- Jill responded that vendors are reporting as part of their certification requirements, and ONC staff added that information would be reported at the product level or the developer level. This is not meant to be a measure of the healthcare provider's performance. There will be a long window of final regulation to requirement.
- Zahid Butt stated that there are myriad issues if measures are not performing well and listed examples. He suggested that there must be differentiation for the measures to understand why a product is not performing and at what level. He stated that a holistic environment contributes to performance problems and added that quality measurement work to determine the level of reporting (based on an aggregate performance) requires a significant effort for the client.
- Joseph Kunisch suggested that the TF look at capturing the social determinants of health (SDOH) and immunization data. He stated that the ability to capture and report SDOH data to measure health equity is an important, current topic. The new administration has emphasized the importance of health equity and the challenges of capturing standard SDOH, so he suggested that it would be beneficial to speak to it in the recommendations.
- Bryant Karras stated that reporting would not be at 100% because care providers (like dermatologists, for example) who do not provide vaccines should not be sharing immunization data. He cautioned the TF against imposing new reporting requirements and undermining the overall goal by causing unintended burdens, which would hamper adoption. He suggested that a mention of the role of public health agencies be added to the TF's measures to reflect the consequences of reporting for public health as a stakeholder. He cautioned that bidirectional queries could overwhelm public health without the information gain being used to improve the level of care.
- Steve Waldren suggested assigning two people to each topic to provide back-up and the possibility of alternate perspectives on the issues discussed.
 - Jill Shuemaker responded that, with ten members on the TF, each person would be assigned to two measures.
 - Bryant Karras suggested that other stakeholders, including the American Immunization Registry Association (AIRA), be invited to present and contribute to TF discussions.
 - Jill expressed agreement and asked TF members to share feedback on additional presenters that might share information with the TF.
 - Michael Wittie explained that ONC is reaching out to other stakeholders, including AIRA and the Immunization Information Systems (IIS)/Centers for Disease Control and Prevention (CDC), but added that any additional help from TF members would be appreciated.
- Michael Wittie reminded TF members of the short timeline for the TF's work.
- Jill Shuemaker asked TF members to provide feedback on how measures should be assigned.
 - Sheryl Turney asked the co-chairs to release the list and to allow TF members to provide input on measures that would best fit their level of expertise.
 - Jill reminded TF members that the expediency is key in assigning the measures, as three measures will be presented at the next TF meeting.
 - TF members discussed ideas for how measures would be assigned and viewed the list of measures that would be discussed at the next meeting. TF members volunteered to lead discussions on measures based on their expertise and on their availability on the date of the presentation. Members were invited to present from their own perspectives (beyond specific expertise) to prompt conversation.



Action Items and Next Steps

EHRRP TF members were asked to volunteer to take the lead on each week's Domain discussions by digging deep into the week's content, presenting the draft measures, and leading the discussion of them with the group. While these volunteer-lead discussions, every TF member was asked to come prepared: familiar with the measure concepts to be discussed and ready to provide comments, suggested revisions, and concerns in the areas outlined in the Issues Template, which was shared with TF members via email.

EHRRP TF members were asked to volunteer for each domain. So far, the following assignments have been made:

- July 22 discussion of the Patient Access domain: Steve Waldren and Sheryl Turney
- July 29 discussion of Public Health Information Exchange Measures: Bryant Karras and Sasha TerMaat
- August 5 discussion of Clinical Care Information Exchange: Abby Sears
- August 12 discussion of Standards Adoption and Conformance measures: Ken Mandl

TF members who would like to volunteer to help lead any of these topics (more than two per domain is fine, but please coordinate before the meeting on how to present) were asked to email Michael Wittie and to copy onc-hitac@accelsolutionsllc.com.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Bryant Thomas Karras MD: Bryant

Bryant Thomas Karras MD: Bryant here

Abby Sears: Abby is here

Abby Sears: I called into the wrong number.

Bryant Thomas Karras MD: Abby Sears, Steven Lane and I were all on taskforce

Bryant Thomas Karras MD: PHDS

Grace Cordovano, PhD, BCPA: There is a great focus on burdens for our providers and developers. I would like to gently emphasize that there are significant physical, mental, emotional, and administrative burdens associated with being a patient that is typically not discussed. Interoperability can help alleviate these real-world burden for patients.

There was a mention of how to convey a "why" for these measures: a driving force should be that patients and their families can get the information they need to make educated, informed decisions about their care as well as do the work they need to do to live with their diagnosis(es).

Abby Sears: Grace I completely agree and understand. The challenge will come related to the fact that if there is not some sort of reinforcement process frankly....they just won't capture it.

Abby Sears: The providers job is to manage an acute episode. In smaller organizations, they don't have extra staff to do this capturing.



Abby Sears: This is why I talked about the "why" we need to help them understand how this will make the patient better in some way.

Joe Kunisch: I'm not sure but I think you can't hear my audio but I wanted to add a comment that I think it's important if we assess the ability to capture and report SDOH to measure health equity. With the importance being put on health equity and the challenges of capturing standard SDOH, it would be beneficial to at least speak to it in the recommendations

Sheryl Turney: joined

Cassandra Hadley: Thanks Sheryl. I have you down.

Grace Cordovano, PhD, BCPA: Great points Abby! Agreed. It's an interesting point. If there isn't enforcement, we must push for consumer and patient transparency. As a patient and as a carepartner to 2 disabled adults, I would like to have transparency as to which health care delivery organizations, which providers, which practices may be forthcoming and reporting progress and data liberation. A public, national dashboard for these metrics with transparency to longitudinal information over time can help individuals make more informed decisions about where they may go for their care, what to expect, and to show where there continue to be gaps in seamless, actionable data flow and use. While I am not a fan of interchangeably using the word consumer for patient, this begins to move towards a hope of consumerism.

Vikesh Tahilliani: Great point, Ken. The burden on providers on developers occurs from multiple directions. I agree with Grace (doing good for the patient), but need to do so at a lesser cost to those already overburdened.

Grace Cordovano, PhD, BCPA: Are patients and their carepartners able to contribute to reporting? Would that alleviate some of the burden of providers needing to do all the reporting?

Abby Sears: Interesting Grace....how do we incorporate patient reported data into this process?

Abby Sears: Exactly....this is what could happen Abby Sears: small providers just don't have the ability to continue to absorb additional costs and yet they are often the best choice because their care may be targeted culturally and or have the strongest relationships for example....rural health clinics...

Sasha TerMaat: Hi, this is Sasha TerMaat, apologies I am joining here in the middle.

Ken Mandl: Good discussion everyone. I need to bolt for an 11am meeting I'm a few minutes late for.

Bryant Thomas Karras MD: Thanks Ken for advocating for PH!

Grace Cordovano, PhD, BCPA: I would suggest considering inviting OpenNotes to discuss OurNotes perhaps as an intro to patients helping with reporting? <https://www.opennotes.org/ournotes-professionals/>

Abby Sears: Love that idea Grace!

Abby Sears: I prefer the latter option

Sheryl Turney: I like the domain idea

Sheryl Turney: unfortunately I will miss the meeting next week

Abby Sears: I will be unavailable next week.

Abby Sears: I can take the clinical care IE part



Sheryl Turney: I would like to volunteer fro [sic] patient access but I cannot be at the meeting next week

Sheryl Turney: FOr [sic] public health Information we need to add Quering [sic] of IIS by health care payers to acquire immunization data Abby Sears: Happy to help

Steven Waldren MD: Happy to be 2nd on any of the patient access.

Steven Waldren MD: Willing to be 1st too though.

Grace Cordovano, PhD, BCPA: I was on the line for public comment but it did not connect. I will follow up with Jill.

Grace Cordovano, PhD, BCPA: May I have an email please?

Grace Cordovano, PhD, BCPA: Thank you!

Katherine Campanale: onc-hitac@accelsolutionsllc.com

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

Grace Cordovano:

Hi Jill,

It was great to follow along at the EHR Reporting Program Task Force meeting. I actually reached out to Aaron Miri yesterday to share some thoughts after the HITAC meeting. I'm seeing the same concerns after this morning's EHR Reporting Program Task Force meeting so I'm copying my message to Aaron below: *I'm following up with some thoughts I had about what was presented about the EHR Reporting Program at today's HITAC meeting.*

Patient Access is one of the 4 priority measurement domains. At quick glance in reviewing the measures, I see great gaps from the patient and carepartner perspective.

One of the major concerns is about the usability of medical records and health apps; patients are not the only ones that use and access their health information. In many cases, especially in patients living with life-altering, life-limiting conditions, like cancer or ALS, or disabilities, and rare diseases, it's the patients' primary carepartners that take charge of their loved one's records and care coordination. As we look to design through the lens of equity, we also must recognize the critical role that primary carepartners and advocates play in accessing and navigating medical records in situations where there is limited English proficiency, low health literacy, and low digital literacy.

At a high level, there seems to be no mention of primary carepartners in the Patient Access measures, just patients. This is greatly concerning as we will be missing key information by not including and assessing use by primary carepartners.

I plan on doing an extensive review and will provide more formal feedback on the measures.

Another concern I had is that the EHR Reporting Program Task Force does not seem to have a representative of the patient and carepartner voice included, as noted on slide 12 of Michael Wittie's presentation.

I reviewed the Urban Institute staff and experts to see if there were any patient-focused voices and it was not clearly noted in the bios that I was able to see.



I'm curious to hear your thoughts on including the patient and carepartner voice in this project and work and if there are opportunities to do so.

I believe Aaron forwarded my email to Mike Berry at ONC but I am waiting for a reply. As a patient, the primary carepartner to 2 disabled adults, and as a board-certified patient advocate with 20+ years of advocacy experience, I would be happy to help with the Patient Access measures and any additional work to help bring the patient and carepartner perspective to the discussions but I am not on the Task Force. I'm not sure if there are opportunities to serve in this capacity or what next steps would be here?

Thank you,
Grace

Dr. Grace Cordovano, BCPA
Founder | [Enlightening Results](#)
Co-Founder | [Unblock Health](#)

Resources

[EHRRP TF 2021 Webpage](#)
[EHRRP TF 2021 – July 15, 2021 Meeting Agenda](#)
[EHRRP TF 2021 – July 15, 2021 Meeting Slides](#)
[EHRRP TF 2021 – July 15, 2021 Meeting Webpage](#)
[HITAC Calendar Webpage](#)

Adjournment

Jill and Michael thanked everyone for their participation in the discussions.

The next TF meeting will be held on Thursday, July 22, 2021, from 10:00 a.m. to 11:30 a.m. E.T.

The meeting was adjourned at 11:18 a.m. E.T.