



Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) EHR REPORTING PROGRAM TASK FORCE 2021 MEETING

July 15, 2021, 10:00 a.m. – 11:30 a.m. ET

VIRTUAL



Speakers

Name	Organization	Role
Raj Ratwani	MedStar Health	Co-Chair
Jill Shuemaker	American Board of Family Medicine's Center for Professionalism & Value in Health Care	Co-Chair
Zahid Butt	Medisolv Inc	Member
Jim Jirjis	HCA Healthcare	Member
Bryant Thomas Karras	Washington State Department of Health	Member
Joseph Kunisch	Harris Health System	Member
Steven Lane	Sutter Health	Member
Kenneth Mandl	Boston Children's Hospital	Member
Abby Sears	OCHIN	Member
Sasha TerMaat	Epic	Member
Sheryl Turney	Anthem, Inc.	Member
Steven Waldren	American Academy of Family Physicians	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Seth Pazinski	Office of the National Coordinator for Health Information Technology	Director, Strategic Planning & Coordination Division
Cassandra Hadley	Office of the National Coordinator for Health Information Technology	ONC Staff
Michael Wittie	Office of the National Coordinator for Health Information Technology	ONC Staff Co-Lead
Dustin Charles	Office of the National Coordinator for Health Information Technology	ONC Staff Co-Lead
Fredric Blavin	Urban Institute	ONC Contractor
Kathy Frye	HealthTech Solutions	ONC Contractor
Gary Ozanich	HealthTech Solutions	ONC Contractor
Christal Ramos	Urban Institute	ONC Contractor
Laura Smith	Urban Institute	ONC Contractor





Call to Order/Roll Call (00:00:00)

Operator

All lines are now bridged.

Cassandra Hadley

Great, thank you. Good morning, everyone, and welcome to the kickoff meeting for the EHR Reporting Program Task Force. We have a great deal to discuss today, so let me begin by officially opening the meeting with roll call, and I am going to start with your co-chairs. Raj is out today, but Jill Shuemaker?

Jill Shuemaker

Jill is here.

Cassandra Hadley

Zahid Butt? Jim Jirjis? Bryant Karras?

Bryant Thomas Karras

Present.

Cassandra Hadley

Joseph Kunisch? Steven Lane? Kenneth Mandl? Abby Sears?

Abby Sears

Here.

Cassandra Hadley

Sasha is going to be late. Sheryl Turney? Steven Waldren?

Steven Waldren

Here.

Cassandra Hadley

Okay, great. And, I will hand it over to Jill.

Unknown Speaker

You are on mute, Jill.

Jill Shuemaker

Thank you. Thank you, everyone, for joining today. We are thrilled that you are part of this task force. We look forward to working with you, and I am going to pass it over to Michael, who is going to give us the historical overview and the background, and then we are just going to dive into next steps and talk about the details. So, thanks so much. Michael?

Background and Task Force Charge (00:01:50)

Michael Wittie





Sure. Thanks, Jill. Can we go to the next slide, please? Next slide. This is background. We all saw this yesterday at the HITAC meeting, but I just wanted to reorient to that place, which is that this has been building for some time. We have done lots of stakeholder engagement, we talked with public health departments, we talked with providers, we talked with vendors and developers, we talked with academic experts over the course of the 2018-2020 timeframe, and that was when the Urban team finalized the voluntary user-reported measures which, as I said yesterday, are out in the public domain now, and then we came back and did more stakeholder outreach and background research, particularly with measurement experts and developer-side experts, in 2020 and 2021 to get us to the point where we are now, which is where we have the draft targeted interoperability measures, and we are looking to feed back by September. Next slide, please.

So, this is the charge. To remind you, this is our charge, this is what we are focused on today: To address information gaps in the health IT marketplace amongst all stakeholders, including ONC, and provide insight on how certified health IT is being used, and specifically for this task force to make recommendations to prioritize and improve the draft that a developer-reported interoperability-focused measures that are out right now for the EHR Reporting Program. There is this longer list of specific charges to review the developer-reported measures and supporting materials and provide comments and recommendations to prioritize measures and suggest ways to prove them, and if we have time, which, again, is a short thing here because we only have six weeks, we can suggest additional measures if we feel really strongly about that, and that is a timing and prioritization decision that we will leave to the co-chairs to lead us through, but again, we want to get these recommendations approved for submission to the national coordinator by way of the HITAC at the September 9th meeting.

So, it is a lot of work that I know we are going to have to prioritize and focus, and we might not be able to do all of this, but we would like to do as much of it as we can, so I am going to talk less and move to the next slide, please, and I am going to pass it straight back to Jill to lead the introductions and the roster.

Introductions and Review of Task Force Roster (00:04:42)

Jill Shuemaker

Great. Thank you, Michael. So, again, just a couple of things I wanted to say as the co-chair. Again, I look at this roster, and I look at the expertise, and I am just thrilled that you guys are here, and also, the commitment that you have made, and the sacrifice. I know that some of you have had to rearrange some of your Thursday schedules to make sure that you are available for this time, so again, thank you, thank you, thank you. I appreciate that. As we mentioned earlier, Raj is not able to join today, so we are looking forward to him joining us at the next meeting, and we will give him a chance to introduce himself at that time, but what I want to do right now is just go through and have everyone introduce themselves, give us the organization that you are from, and also what perspective you feel you bring to this group? What perspective are you offering as we go through this work? And, when you speak, I will ask if you will share your video so that we can look at you, and then you can go off, but any time that you are speaking, we do ask that you turn your video on, and when you are done, you can turn it off.

So, I will start. I am Jill Shuemaker. I am the Director of Clinician Measures at the American Board of Family Medicine. I am also a registered nurse and a clinical informaticist, and the perspective that I am bringing is the measure development perspective and implementation work, and also, the view from the clinician. So, thank you. I see that Zahid is up, so, Zahid, could you introduce yourself, please? You are on mute, Zahid.





Michael Wittie

Okay, I am afraid we have some technical details because this platform is what it is, and you have to call in separately. So, Zahid, you should have gotten an email from Katie Campanale and the ONC HITAC with the VIP line dial-in. For anyone else on the task force, that number should be in your invite. If it is not, email us and we will get it to you.

Jill Shuemaker

Okay. So, Zahid, it seems like you need to dial in, so we are just going to hold on you. We will come back to you, and let's hear from Jim.

Michael Wittie

I am not sure Jim is going to be able to make today's meeting.

Jill Shuemaker

Okay, thank you. Bryant?

Bryant Thomas Karras

Good morning. I am Dr. Bryant Thomas Karras. I am an internal medicine physician, a biomedical engineer, and public health informatician. I have over 25 years now of service to public health informatics and am the Chief Informatics Officer for the Washington State Department of Health. I have been asked to join the committee to bring the pandemic response perspective as well as, I think, myself and Steve Lane for the public health data systems recommendations that passed yesterday and went forward to ONC, so my hope is to bring a perspective on what we can do to elevate some of those recommendations in their adoption within our EMR community. Thank you.

Jill Shuemaker

Excellent. Thank you, Bryant. We are glad that you are here. Thank you. Joe?

Joseph Kunisch

Good morning. I apologize, I am on a computer that does not have a camera. I will make sure I am set up in the future. But, I am Joe Kunisch. I am the Vice President of Quality at Harris Health in Houston, Texas. We are the public safety net hospital for the Houston metro area. My background is that I have always been on the provider side and have assisted in many cycles of electronic clinical quality measure development and have served on various national quality form technical expert panels and am working very closely with some of the CMS contractors that develop the measures. From my perspective, I am always looking at it from when these types of requirements come to the point of operation-wise **[inaudible] [00:10:19]** and where the rubber meets the road, and how we actually make that work in a clinical environment. So, I am looking forward to working with this committee.

Jill Shuemaker

Great. Thank you, Joe. We are glad that you are here. Steven? Okay, it looks like Steven is not on. Kenneth?

Kenneth Mandl





Hello. Let me see if I can turn my camera on. I am Ken Mandl. I direct a program at the Boston Children's Hospital called the Computational Health Informatics Program, and I am a Professor of Biomedical Informatics and Pediatrics at Harvard Medical School, and I come to the committee bringing the perspective around the SMART on FHIR APIs and how those might play into the reporting requirements.

Jill Shuemaker

Excellent. Thank you, Ken. That perspective is so important, so thank you for being here. Abby?

Abby Sears

Hi. I am Abby Sears. It is early here on the West Coast, so, bear with me. I am a CEO here at OCHIN. We work with organizations that serve marginalized and vulnerable patient populations. We host electronic health records, and we also work with those records to actually work in those [inaudible] [00:11:59]. So, we [inaudible] and we help with measures because a lot of our patients are uninsured, underinsured, or on Medical, or sometimes dual-eligible patients. So, the perspective we bring is working with small practices that do not have a lot of money, working with practices that serve a very complex patient population, and also, a deep knowledge of working across multiple EHRs. I think we have worked with four different EHRs. So, we have a broad knowledge around how to set things up and how to have them be as effective as possible with organizations that do not have the same level of resources to work with them.

Jill Shuemaker

Great, thank you, Abby. I appreciate you being here. Sasha and Sheryl have not joined the call, so we will go to Steven.

Steven Waldren

Good morning. My name is Steve Waldren. I am a family physician informaticist with the American Academy of Family Physicians. I am the Chief Medical Informatics Officer there. For perspective, I would say it is mostly primary care, but I think the other thing is my experience of about 15 years working in technical standards and on national policy and helping physicians adopt and use technology. In our membership, I think we have about 35 EMRs making up 80%, so, just understanding the interplay of those three. Sorry, my camera is using the wrong camera. I will have to fix that. Thank you.

Jill Shuemaker

Thank you, Steve. We appreciate you being here. We are going to circle back to Zahid.

Zahid Butt

Hi, can you hear me?

Jill Shuemaker

Yes, we can hear you.

Zahid Butt

Thanks. As you can tell, I do not follow instructions that well. But, I am actually a Board-certified gastroenterologist, but have been in health IT for almost 30 years now, and my interests... I am a user of EHRs in my prior life when I was in practice, and also as CMIO at the hospital, but over the last 15 years or so, I have been focused much more on the quality measurement space, especially ECQMs, and I have





a lot of deep understanding of all the data requirements from the time of capture all the way to the time of reporting, and so, perhaps some of that experience might be helpful in some of this reporting discussion. I look forward to seeing where I might contribute, but more importantly, to learn things myself. Thank you for inviting me to be a part of it.

Overview and Discussion of Meeting Schedule and Process (00:15:15)

Jill Shuemaker

Great, thank you, Zahid. We are glad that you are here too. So, I think that is everyone that is on the call so far, and as you can see just from the introductions, we have such a great, diverse group. I think we have lots of different perspectives at the table, so I think that our discussions are going to be rich, so I welcome everyone to share your opinions when we go through the measures. The format that we will do is when you would like to speak, there is an option for you to raise your hand, so if you would raise your hand, then we will call on you. Then, it is not necessary to share your video if you are not talking. Some have issues with bandwidth, so, sometimes it is a problem if too many people are sharing their screen, but when you do speak, we do ask that you share it. Next slide. Next slide, please.

This is our schedule for our work, and as you can see, it is a lot more condensed than other task forces. We have a lot of work to do in a short amount of time. The way that the measures are set up, we are going to spend one day for each domain, so there are four days that are set for each domain, so what that means is we will be tackling two to three measures on each call. So, as you can see, that timeline is very tight, so we pretty much have to wrap up the recommendations for our presentation in time for the HITAC meeting, which is on September 9th. We have two days, September 2nd and September 15th, that do not have an agenda quite yet. We are going to keep that open, and then, as time goes on, we will decide as a group how we would like to use those days or if we would need those days. Any questions about the schedule? Seeing no hands raised, we will go to the next slide, please.

So, these are the measures. Some of you may have seen them. Definitely, if you were on the HITAC meeting yesterday, these were presented. The initial measures that ONC is focusing on are focused on interoperability. So, the emphases that took the high priority were patient access, public health information exchange, clinical care information exchange, and the standards and adoption conforming. So, the proposed 10 draft measures that you see underneath each of those domains are the measures that we are going to be tackling.

So, you can see that in the next meeting, we have three measures that we are going to be digging into. The draft measures are based on the ONC priorities. There was stakeholder feedback and expert review, and specifically, the draft measures draw on lots of sources to feed into how these were developed and eventually proposed, so there is a lot of market research that has already been done, there are expert interviews that have taken place, and targeted stakeholder discussions, so our task is to take all of that work that has already been done and really dig into the details and think about implementation and things like that. Next slide, please.

So, this is an example of one of the measures that we will be reviewing, and this is kind of the format that you will see. On the left, you will see the measure title. There will be the numerator and the denominator. Then, on the right will be the details of either implementation, reporting, or calculation, so there will be a lot of things for us to consider and to think about as we dig into the measures. Next slide, please.





This is a list of the questions for us to think about. So, in the context of our charge, to provide the recommendations to prioritize the measures and suggest ways to improve the draft measures, we have been given this list of questions and criteria used for our evaluation. So, these include evaluating the mechanics of the reporting, such as the frequency or how the reporting is completed, we are going to look at the reporting by subgroups, including customer data, what the impacts are of that, and what level of reporting is needed for each measure. We will also review the aspects around measure specifications, which include some numerators, some denominators, and also the populations that should be included for each measure.

We will address feasibility in accessing the data, analyzing the data, and reporting of the data that is needed for each of the measures, so we will see if that is feasible for each measure and each data point and for the populations that are included in the measure. We will review the feasibility about reporting and if that is feasible for now, and if it is not, we will consider if it would be feasible in the future and what it would look like. Finally, we will discuss the burden of any biases that may be in the measure and the value of the measure itself, or the results.

So, I want to just take a minute now and think through this, and I want to open up the discussion and get your feedback. This is basically the criteria we are going to go through for each measure, so do you see things that are missing from your perspective? Are there gaps that we should add, things that maybe we should have elaborated on? So, if you have feedback, just raise your hand and we will get that discussion started. And, Bryant?

Bryant Thomas Karras

Can you guys hear me?

Jill Shuemaker

Yes, we can hear you.

Bryant Thomas Karras

One aspect that I am wondering is if there is a consideration of potential population impact. I know that the goal of these measures is to assess and ensure that there is interoperability of the EHR systems, but I am wondering if... Obviously, the example you chose with the immunization measure has tremendous population impact. I am wondering if there are others where that aspect could be taken into account.

Jill Shuemaker

Are you referring to a stratification of the measure, breaking it down by different populations?

Bryant Thomas Karras

Well, if we are short on time for deliberating all these measures or considering other measures, if there could be some consideration of ultimate impact... One of the things that I am hoping to propose to the schedule in the process is that we perhaps review some of the recommendations that came out of the Public Health Data Systems Task Force for improvements that were needed and to try to take into account in this task force what our measures could do to help elevate or improve gaps that were identified. Namely, obviously, and most notably, the immunization measure will be of utmost importance right now, but if people





can think back six or nine months, when testing results were not getting to public health in a timely manner, and when they were getting to public health, they were missing the addresses and phone numbers of those individuals, so a measure that assesses completeness and data quality of the public health reporting measures that are already part of the certification process would help us be prepared for the next wave or the next pandemic.

Jill Shuemaker

Yeah, I think that is really good feedback. I think that is definitely something that we can put on that list of potential recommendations for future measures, and there are future measures that we will get to in a little bit that ONC is already considering. Right now, the charge that we have is that the measures are already given to us, so we will not be able to add any additional measures currently, but if there is evaluation criteria for those measures... So, the issues for those measures specifically when we review them, if there is a piece that you see can potentially be an issue that would make the measure better, we can definitely talk about that. Any other comments? Abby? Sorry, I see Abby's hand.

Abby Sears

Hi. Recognizing that these have been given to us as measures, I would just say what I would be thinking about is how to leverage any other existing metrics that exist to help facilitate the adoption rates. So, can we look to see if other agents are asking for these same measures? How do we make this as easy as possible for the adoption and uptake of these metrics? I think that there is a certain amount of fatigue in the provider world just in general, let alone from the pandemic, so how do we help communicate about this and why they matter? I also think there needs to be a strong communications plan and a strong strategy about the why so that we can help them want to actually do this as well.

Jill Shuemaker

Thanks, Abby. Yeah, definitely, and I think as we review each of the measures, we can definitely look at the actual burden that is involved in collecting the data. If there is any potential burden, we can definitely address that. Maybe Gary from Urban... Could you speak to the reuse of the measures and fill us in a little bit more on how we got to where we are?

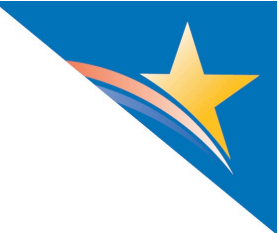
Gary Ozanich

Sure, and I will invite Fred to also participate. Jill, are you mentioning specifically the methodology that was involved? And, that did include looking at other measures that are available and captured from other entities and reporting requirements. Also, as Michael mentioned, we did have an extensive discussion with the stakeholders, including developers, and also on the providers' side relative to the issues of burden and the like. For the reuse of measures, obviously, we looked at building off of promoting interoperability and, as I mentioned, looked at...gosh, I forgot how many different reporting requirements from CMS and other entities that we looked at, and how they might complement, and how they may be reused. Fred, did you have a comment?

Fredric Blavin

Yeah, and I also wanted to clarify, as you mentioned, minimizing burden for providers, and I think it is important to clarify that these measures would be collected from the developers themselves, not from individual providers, so our goal, obviously, is not to place any burden on users of certified health IT products as much as possible, and that is one of the areas that we are trying to get feedback on in terms





of these measures. What is the burden on the developers, and is there any potential for there to be a spillover burden on the users as well? That is obviously something that we will be aiming to minimize.

In terms of reusing existing data like the sources that Gary mentioned, we also looked into a lot of existing survey data resources, and depending on the measuring, we found that there were just a lot of limitations in terms of not being able to get data measured at a certified product level or at the developer level. A lot of these are more aggregated and have limited sample sizes or are limited in terms of the type of information that they provide.

Jill Shuemaker

Thanks for adding more context. Go ahead, Ken.

Kenneth Mandl

So, I guess I have a philosophical question about the measures. So, let's say that we require that a developer implement reporting capacity to an immunization registry, to use one of Bryant's domain examples. Why would there be less than 100% reporting? In other words, what would a 50% reporting rate tell us? It seems it would tell us that the software is broken. Why would we not be measuring that immunizations are reported? I am interested in feedback from other folks. It is a little different from the meaningful use era, when the reporting was from the providers and the expectations were lower, but if we want high expectations, would it not be simply that all immunizations are being reported to a registry?

Jill Shuemaker

So, does one of the Urban team want to speak to that?

Gary Ozanich

Michael, were you about to say something?

Michael Wittie

I will just jump in from the policy perspective. Part of that is yes, we would like 100% of the reporting to be electronic and, more importantly, valid, which is sort of the next step, but not what we are doing here at this point, nor can we, really, I do not think. But, I think some of the detail is that we are not going to see 100%, and looking at the way that data shakes out, whether it is state-by-state variation or provider-type variation, is going to give us important information about the interoperability marketplace, and if there is some developer that, say, is not very good at it, even if the purpose of the program is to compare them, it will have the effect of highlighting to that developer that they need to think about their product in a way that improves the marketplace in general. Fred, I think you can talk more to the data side of that.

Fredric Blavin

Yeah, I agree, and I guess on the data side, in terms of the reporting, it would be reported by the developers. We are not necessarily collecting data directly from the registries themselves. So, I guess I was a little bit confused on the question in terms of why we would expect not to get 100% reporting from the developers. Obviously, that would be the goal, and it is part of the requirement in terms of the maintenance of certification for the health IT product.

Christal Ramos





This is Christal. I just wanted to add that I think something we heard during the stakeholder process is that for a lot of meaningful use measures, it is kind of limited that they are yes/no, when in reality, of the stories we heard, we know that it is not always yes/no, so I think part of the intent was to collect a little more detail.

Jill Shuemaker

All right, thank you. I think that really helps. There was a comment in the chat talking about the patient perspective and really understanding the burden that is on the patients, and there was a mention to convey a why for the measure driving force. It should be that patients and their families can get the information that they need to make educated, informed decisions about their care as well as the work that they need to do to live with their diagnoses. So, I think that is a really good point to remember, that these measures are to help inform decisions, and so, it is our charge to really look at the burden from all perspectives, the burden of the collection of the data or the reporting of the data on all people that could be impacted by that measure. So, those are really good points. Steve, you had your hand up.

Steven Waldren

Yeah, just a couple of things. I was going to talk about them, but I think Abby hit on most of my points in the second-to-last bullet on the slide, making sure that there are other alternative data sources. I appreciate folks talking about not wanting to burden the end user and really get a reporting from the developers, but I think if we really want to get to the point of understanding the semantics and the utility, unfortunately, our current technology does not allow us to measure that. We almost have to ask the front-line clinician, "Was the data that you got actually usable?" So, I think there is going to be some of that because that gets to the last point of saying, "What provides the insight and the value?"

So, what is the purpose of these? I think 1). Making sure that there is not already transparency in the marketplace for that capability. So, if the end users can really understand that level of interoperability without the measure, then we probably should not do the measure, but if they cannot, then I think that is where we should prioritize the measures. The last thing is based on the last couple of comments, especially the one about the patient piece. It makes me think about how at a really high level, what decision are these measures and this reporting supposed to inform? Is it purchasing of EHRs? Because right now, we just have a high level of adoption, and the switching of substitutability in the marketplace is very limited, so I just wondered about us, too, thinking about how this particular measure would help somebody make a decision. What is that decision? Thank you.

Jill Shuemaker

Thank you, Steve. And, Michael, could you speak a little bit about that, about how we can expect these measures to be used after we have made the recommendation and handed them back to ONC?

Michael Wittie

Sure, sure, thanks. As we said, the plan is that the recommendations will form the basis for the Urban team and the ONC team to revise and come up with hopefully, if not perfect, at least a better set of measures so that in 2022, ONC will start the very long rulemaking process with notice and comment, which will probably refine the measures even more. And then, there will be an effective date somewhere a couple years in the future that will give the developers time to integrate everything into their system. But then, the real goal is that we can see the panoply of the marketplace in a comparable way, and also, because, again, these measures would be reported year on year or biannually or however often you all recommend, the idea is to





trend those data and see where the marketplace is moving, and again, as I said yesterday, the idea is that this program will be evolving over time, so if the measures that we come up with in the first place for a couple years look stagnant, similar to meaningful use, we will retire them as popped out, adjust them, or whatever.

The real goal is, I think, less the... CURES sort of had that bifurcated purpose. One side was really the purchaser's guide to EMRs, and that really is reflected in the voluntary user criteria because the developer data is not going to be the best for that kind of thing. The user provider data would be better for that, whereas this is much more to inform what is going on with the technology in terms of objective. What does it do, and what does it not do, and what is missing? This is me personally rather than ONC, but a little bit of ONC. It is not just what the current market is doing, but also what the gaps are in the current market where a new technology developer could say, "Hey, look, there is something missing, and I know how to fix it," especially in a more modular environment. FHIR enables that to become a possibility. I hope that helps.

Kenneth Mandl

I would like to go back to my earlier comment for a second.

Jill Shuemaker

Who is that speaking?

Kenneth Mandl

Sorry, this is Ken. Is there a...? Let's say we are looking at percentage of immunizations that are reported. Is that the whole requirement for immunization reporting, or is there another requirement that immunizations be reported, and then, this is one of the quality metrics for that requirement, or is this itself the requirement that is going to signal to a technology developer that they need to be able to create an immunization reporting tool? Because I could see a requirement that 100% of immunizations are reported, and then have a variety of quality measures to see whether the process is a good one, including the number that get through, and if there are failures, why there are failures, including the data quality, and whether they are properly formed messages, and whether they can be integrated into the vaccine registry.

Jill Shuemaker

Thanks, Ken. Michael, can you address that? And then, I want to make sure we get to Zahid and Joe, who have had their hands up for a while.

Michael Wittie

Sure, thanks. I think it is a really good question, and I think that unfortunately, we have this very limited scope here, and it is... **[Background noise]** Uh-oh, the music. I think there is a nuanced difference between what these measures are and what a traditional quality measure would be because, of course, these are not measures that are designed to be measures of what providers are doing. There is going to obviously be some dependency on user activity. If a group of users simply decide they do not want to submit their data electronically, then their developer is going to have to have their measures reflect that. My guess is that kind of thing will come out in the noise.





But, the design here is to reflect if interoperability is happening at the national scale of the technology that is certified to the various criteria that are relevant to the measures. Again, the focusing on what the measures that we have got here do and if they are... And obviously, if some of the measures that we have here are completely inadequate to the task, please tell us, and tell us what we should replace them with. That is obviously within the purview here because if we have made some terrible mistake, we need to know. But, I think the... Sorry, Bryant?

Seth Pazinski

This is Seth Pazinski from ONC. I just wanted to jump in to try to answer the question of what we are going to use the measures for. A number of the measures are really about how we set policy, particularly in the CURES Act final rules, and as you can see, these measures align to various certification criteria, and because this captures how the products are being used in the field as opposed to in the testing lab, I think that is a key feature of this program that we do not really have as a vehicle currently that is in ONC in understanding how the products are performing in the market.

So, to your question, this will tell us from a functionality standpoint if folks are reporting, but that might inform a future requirement that would tell us that if everyone is reporting, then you do not need a further incentive or requirement around a particular functionality, that policy intent will have been achieved, but it may not have been, and I think it was Ken's question that it may inform that some other requirement may be necessary, where there is a gap in the market we are not seeing or a functionality being used where this is not reporting. Ken, I do not know if that addresses the question you were raising.

Kenneth Mandl

I think you mentioned that it could be a manual process. If we are giving providers credit for using a manual process, how are we measuring interoperability?

Jill Shuemaker

I think our vendors have measures... So, ONC folks can definitely jump in, but these are vendor measures, so these will not be clinician measures. Clinicians themselves will not be reporting those measures, but the vendors will as part of their certification requirement. Does anyone from ONC want to elaborate on that if needed?

Michael Wittie

Sure. I think that basically says that... And, one of the questions that is on this list is in terms of the level of reporting. The thought here is that at its most granular, this would be reported at the product level. There are some cases where it might be at the developer level if they only have one or two products and they are all certified at the same criteria, but the reporting at the client level would be weird, but it might be valid for some of the measures. Really, I think this is not a measure of the provider's performance, this is a measure...

And, as I said, some providers may decide they do not want to do electronic something-or-other that would affect the numerator of a measure for their developer, but I am pretty sure that would come out in the wash in terms of that it seems unlikely that there would be an uneven distribution across products of people who are stubborn, and if there is, that would be an interesting thing to learn. This is coming from my background as a SQL nerd, but again, ideally, I think the point really is that this is about measures that developers are





going to report completely in the background of their databases without any real need to call new queries that are not essentially built for the purpose of these measures after the initial development, which is why we plan on such a long window of final regulation to requirements. Does that help?

Jill Shuemaker

Thanks, Michael. I want to move on to Zahid, and then Joe. Zahid, go ahead.

Zahid Butt

Sure, thanks, Jill. So, I think my question somewhat relates to the most recent two or three questions, and I am still trying to process through because at least in our experience, when you look at it from a vendor perspective in terms of how we measure the performance, if the measures are not performing well for a specific hospital or practice, it is either that the performance itself is not good or there could be myriad reasons why the performance is not what is expected given what the practice or the hospital thinks they are performing at, and they could be mapping issues, they could be logic issues, or a whole bunch of different issues.

So, I think if the goal is really to find a way for this to be differentiating between different products or vendors, you really cannot get away from somehow looking at that performance and differentiating what causes the lower performance if that is the trend that is observed in a specific product or vendor, and I do not know if these measures are designed to capture that nuance or that differentiation if that is the end goal, to see if there is an ability to differentiate between, and a lot of times, it is the technology, but also the related services that go along with it that create the more holistic environment that at least is not a technical issue if the performance is not good, because then there is the issue of why the gap in care is not as high. It is not a measurement problem; it is really a performance problem.

So, I think that the other issue is that if the level of reporting is at the developer level, and somehow it is based on some sort of aggregate performance if that is what is being looked at, then that is a very significant effort, and you just cannot take all the data from your clients and then aggregate the data at a macro level if you are looking at the quality measures, for instance. So, I think this is where it is going to be the tricky part because to some extent, the existing certification does get at the basic capability question, but if the question is how it performs in the field, these are the nuances and questions that would have to be done because then it will somehow have to be based on what the outcome of that performance measure is, whichever measure it is, whether it is immunization or another different measure.

Jill Shuemaker

Thanks, Zahid. Joe?

Joseph Kunisch

Yes, hi. Can you hear me?

Jill Shuemaker

Yes, we can hear you.

Joseph Kunisch





Okay, perfect. Real quick because I do need to drop off for another meeting here at 10:00, and I did put it in the comment box there, I think if there is a way for us, at least in the recommendations if not as we go through these measures, to look at capturing the social determinants of health at minimum, with the big focus on health equity now, thinking immunizations, not only that ability to report immunizations, but how you are able to look at it. And, it might fall under those subgroups as appropriate, like demographic characteristics, but again, with the importance of that right now and myself working in the public health safety net system, we are really looking at that if we are treating all our patients equitably, and so, that is something that would be extremely useful for us. That is all, thank you.

Jill Shuemaker

Thanks, Joe. Well, thank you, everyone, for this feedback, and I think as we dig into each individual measure, there are going to be specific questions and issues that are going to come up for each specific measure, so as we go through, as we review the measures individually, if there are aspects or issues that we see in the measure that we have not captured in this particular list, we certainly can add that, so, just keep that in mind. This is not in stone where we cannot change it, so we definitely want as much feedback and as many perspectives as possible to make sure that we are giving ONC really good recommendations from our review. Next slide.

Bryant Thomas Karras

Jill, maybe my hand is not working in the app.

Jill Shuemaker

Who is this?

Bryant Thomas Karras

This is Bryant talking. Are you able to hear me?

Jill Shuemaker

Bryant, thank you. No, I did not see your hand, so, thank you for speaking up. Go right ahead.

Bryant Thomas Karras

I have been trying to patiently wait, so my hand must not be working, so, apologies if the technology is failing on this government-issued laptop. I wanted to respond to a couple of Ken's comments early on in terms of a foundation of consideration whether it should be 100%, and the answer is no, it should not be, because we really do not want an immunization reporting rate from the dermatologist if the dermatologist does not deliver vaccines.

One of your staff commented that if there could be clinician type variation that has an impact on how particular measures are utilized, such as the immunization reporting one, and my comment is that I want to be cautious of the unintended consequence of potentially imposing a new reporting requirement that we could inadvertently undermine the ultimate goal in two different ways. It could result in people choosing to not give vaccines so that they can get out of a particular reporting requirement or get out of a need to implement that piece of the technology with their vendor, and we would not want to see that inadvertently take place.





Oftentimes, there is unintended cost for the implementation, especially for the small providers. We have had a lot of issue and feedback from small providers who are delivered the same exact cost for a five-person practice as a health system that has 100 practitioners and a much larger budget wanting to interface with public health to do the immunization measures, and those kinds of unintended burdens can have an impact on adoption.

One of the participants in this process who I think does not seem to be reflected or in the burden consideration is the public health agencies themselves. Meaningful use in promoting interoperability is coming to an end in September, and public health agencies are losing access to matching funds from CMS to support queries and audits of the existing measures that we have, so there is going to be a new ongoing burden of public health participating with individuals in writing letters and dealing with the consequences of these reporting requirements, and I think there needs to be some consideration of that.

One in particular is reviewing the immunization registry reporting and the requirement for the bidirectional querying of the IIS. I am concerned that that requirement being in there could result in overwhelming our public health systems in that there needs to be careful consideration that those bidirectional queries are only coming from people who could actually do something meaningful with that information that would result in a public health benefit. Otherwise, we are going to have hundreds of thousands of queries a day hitting against our system that is already being taxed that have no potential possibility of resulting in a change in care. Thank you. I have a couple of other comments, but I will hold them until we get into the discussions on those elements.

Jill Shuemaker

Bryant, thank you for speaking up and adding that additional information. It is very, very helpful, and I apologize again for missing your hand. I think we have that fixed now, so I think it was not you, it was definitely on our side. So, this is the template that we are going to use as we go through each of the measures, and as you can see in Column A, those are the issues that were on the previous slide, and again, we can add some as we go through each measure if there are other issues that come up. So, we will be using this during our discussion. Next slide, please.

So, I want to open up the discussion again about how we are going to tackle this work. So, as you have seen in our meeting dates, we do not have a lot of time, and so, we want to make sure that the discussion is robust, we want to make sure that it is targeted, and that we are able to get through the measures that we need to get through during the discussion. We want to make sure that all the voices are heard and all the perspectives are brought forward, and so, I want to just reach out to the group and say I need your feedback on how you best see that each task member should prepare for the discussion, and then, how should members be assigned measures so that we can make sure that the measure is presented in a way that brings in the issues from one perspective, and then, it gives others the opportunity to respond to that perspective, and also add additional thoughts.

And then, also, about the template that you just saw on the previous slide, how should it be displayed? Should we have someone that is taking notes in real time, and how best do you see that we could accomplish this scope of work in the limited amount of time that we have? So, I will ask you to just raise your hand, and we will get the discussion started. I think I see Steve's hand. Steve?





Steven Waldren

Just one thing on the assignment. Some of the things that have been helpful in some of the projects that I have participated in is to have two individuals assigned so there is a primary and a secondary, so you get two different perspectives. One person is supposed to present the measure and talk about it, and the other is to help facilitate the conversation and add their point from a different perspective, so that way, you do not have to lean on all the measures, but you have a backup to help you.

Jill Shuemaker

Okay, thanks. What that would look like is I think we have 10 people on the task force and there are 10 measures, so if we did that, each person would be digging into two measures to make sure that they are presenting that thought. Are there others? Bryant?

Bryant Thomas Karras

In answering whether other stakeholders or experts be invited, I am hoping that the ONC has already reached out to AIRA, the Immunization Registry Association, to ask them to join for the discussion on that particular measure, as the public health one comes up fairly early in our schedule. If not, I can help assist in lining up representatives to join us for those discussions. Please let me know, Jill.

Jill Shuemaker

Thank you. I think that is definitely something that we want to make sure that we address. If there are perspectives that we do not believe are represented and if there are outside voices that would be helpful, yes, I think that would definitely be something that we would want to do and invite them to that particular meeting to present their perspective on the measure that we are discussing. Thanks, Bryant.

Michael Wittie

This is Michael. I will just jump in quick if I can.

Jill Shuemaker

Go ahead, Michael.

Michael Wittie

I think Rich [inaudible] [01:04:33] here at ONC, who is our public health guru, is reaching out to AIRA, but any help and encouragement is always welcome. Bryant, I know you have much deeper contacts than most, so if you encourage them or, as a task force member in coordination with Jill and Raj, want to reach out personally, that would be awesome, especially since the timeline is short. I also sent emails to the IIS folks at CDC. Hopefully they will listen in and provide any info that they can as well.

Bryant Thomas Karras

Great, thank you.

Jill Shuemaker

Any other feedback about pre-work and being assigned measures to present? I do not see any hands up. Okay. Does anyone from ONC or Urban want to add anything to this discussion?

Michael Wittie





I do not really have anything to add. This has been fabulous so far. I really thank you all again and look forward to hearing more thoughts. My only thought is, as Jill has been saying, we have focus and tight timelines, but we can do it, and I know everybody here has a million ideas, and remember, this is only the beginning.

Jill Shuemaker

Yeah. I do want to get some feedback and thoughts on how to be assigned, so I do not think we have specifics to that. So, Steve had mentioned about a primary person and a secondary person, and so, you would have two measures that you would be responsible for being in the know on and digging into some of the details of that, so I am interested in hearing about how you would like to be assigned those, whether we should just randomly assign them to you or if we should get the list out and get your feedback on which one you would like to be a part of, and then see how we can then internally organize that and make sure that we have all the measures covered. Anybody have comments on that? Sheryl? Fred, just a second. Sheryl has her hand up.

Sheryl Turney

All right, thank you. I like the idea of putting the list out and letting people provide some input, as long as that does not take too long. I know that I, for one, do not know if I can speak to all the measures, so just being assigned one from the payer perspective may not be the best way to use the input that I would be able to provide, so that is just my take.

Jill Shuemaker

Okay, that is really helpful. And, yes, this is going to have to be a really quick turnaround because next Thursday is our first meeting and we have three measures that we will be talking about next Thursday, so I am going to enlist my folks on the task force that are helping organize the meeting to help us get that out and have some quick turnaround. Fred?

Fredric Blavin

I think it is a good idea, and my only recommendation would be to assign people to domains as opposed to the specific measures. Each of the domains has two or three measures, and a lot of them are interrelated, so it makes sense to assign two people to public health and two people to patient access and work along those lines. Thanks.

Jill Shuemaker

Okay, thanks. Anyone else have comments? I saw Steve's hand up, but it looks like he has lowered it.

Steven Waldren

The only thing I would say is it may make sense today to show those three that we are going to be talking about next Thursday and see if we can at least assign a principal to each to give people enough time.

Jill Shuemaker

Okay, great recommendation. Can we pull up that list of measures, at least the first three that we are going to be speaking about next week? And then, we have about five minutes. Okay, it looks like 12...10. It looks like 10, okay. All right, thank you. So, patient access is next week, so the three measures are the use of different methods for access to electronic health information, use of third-party patient-facing apps, and





then, collections of app privacy policy. So, we will need at least one person for each of these. It would be best if we could assign at least two people to each of these, one who would take the primary, so I am open for volunteers if you want to be the primary on any of these. Any volunteers? I am not seeing any hands.

Sasha TerMaat

Hi, this is Sasha, and I apologize. I was joining the conversation late after a conflict. Are we picking domains based on our expertise or based on our availability for this day of conversation?

Jill Shuemaker

It is really either, and so, you do not necessarily have to be an expert in this particular thing, but you can bring it from your perspective. So, if you do not feel like you are an expert on third-party patient-facing apps, you can evaluate it from your perspective and then present it from your perspective, and then, definitely, digging into the different criteria about reporting and the level of data analysis, and then it will help prompt conversation for others to give feedback in. Of course, it is always helpful if you have more expertise, but I do not think it is a criteria for that. Bryant? Oh, go ahead. Were you going to follow up on that?

Sasha TerMaat

I am happy to be assigned any of the topics. I feel like the developer expertise will be pretty important to determining the feasibility of the different metrics, and so, I am happy to contribute on whichever topic is useful to the group, and on all of them, hopefully, but to take point on whichever one needs an assigned person.

Jill Shuemaker

All right, thank you. Bryant?

Bryant Thomas Karras

If it is not obvious, I would like to volunteer for the public health information exchange measures, the IIS that are the meeting **[inaudible] [01:12:56]** I presume. But, I really would like to encourage... I want to have it not be a unilateral discussion, so if either Abby from the implementation perspective or Sasha from the vendor perspective would like to join me in digging in on that, I would appreciate it.

Sasha TerMaat

Sure, I would be happy to.

Jill Shuemaker

Who was that speaking?

Sasha TerMaat

This is Sasha.

Jill Shuemaker

Thanks, Sasha. Abby, you had your hand up.

Abby Sears





I just wanted to say I would be happy to help Bryant, but I will also say that I am happy to take the clinical care information exchange if that is helpful, but I am also one of those people who you can just give me whatever you want me to actually do. I am happy to take an assignment as well. I am probably less useful on the cyber adoption and conformance, but I would take a stab at it for you.

Jill Shuemaker

Thanks, Abby. Okay. So, we just have another minute before we need to go to public comment, so I think what we are going to do is send you guys some homework. So, expect an email later today with very detailed, specific information on your feedback, and we will try to begin to assign any of those measures, and then, definitely, if anyone can volunteer for these first three patient access measures, that would be really helpful to get us started, but we will send an email out, and you will hear more from that later today. So, now, I want to just open up for public comment.

Public Comment (01:14:59)

Cassandra Hadley

Great. Thank you, Jill. Operator, can you open the line for public comment, please?

Operator

Yes. If you would like to make a comment, please press *1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *2 if you would like to remove your line from the queue, and for participants using speaker equipment, it may be necessary to pick up the handset before pressing *. We will pause for one moment to poll for questions. There are no comments at this time.

Cassandra Hadley

Great, thank you. Jill?

Final Remarks (01:15:39)

Jill Shuemaker

Great, thank you. Thank you, everyone, for your time and your attention, and again, just thank you for making yourself available during this time, having to rearrange. We really respect your time, your expertise, what you bring, and the commitments and the sacrifices that you are making, so thank you again, and we look forward to the follow-up emails and seeing you next Thursday. So, unless there is anyone from the ONC side that needs to say anything, I think we can... Just give me a thumbs up or something if we are good to end the meeting.

Michael Wittie

From the chat, it looks like Grace wanted to say something in public comment, but had some phone trouble. I do not know if the operator can help her or if she can just do the written, as she suggested.

Cassandra Hadley

We are checking on that, Michael, but she can email us the comment as well. We are checking on that right now to see if she is on the phone.

Jill Shuemaker





She hung up.

Michael Wittie

She hung up. Oh, she is typing.

Cassandra Hadley

Okay. We will put the email in there. Katie is typing it.

Michael Wittie

Fabulous, thanks. It would not be fun without technology adventures, says the guy who cannot use video. I think that is absolutely fabulous, and we will reconnoiter soon. Thank you.

Jill Shuemaker

All right. Thank you, everyone.

Adjourn (01:17:33)

