



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

Meeting Notes | July 22, 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 discuss the Patient Access measure. Jill Shuemaker and Raj Ratwani, EHRRP TF co-chairs, welcomed members and reviewed the agenda for the meeting. Jill expressed her thanks to EHRRP TF members for their commitment, introduced herself, and invited all members present to introduce themselves. Jill reviewed the EHRRP TF meeting schedule and process for upcoming work on the draft domains and measure concepts. TF members submitted feedback in advance of the meeting. Gary Ozanich presented background information on the Patient Access measurement domain and the related reporting elements and format for each on behalf of the Urban Institute. Steve Waldren presented the pre-work that he and Sheryl Turney completed on the Patient Access measures domain. Raj led TF members in a discussion around the measures and asked TF members to provide feedback.

There were no public comments submitted by phone or submitted via email, but there were several comments submitted via the chat feature in Adobe Connect.

Agenda

10:00 a.m.	Call to Order/Roll Call
10:05 a.m.	Task Force Charge
10:10 a.m.	Introductions
10:25 a.m.	Meeting Schedule, Process, and Assignments
10:30 a.m.	Discussion of Patient Access Measures
11:10 a.m.	Preliminary Recommendations for Patient Access Measures
11:20 a.m.	Public Comment
11:25 a.m.	Final Remarks
11:30 a.m.	Adjourn

Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:02 a.m. and welcomed members to the meeting of the EHRRP TF 2021.

Roll Call

MEMBERS IN ATTENDANCE

Raj Ratwani, MedStar Health, Co-Chair

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

Bryant Thomas Karras, Washington State Department of Health

Joseph Kunisch, Harris Health



Steven Lane, Sutter Health
Sasha TerMaat, Epic
Steven Waldren, American Academy of Family Physicians

MEMBERS NOT IN ATTENDANCE

Zahid Butt, Medisolv Inc
Jim Jirjis, HCA Healthcare
Kenneth Mandl, Boston Children's Hospital
Abby Sears, OCHIN
Sheryl Turney, Anthem, Inc.

ONC STAFF

Mike Berry, Designated Federal Officer, ONC
Michael Wittie, ONC Program Lead
Dustin Charles, ONC Task Force Lead

PRESENTERS

Gary Ozanich, Urban Institute

General Themes

TOPIC: EHRRP TF CHARGE

Jill Shuemaker, TF co-chair, opened the second meeting of the EHRRP TF, welcomed members, and briefly reviewed the TF charge.

TOPIC: INTRODUCTIONS

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

TOPIC: MEETING SCHEDULE, PROCESS, AND ASSIGNMENTS

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

DISCUSSION OF AND PRELIMINARY RECOMMENDATIONS FOR PATIENT ACCESS MEASURES DOMAIN

Gary Ozanich presented background information on the Patient Access measurement domain and the related reporting elements and format for each on behalf of the Urban Institute Steve Waldren presented the pre-work that he and Sheryl Turney completed on the Patient Access Measures domain. TF members discussed the measures and provided feedback.

Key Specific Points of Discussion

TOPIC: EHRRP TF CHARGE

Jill Shuemaker, EHRRP TF co-chair, welcomed members and reviewed the agenda for the meeting. She briefly described the EHRRP TF 2021 charges, which included:

- Vision: To address information gaps in the health IT marketplace among all stakeholders and provide insights on how certified health IT is being used.



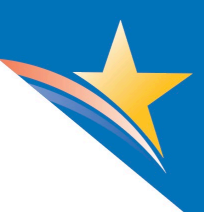
- Overarching Charge: Make recommendations to prioritize and improve the draft set of developer-reported, interoperability-focused measures for the ONC EHR Reporting Program
- Specific Charges: Review the draft developer-reported measures and supporting materials developed by the [Urban Institute](#), 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

TOPIC: INTRODUCTIONS AND REVIEW OF ROSTER

Jill Shuemaker expressed her thanks to EHRRP TF members for their commitment. 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 a past Chair of Healthcare Information and Management Systems Society (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>
- 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, the third largest public health system in the United States, and he serves as an adjunct assistant professor at the University of Texas School of Biomedical Informatics. He focuses on quality measure development and the implementation of data collection, calculation, and reporting.
<https://www.healthit.gov/hitac/member/joseph-kunisch>



- Steven Lane, MD, is a practicing primary care physician and the Clinical Informatics Director for Privacy, Information Security & Interoperability at Sutter Health in Northern California. He has over 30 years of informatics experience. He currently serves as chair of the board of The Sequoia Project, chair of the Carequality Steering Committee, as a member of the HIMSS Interoperability & Health Information Exchange Committee, and as Clinical Professor of Family & Community Medicine at UCSF. He disclosed that he was a contractor for the Urban Institute several years ago when they were working on the recommendations the TF is now reviewing. <https://www.healthit.gov/hitac/member/lane>
- Sasha TerMaat, a Director at Epic, where she oversees regulatory and quality reporting activities, including implementation of technical standards and software certification. She also serves as an ex-officio Executive Committee Chair for the Electronic Health Records Association (EHRA) and has been a member of many of the HITAC's other task forces and workgroups. She hopes to represent the developer community. <https://www.healthit.gov/hitac/member/termaat>
- 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>
- Raj Ratwani, MA, PhD, is the co-chair of the EHRRP TF and is the Acting Center Director and Scientific Director of the National Center for Human Factors in Healthcare within MedStar Health, and Assistant Professor at the Georgetown University School of Medicine. He conducts research on the usability, safety, and interoperability of health information technology, including ways that software is designed, implemented, and used in health care systems. <https://www.healthit.gov/hitac/member/ratwani>

Jill added that additional members from different stakeholder groups and with varying perspectives could be added to the TF at a later date. 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 meeting schedule for the EHRRP TF, which was included in the presentation deck on slide # 8. TF members were encouraged to volunteer to lead the topic discussions at each meeting, and Steven Lane volunteered to assist Abby Sears with the August 5 Clinical Care information exchange measures presentation. Jill described the meeting process, which was detailed in the deck on slide #9.

Then, Jill presented the ten (10) proposed draft domains and measure concepts within the charge of the TF and described how they were created by the Urban Institute for ONC. They were detailed on slide #10, and 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, noting that the measures are developer reporting measures, which will be collected and reported by the developers on the backend. They should be invisible to the users and providers, and the TF will look at possible burdens on users/providers. 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?
- What unintended consequences does this measure risk causing?

Jill provided a brief overview of the discussion template for the TF's upcoming discussion periods.

DISCUSSION OF AND PRELIMINARY RECOMMENDATIONS FOR PATIENT ACCESS MEASURES DOMAIN

At Jill's request, Gary Ozanich and Laura Smith provided a background perspective on the Urban Institute's work on the Patient Access measurement domain. Gary described the motivation behind the creation of the measurement domain and how draft measures address a variety of questions. All the key points and the questions were included on slide #14 in the presentation materials.

Gary also discussed the three (3) measures the Urban Institute drafted for the Patient access domain and the related reporting elements and format for each, which were included on slides #15 through #17. They were patient access to electronic health information, sustained usage, and privacy policy. Michael Wittie emphasized that the privacy policy measure is tied to previous regulatory language for the certification criteria but does not go further than that language.

Steve Waldren and Sheryl Turney completed the pre-work on the Patient Access Measures domain, which Steve presented to the TF. He discussed examples of the patient-facing third-party apps for reporting out and suggested that the TF consider measuring the ratio between access to patient portals to use of third-party apps as a proxy for the ease of third-party app integration, assuming that the developers are interested in integrating with an EHR. He also suggested looking at the sustained usage of the measure and the following elements:

- How is the integration ability to the app for the user?
- Is the user experience with the actual app good?
- Is the data available for the app to perform whatever functions have been promised to the patient?

Steve walked the TF through each of the three (3) measures, highlighting key definitions, and he explained how he and Sheryl created their assessments. Detailed information was included on slides #15 through #17 in the presentation. He called for TF member feedback and provided an additional list of questions for discussion on slide #19 in the presentation.

DISCUSSION:

- Steven Lane commented that the reporting measures for the first measure (Patient access to EHI) did not include capturing data related to sexual orientation and gender identity (SOGI) or social determinants of health (SDOH).
- Sasha TerMaat shared a set of cross-cutting questions, which included:
 - Work on Meaningful Use has shown that it is common to spend more effort developing functionality to measure something precisely than developing functionality to do something. She cautioned the TF against putting measures in place that are too complex; measure should be useful but also feasible to implement.
 - The TF should discuss the requirement for developer reporting. Smaller vendors do not always have mechanisms for gathering feedback from their clients about the usage of



specific certain features, and some larger vendors have found that some healthcare organizations have declined to share this data.

- What is a developer supposed to do if they do not have all the data or access necessary for collection?
- What is the motivation for the measures, and what is meant to be conveyed by the data collected? Is what is collected unambiguous enough to be useful?
- Michael Wittie responded that developers would be the parties reporting because they are required to do so under the 21st Century Cures Act. Developers of certified health IT will be the only ones reporting because they are the only ones required to participate in the program. He thanked Sasha for sharing challenges related to access that developers face and invited others to comment on the points raised around access.
- Sasha stated that there are two domains: the technical barriers (related to access, especially for smaller providers) and the legal barriers (ex: for the use of real-world data). She described examples of each. She asked if certified product developers must compel users to share their data with the developer and what adjustments would be made if the data are not shared/the developer does not have direct access to the data. Should the developer underreport, or should they extrapolate the data, for example?
- Steven Lane suggested that the metrics be defined via rulemaking that developers should be allowed to include in their contracts with users that there is a requirement that data be made available.
- Sasha responded that if this requirement is created, all certified HIT developers would need to renegotiate contracts with their clients to permit a different degree of data sharing/usage. This could create a significant, non-technical burden.
- Steve Waldren suggested that the TF look into which measures would create the issues Sasha described to see if they are necessary and to address potential burdens.
- Bryant Karras reinforced Sasha's comment that requiring things as a federal rule does not ensure that all stakeholders will cooperate completely. He suggested that the measures could be defined in a way that metadata for freer sharing are used, noting that several states have laws against providers sharing certain data under aggregated measures with outside entities.
- Steve Waldren presented the first measure, "Patient access to electronic health information," and highlighted the following topics:
 - The definition of "active patient" should be clarified to indicate what this means for encounters and "active."
 - In 1c, what does "neither" mean? (Patient did not use a portal or an app)
 - Track and capture information on the apps that were not granted access because of security concerns.
- Sasha TerMaat agreed with Steve Waldren's concerns and submitted several comments:
 - She suggested that greater specificity is needed for the denominator to be reported consistently.
 - More clarification is needed around the setting for an encounter/activity in the app/portal and how it is reported in a vendor-certified product (in-patient, ambulatory, etc.). The denominator should consider the scope of products that might be certified, and the TF should also recognize that the numerator does not necessarily align with particular products for reporting.
 - She agreed that 1c under the numerator is confusing and did not line up with the numerator description. She suggested that it either be struck or be more clearly defined.
 - The TF should identify its most important priorities when picking measures and should choose stratifications that are important to the industry to not create burdensome complexities.
 - Clarify who is being referred to by the "patient characteristics" reporting characteristics



(ensure that it does not somehow include caregivers or others beyond the patient).

- Joe Kunisch submitted several comments based on his experience in the field of quality reporting measures:
 - The TF should consider what each measure is trying to achieve and how data gathered will be used.
 - He discussed his personal experiences changing his primary care provider and using several portals and healthcare systems and suggested that the measures currently might capture duplicated information about patients' use of portals.
- Steven Lane responded to Sasha's comments:
 - Sasha's question about what is an "active patient" could be answered by the TF agreeing that an "active patient" had an encounter within the reporting period, for example.
 - In terms of her question about what can be done when a large system uses multiple certified products, he stated that data and patient access should track back to the specific system (in-patient, ambulatory, etc.).
 - The "patient characteristics" should only apply to the actual patient and not to other proxies.
 - Sustained use in the numerator should indicate use over time, not multiple accesses over a single day. He suggested that it could indicate uses in two calendar months.
- Sasha TerMaat submitted several comments:
 - Encounter should be defined with a series of examples and/or Centers for Disease Control and Prevention (CDC) codes.
 - The TF should decide how complex the definition should be for "sustained use," keeping in mind developer limits and potential burdens related to reporting.
- Bryant Karras submitted several comments:
 - Measures should make sense from a population perspective. He stated that health patients accessing their follow-up yearly health screening results only once through the portal/app is appropriate use and should not be counted against a developer as not having "sustained use." Focus on the population as a whole for the individuals who make up the bulk of the records.
 - He reinforced Steven's request to include SOGI and race/ethnicity data and asked if a meta-measure is needed to ensure the completeness of this data in systems. Currently, public health has found that this information is often left blank or incomplete in EHR systems, and it would also be helpful if the patient could self-edit/correct this information.
 - Steve Waldren commented that the TF could consider changing the measure that stated that developers would aggregate data to say that aggregation should be done by product. Also, measures will not say if something the developer is doing is "good" or "bad" but, rather, would be an indicator of where the market is headed.
- Steve Waldren discussed several pieces of feedback around the second measure of "Sustained Use," including:
 - This measure should be a roll-up of data from the industry, rather than individual developers.
 - He raised the question of when an app gets registered and when/how the registration is connected to certification and developers' work. He suggested that EHRA could provide information here on which developer is having issues.
 - Steve and Sheryl did not have feedback specific to the third (privacy policy integration) measure.
- Raj Ratwani asked how the second measure relates to Steven Lane's feedback on numerator 2 in the previous measure.
 - TF members suggested removing mentions of sustained use from the first measure and keeping all mentions within the second measure.
 - Sasha TerMaat stated that the mention of sustained use under the first measure measures



the number of patients, while the second measure is measuring the number of apps. She stated that many things that are not ready for live use are registering for live use, though they are test phase. She questioned how to identify apps to remove from data collection (not ready for patient usage).

- Raj Ratwani stated that individual access and app access are tapping two different measurements.
- Steven Lane stated that only one app exists now that meets the numbers listed under the reporting elements and format column. He suggested that there is a big difference between fewer than and greater than smaller numbers (10, rather than 1,000, for example). Also, he stated that the measures are not capturing patient versus proxy use data and asked if it is important enough to include. He asked if some certified portal developers do not capture proxy use.
 - Steve Waldren commented that the numbers of users for apps should help weed out the test apps that Sasha mentioned.
 - TF members discussed what orders of magnitude to use for increments.
- Joe Kunisch commented that goal and related actions for collecting the data mentioned in numerator 2 under the third measure (Privacy Policy) should be determined. He questioned the value of this measure, given ONC's requirements for third-party app developers.
 - Sasha TerMaat commented that reporting this information could create challenges and burden. Developers are not working to ensure that privacy policies align with the Cures Act, and she questioned if app developers were working to ensure this.
 - Bryant Karras stated that even if the app developers were launching compliant products, it was not defined how changes to privacy policies in the future impact this numerator.
 - Raj Ratwani agreed that these measures may be out of the purview of what the vendors can report and described how a recent study has shown that privacy policies are very difficult to understand for the average patient. This goes beyond making them available.
 - Bryant described his experiences translating the privacy policy into 32 languages when an app was launched. If changes are made to the privacy policy, all translations must be updated.
- Steven Lane suggested going by orders of magnitude to measure users and reauthorized users (i.e., 10, 100, 1,000 users). Also, he asked if the app developer determines the frequency of reauthorization or if this is specified by the certified EHR.
 - Sasha TerMaat responded that a combination would be used and described a typical process, noting similarities and differences between reauthorization and an app refresh.
 - TF members discussed nuances of the language around reauthorization and whose decision it is, and when it occurs.
 - Steven suggested that the TF has used reauthorization as a proxy measure for continuous use. He asked if standards or best practices were a developer for how often they feel that patients should be asked to reauthorize.
 - Sasha stated that the certification criterion listed (g)(10) has expectations built into it for the persistence of access, which would set the baseline expectation.
- Sasha TerMaat asked the EHRRP TF to consider which of the three measures discussed would be most important to the industry and asked members to prioritize where to measure first/focus on complexities.
 - Steve Waldren stated that, while privacy policy is critically important, measuring it in the ways described might not be as important or a priority. He suggested using a different lever to show that third-party apps are accredited/certified would be better than having a developer show this. A measure that shows patients accessing data (by percentage) is important, and another should show the registered apps are leveraging data. He did not think the number increments of users was as important.
 - Joe Kunisch agreed that the measure 1/patient access to electronic health is most



important to represent the provider domain, in his opinion/for his system's specific needs.

- o Steven Lane agreed with Joe and stated that the three measures are listed in order of priority. The privacy issues will be most difficult to parse out.

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

- July 29 discussion of Public Health Information Exchange Measures: Bryant Karras and Sasha TerMaat
- August 5 discussion of Clinical Care Information Exchange: Abby Sears and Steven Lane
- August 12 discussion of Standards Adoption and Conformance measures: Ken Mandl and one (1) more volunteer is needed

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.

While the members listed above will lead the discussions, it is critical that every TF member come prepared and be familiar with the measure concepts to be discussed. All TF members were asked to be ready to provide comments, suggested revisions, and concerns in the areas outlined in the Issues Template (in Google docs).

TF members were asked to review all shared Google documents prior to each meeting. TF members who are not able to access the documents should reach out to ONC staff.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry (ONC): Good morning everyone, and welcome to the EHR Reportnig *[sic]* Program Task Force. We will be getting started soon.

Sasha TerMaat: Password managers, Raj!

Michael Wittie: In terms of the numbers, how useful do folks think they would be in terms of a yer-on-year *[sic]* trend?

Michael Wittie: year-on-year

Bryant thomas Karras MD: do we have a definition of 3rd party?

Steven Lane: Where are the "5 elements" listed?

Sasha TerMaat: One additional note - if reporting names and app usage metrics publically, *[sic]* this might require renegotiating agreements/terms of use with all app developers, as well.

Jeff Smith (ONC): 3 months is the minimum bar for access re: (g)(10)



Fred Blavin: Listing these in priority order was our intent for these three measures.

Bryant thomas Karras MD: thank you

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

[EHRRP TF 2021 Webpage](#)

[EHRRP TF 2021 – July 22, 2021 Meeting Agenda](#)

[EHRRP TF 2021 – July 22, 2021 Meeting Slides](#)

[EHRRP TF 2021 – July 22, 2021 Meeting Webpage](#)

[HITAC Calendar Webpage](#)

Meeting Schedule and Adjournment

Jill and Raj thanked everyone for their participation in the discussions. They asked EHRRP TF members to provide feedback on the TF's upcoming cadence of work for weekly meetings and in-between meeting homework, and Jill emphasized the need for TF members to describe the value of the information collected for different stakeholders. Jill asked members to consider value for patients, and Steven Lane agreed that the patient perspective should be kept at the forefront.

TF members discussed how to develop a draft recommendations document from the TF to the HITAC during meeting work. Steven Lane suggested adding draft recommendations to a shared Google document for members to review between meetings. The ONC team will assist with this work.

Bryant Karras suggested that all of the measures have proper demographic information on all patients so it can be rolled up appropriately. He suggested that, rather than by discussing them measure by measure, the completeness of demographic information/SOGI/SDOH data could be part of the standards development meeting session. Michael Wittie stated that the ONC team would review all suggestions and would ensure that they are incorporated before the next meeting.

The next TF meeting will be held on Thursday, July 29, 2021, from 10:00 a.m. to 11:30 a.m. E.T.

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