



# EHR Reporting Program Task Force 2021

Raj Ratwani, Co-Chair

Jill Shuemaker, Co-Chair

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Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology



# Meeting Agenda

- Call to Order/Roll Call
- Opening Remarks
- Preliminary Recommendations for Patient Access Measures
- Discussion of Public Health Measures
- Public Comment
- Final Remarks
- Adjourn

# Health IT Advisory Committee

## EHR Reporting Program Task Force Charge

- **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
- **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
- **Overarching Charge:** Make recommendations to prioritize and improve the draft set of developer-reported, interoperability-focused measures for the ONC EHR Reporting Program
  - 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

# EHR Reporting Program Task Force Roster

Name	Organization
<b>Raj Ratwani (Co-Chair)</b>	<b>MedStar Health</b>
<b>Jill Shuemaker (Co-Chair)</b>	<b>American Board of Family Medicine Foundation</b>
Zahid Butt	Medisolv Inc
Jim Jirjis	HCA Healthcare
Bryant Karras	Washington State Department of Health
Joseph Kunisch	Harris Health
Steven Lane	Sutter Health
Kenneth Mandl	Boston Children's Hospital
Abby Sears	OCHIN
Sasha TerMaat	Epic
Sheryl Turney	Anthem, Inc.
Steven Waldren	American Academy of Family Physicians





# Opening Remarks

## Meeting Process

- **Task Force lead to present initial thoughts and recommendations**
- **All Task Force members will discuss**
- **The Urban team will document agreed upon recommendations and recommendations for further discussion**
- **Recommendations report template will be used to record emerging themes from discussion and projected during the meeting**
- **Task Force Co-Chairs will summarize initial recommendations that emerged**

# Draft Domains and Measure Concepts

- **Patient access**
  - Use of different methods for access to electronic health information
  - Use of 3<sup>rd</sup> party patient-facing apps
  - Collection of app privacy policy
- **Public health information exchange**
  - Sending vaccination data to Immunization Information Systems (IIS)
  - Querying of IIS by health care providers using certified health IT
- **Clinical care information exchange**
  - Viewing summary of care records
  - Use of 3rd party clinician-facing apps
- **Standards adoption and conformance**
  - Use of FHIR profiles by clinician-facing apps (adjusted by #patients and #apps)
  - Use of FHIR profiles by patient-facing apps (adjusted by #patients and #apps)
  - Use of FHIR bulk data

# Cross-Cutting Issues for Discussion

- **How frequently should reporting occur (e.g., annually, 2x a year or quarterly)?**
- **How should the results be reported?**
  - Are proposed sub-groups appropriate (e.g., demographic characteristics, setting)?
  - What are the implications of including measures that require data from developer's customers (e.g., reporting by characteristics)?
  - Does the level of reporting make sense (e.g., client, product- vs. developer-level)?
  - Should reporting consist of distributional estimates (which show variation within developer) vs. a single value per developer?
- **What is the appropriate look back period for numerator/denominator? For example, active patients seen within the last 12 or 24 months.**
- **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?**
  - Degree to which measures reflect quality rather than quantity or volume? More is not necessarily better for volume-based measures.
  - Extent to which measures reflect characteristics of geographic areas or clients (e.g., providers, app developers) as opposed to product itself?
- **Is there any potential burden on users of certified health IT? Would reporting unduly disadvantage small / startup developers?**
- **Value of measure to provide insights for multiple stakeholders on interoperability, needs of patient-centered care or populations health?**
- **What unintended consequences does this measure risk causing?**





# Preliminary Recommendations for Patient Access Measures

# Patient Access Measures

Measures	Reporting elements and format
<p>1. . <u>Patient access to electronic health information</u>: Percentage of patients who access their electronic health information using different methods and continue using those methods</p> <p><b>Num #1:</b> Number of patients that accessed their electronic health information:</p> <ul style="list-style-type: none"> <li>• 1a. Via 3<sup>rd</sup> party app only (authorization as a proxy for use)</li> <li>• 1b. Via patient portal or app given by health care provider for portal use only</li> <li>• 1c. Neither (did not use patient portal or authorize access via an app)</li> </ul> <p><b>Num #2:</b> Number of individuals that accessed their data <i>more than once</i> (i.e., sustained use) by method listed above</p> <p><b>Den:</b> Number of individuals with an encounter (e.g., active patient)</p>	<p>Report overall and by patient characteristics</p> <ul style="list-style-type: none"> <li>• Age group</li> <li>• individual vs. caregiver</li> <li>• Race and ethnicity</li> </ul> <p>Require developers to report numerators and denominators, not just percentages.</p> <p>Aggregated by developer</p> <p>Frequency of reporting and look back period for numerators and denominators TBD.</p>

# Patient Access Measures

Measures	Reporting elements and format
<p><u>2. Sustained usage:</u> Percentage of 3<sup>rd</sup> party, registered patient-facing apps with a minimum number of users (i.e, patients who have authorized access to their EHR data) and extent to which those apps continue to be used</p> <p><b>Num #1:</b> Number of 3<sup>rd</sup> party registered patient-facing apps with a minimum number of patients who authorized access to their data (by category).</p> <p><b>Num #2:</b> Number of 3<sup>rd</sup> party, registered patient-facing apps where majority of users (&gt;50%) did NOT re-authorize app within a given time frame (by categories listed in Num #1)</p> <p><b>Den:</b> Number of 3<sup>rd</sup> party patient-facing apps that are registered via § 170.315(g)(10)(III) (Application Registration – Enable an application to register with the Health IT Module’s “authorization server”).</p>	<p>Numerator#1 and #2 reported by following categories: #apps with at least one user; #apps with at least 1000 users; #apps with at least 10,000 users; #apps with at least 100,000 users.</p> <p>Require developers to report numerators and denominators, not just percentages.</p> <p>Numerators Aggregated by developer</p> <p>Possibility of asking developers to report the actual names of registered apps.</p> <p>Frequency of reporting and look back period for numerators and denominators TBD.</p>

# Patient Access Measures



Measures	Reporting elements and format
<p><b>3. Privacy policy:</b> Percentage of 3<sup>rd</sup> party, registered patient-facing apps that include a publicly available privacy policy</p> <p><b>Screening Questions:</b> Does health IT developer collect whether 3<sup>rd</sup> party patient-facing apps have a publicly available privacy policy as part of the registration process? If Yes, proceed to report on Num#1.</p> <p><b>Num #1:</b> Number of registered, 3<sup>rd</sup> party patient-facing apps that include a publicly available privacy policy</p> <p><b>Num #2:</b> Number of registered, 3<sup>rd</sup> party patient-facing apps that include publicly available privacy policies that align with 5 elements described in the 21<sup>st</sup> Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Rule*</p> <p><b>Den:</b> Number of patient-facing apps that are registered via § 170.315(g)(10)(III) (Application Registration – Enable an application to register with the Health IT Module’s “authorization server”).</p>	<p>Require developers to report on screening question. If able to answer screening question, require developers to report numerators and denominators, not just percentages.</p> <p>Aggregated by developer</p> <p>For numerator #2 option to include “Do not know”. Numerator #2 could also be proposed as a future measure.</p> <p>Frequency of reporting and look back period for numerators and denominators TBD.</p>

\*<https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification#p-1934>

# Patient Access Measures: Draft Notes and Recommendations

- Patient Access measure 1 is the highest priority, followed by Patient Access measure 2.
- Recommend dropping the 3<sup>rd</sup> Patient Access measure (Privacy Policy) from the EHRRP.
- Consider collecting gender and other social determinants data including sexual orientation and gender identity (SOGI).
- Definition of an active patient is one that had an encounter within the reporting period.
- For Patient Access measure 1, determine if proxy use needs to be captured.
- Consider combining Patient Access measures 1 and 2.
- For Patient Access measure 2, capture the apps by the number of users— 10 users, 100 users, 10,000 users, or only report if the app has over 100 users.



# Discussion of Public Health Measures

# Measurement Domain: Public Health Information Exchange

- Motivation
  - Helps ONC assess health care providers engagement in public health exchange beyond CMS Promoting Interoperability Program measurement, which would be critical during a pandemic or other public health emergencies.
  - Data not typically available to CDC; existing survey data limited
  - Applies to certification criteria (f)(1)
- Draft measures address the following questions:
  - How frequently are providers using their certified health IT to send immunization/vaccine information to IIS?
  - How frequently are providers using their certified health IT to query IIS for immunization forecasts and histories?



# Public Health Information Exchange Measures

Measures	Reporting elements and format
<p><u>1. Vaccinations/Immunizations</u>: Percentage of vaccinated individuals whose immunization data was sent electronically to immunization information system (IIS)</p> <p><b>Num</b>: Number of individuals whose immunization information was electronically submitted to the registry (e.g., via HL7v2.5.1 transactions)</p> <p><b>Den</b>: Number individuals with an immunization administered</p>	<p>For each measure, collect numerator and denominator counts by:</p> <ul style="list-style-type: none"> <li>• State</li> <li>• State and setting (e.g., inpatient vs. outpatient)</li> <li>• State and age group (adults, adolescents, child/infant)</li> </ul> <p>Require developers to report numerators and denominators, not just percentages</p> <p>EHR developer would need to construct the measure at the client-level, then roll-up into aggregated groups.</p>
<p><u>2. Immunization Forecasts</u>: Percentage of IIS queries made per individuals with an encounter</p> <p><b>Num</b>: Number of immunization forecasts and histories received from IIS into EHR</p> <p><b>Den</b>: Number of individuals with an encounter</p>	<p>Quintiles may not be of value for these measures because (1) would provide only variation within developers that would not be comparable across developers; (2) would result in reporting of many estimates by state and subgroups that may be burdensome to generate.</p> <p>Frequency of reporting (e.g., annually) and look back period (e.g., in the past calendar year) for numerators and denominators to be determined.</p>



# Public Health Information Exchange Discussion

- To what extent do state laws prevent immunization data from being shared?
- Which individual characteristics should we collect the measures by? Would health IT developers have access to data on these patient characteristics (e.g., age)?
- Queries via portals would be excluded from measure #2. To what extent is this a limitation?
- For measure #2, should the denominator be “encounters”, E&M visits, or vaccinated individuals?

# Reporting Out Example: Transmitting Vaccine Data to IIS

## % of Vaccines administered that are electronically submitted to IIS

		Overall	By Age Categories			By Setting	
EHR Developer		National Avg	Adult	Adolescent	Infant/Child	Inpatient	Outpatient
A	numerator	50	20	10	20	NA	50
	denominator	100	50	25	25	NA	100
	Percentage	50%	40%	40%	80%	NA	50%
B	numerator	600	400	75	125	50	550
	denominator	1000	600	100	300	100	900
	Percentage	60%	67%	75%	42%	50%	61%
National (across developers)	numerator	650	420	85	145	50	600
	denominator	1100	650	125	325	100	1000
	Percentage	59%	65%	68%	45%	50%	60%
Developer B: Alaska	numerator	60	40	10	10	20	40
	denominator	100	60	20	20	40	60
	Percentage	60%	67%	50%	50%	50%	67%

## Potential Future Measure: Submission of data to public health via third-party apps or APIs

**Motivation: Helps us understand the extent to which APIs are used to support transmission of public health data to public health agencies**

Measure	Reporting elements and format	Questions
<p><b>Num:</b> Number of EHR installations submitting data to PHAs using APIs or third-party apps (i.e., eCR Now) related to (f)-criteria:</p> <ul style="list-style-type: none"> <li>• Immunizations (f)(1)</li> <li>• Reportable labs (f)(3)</li> <li>• Syndromic surveillance (f)(2)</li> <li>• Electronic case reports (f)(5)</li> <li>• Antimicrobial use and resistance reporting (f)(6)</li> </ul> <p><b>Den:</b> Number of health IT installations</p>	<p>Gather numerator and denominator counts by:</p> <ul style="list-style-type: none"> <li>• State</li> <li>• State and setting</li> <li>• State and age group for immunizations only (adults, adolescents, child/infant)</li> </ul>	<p>Forward looking measure? The only FHIR API that exists now is one for electronic case reporting.</p> <p>Should we ask about APIs broadly (SOAP and FHIR) or FHIR only?</p>



# Other Public Health Information Exchange Measures Considered

- “Write” measures e.g., number of individuals for whom there was a write-back eCR, eLR, immunization
- How long it took the EHR developer to onboard to the IIS
- Number of different registries the certified health IT is connected to
- Percent of individuals who had information (outside immunizations) sent to a public health agency e.g., registry reporting, syndromic surveillance, case reporting, electronic lab reporting
- Bulk export FHIR for public health reporting
- Number or percent of individuals with available social determinants of health (SDOH) data
- Percent of immunization gaps that are addressed

## Public Comment

To make a comment please call:  
**Dial: 1-877-407-7192**

*(Once connected, press “\*1” to speak)*

**All public comments will be limited to three minutes.**

You may enter a comment in the  
**“Public Comment”** field below this presentation.

Or, email your public comment to [onc-hitac@accelsolutionsllc.com](mailto:onc-hitac@accelsolutionsllc.com).

*Written comments will not be read at this time,  
but they will be delivered to members of the Task Force and made part of the Public Record.*



# Final Remarks

## Meeting Schedule

	Topics	Current Assignments
July 15	Kickoff – introductions, overview of task force charge and plan for meeting topics and process, begin discussion of measures	
July 22	Patient Access measures	Steve Waldren Sheryl Turney
July 29	Public Health information exchange measures ONC program leads and co-chairs begin developing recommendations report	Bryant Karras Sasha TerMaat
Aug 5	Clinical Care information exchange measures	Abby Sears Steven Lane
Aug 12	Standards adoption and conformance measures	Ken Mandl Jim Jirjis
Aug 19	Review draft recommendations report and slide deck	
Aug 26	Review final recommendations report and slide deck, plan for HITAC meeting	
Sept 2	Available for additional task force meeting if needed, finalize slides/report for HITAC	
Sept 9	HITAC meeting and vote	
Sept 16	Hold for follow-up task force meeting if needed	

# GAO Seeking Nominations for Health IT Advisory Committee

- GAO is now accepting nominations for HITAC appointments. From these nominations, GAO expects to appoint at least five new HITAC members, focusing especially on health care providers, ancillary health care workers, health information technology developers, and patient advocates. Members serve 3-year terms beginning January 1, 2022, with the terms subject to renewal.
- Interested nominees should submit letters of nominations and resumes to [HITCommittee@gao.gov](mailto:HITCommittee@gao.gov) by **August 24, 2021**.
- Refer to the [Federal Register announcement](#) for more information.





**Meeting  
Adjourned**

# Appendix: Patient Access and Data Quality Slides (for Reference)



# Measurement Domain: Patient Access

## • Motivation

- Assess the implementation of health IT provisions of the 21<sup>st</sup> Century Cures Act by providing insight regarding whether individuals are electronically accessing data and whether they are taking advantage of 3<sup>rd</sup> party apps to do so.
- Currently, only have insights into apps that are in the public galleries which likely represent a subset of apps. And we have no insight into the usage (authorization) of those apps.
- Little information available to guide ONC/OCR regarding privacy policies among patient-facing apps
- Applies to certification criteria [\(e\)\(1\)](#) and [\(g\)\(10\)](#)

## • Draft measures address the following questions:

- How are patients accessing their health information electronically (i.e., patient portal and 3<sup>rd</sup> party apps)? To what extent is usage sustained by method?
- To what extent are 3<sup>rd</sup> party patient-facing apps registered via (g)(10) being used? How many apps have sustained usage (vs. drop off after download)?
- To what extent do registered 3<sup>rd</sup> party patient-facing apps include comprehensive, publicly available privacy policies?



## Patient Access Measures Discussion

- What are the appropriate categories for number of users and reauthorized users?
- Does assessing whether patients accessed their data *more than once* during the calendar year (i.e., sustained use) provide valuable insights beyond looking at access by method? Similarly, does looking at the number of apps that were not reauthorized by a majority of users provide useful insights into apps that are valued?
- What is the appropriate threshold for the number of times a patient should access their data within a 12-month period to be considered “sustained use”? Is 12 month appropriate for the re-authorization measure or should it be longer (e.g., 18 months)?
- By which patient characteristics should we collect the measures? Would health IT developers have access to data reflecting these characteristics?
  - Currently proposed: age, individual vs. caregiver, race and ethnicity
  - Are the data from EHRs (e.g., race and ethnicity) reliable for reporting?

## Potential Future Measure: Patient Access

Measure	Reporting elements and format	Questions
<p><u>Percentage of patients using write-back functionality on 3<sup>rd</sup> party, registered patient-facing apps</u></p> <p><b>Num:</b> Number of patients who have used write-back functionality on 3<sup>rd</sup> party, registered patient-facing app</p> <p><b>Den:</b> Number of patients who have authorized access to their information via 3<sup>rd</sup> party patient-facing apps (this number also collected via numerator from first individual Access measure)</p>	<p>We considered an app-level measure as well:</p> <p><b>Num#1:</b> Number patient-facing apps where write-back is used by a minimum number of users (See categories in Patient Access measure #2)</p> <p><b>Den:</b> Number of patient-facing apps with minimum number of users (See categories in Patient Access measure #2)</p> <p>The concern is that apps can have vastly different numbers of users, so could skew overall picture of how many patients are using write-back.</p>	<p>How can we better define scope and specificity around write-back? Should it exclude scheduling and administrative matters?</p> <p>If we see very little usage, is it because the API was not enabled to allow individual write-back, or because individuals aren't doing it? How can we differentiate/measure this—looking at apps/APIs that support write back?</p> <p>Do we expect more developers will have write-back on proprietary APIs?</p> <p>We understand many <i>clinicians</i> use write-back on proprietary APIs – should we try to capture that too?</p>

# Potential Future Measure: Data Quality and Completeness

Measures	Reporting elements and format
<p><u>1. By data element, percent of data complete (e.g., not missing).</u></p> <p><b>Num:</b> For each data element selected, number of active patients with complete information for that data element.</p> <p><b>Den:</b> Number of individuals with an encounter (e.g., active patient)</p>	<p>Data elements for consideration: race/ethnicity, DOB, gender, address, mother's maiden name, first name, last name. Others?</p> <p>Require developers to report numerators and denominators, not just percentages.</p> <p>Aggregated by developer</p> <p>Potential subgroup by client (reported out by quintiles)</p> <p>Frequency of reporting and look back period for numerators and denominators TBD.</p>