American College of Physicians
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August 7, 2020

Don Rucker, M.D.
National Coordinator
Office of the National Coordinator for Health Information Technology
330 C Street, SW
Washington, DC 20201

Re: Request for Public Feedback on Draft Voluntary User-Reported Criteria for the Electronic Health Record Reporting Program

Dear National Coordinator Rucker,

On behalf of the American College of Physicians (ACP), I am pleased to share our feedback on the Office of the National Coordinator for Health Information Technology (ONC) and the Urban Institute's Request for Public Feedback on Draft Voluntary User-Reported Criteria for the Electronic Health Record (EHR) Reporting Program. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 163,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The College appreciates the effort of ONC and the Urban Institute in developing criteria and seeking stakeholder feedback throughout the process. We also appreciate the effort to make sure the end user reporting process and criteria are not too time-consuming and burdensome. However, ACP is concerned that the questions are too high-level to gather feedback on specific functionalities of health IT systems, and thus, will not yield information that is useful to end users. We encourage ONC and the Urban Institute to focus future work on gathering information that will improve both functionality and effectiveness of systems in real-world settings. To this end, ACP recommends improvements to collect information on and evaluate exact functionalities of health IT systems, such as examples we have provided below.

ACP encourages ONC and the Urban Institute to draw from our experiences with our past development and maintenance of AmericanEHR[1] – a free web-based "consumer-reports" for EHRs. AmericanEHR collected user data through extensive annual surveys that, though time-consuming and labor extensive, found the support of clinicians who were willing to provide the information because they found value in the content. ACP recommends ONC and the Urban Institute organize the reporting process so that the users reporting data see value in the process and content of what they are reporting – leading to a greater degree of participation and collection of more meaningful information. This will require questions and feedback that benefit the end user reporters – similar to AmericanEHR.

An important part of this reorganizing should also include shifting focus from IT specialists to that of the actual clinical end users. The criteria are written with such technicality, or with an object to gather information that would be technical in nature, that the average end user would have to defer to an IT specialist – a burdensome and unnecessary task. Question one, which asks participants about the version of the certified health IT system they are using, is illustrative of this issue. Clinicians are not likely to know the version identifier of their system or what add-on products they use. In order to not be burdensome, the criteria should gather specific information that is useful to end users – and this includes targeting feedback from the actual end users themselves.

Should the aforementioned attempts to attain user participation fail, incentives could be provided. For example, the Centers for Medicare and Medicaid Services (CMS) could provide bonus points through the Merit-based Incentive Payment System (MIPS) Promoting Interoperability performance category for those users that submit data to the EHR Reporting Program. ACP encourages the ONC and the Urban Institute to engage with end users of health IT to better understand how to obtain their meaningful participation in the EHR Reporting Program.

The following contains specific feedback on ONC's EHR Reporting Program Criteria Categories:

Interoperability:

Most of the criteria's interoperability focus is on measuring the actual movement of data from one place to another, which while important, does not really address whether interoperability promotes the sharing of meaningful and actionable information. Rather than just measuring the exchange of data, ACP recommends the interoperability measurement ask whether EHR systems help reduce unwarranted tests or diagnostic studies because that information was readily available or easy to access/exchange/incorporate into the system. We also believe the criteria could benefit from broadening "exchange" (as used in 5.1-5.7) to collect information on the ease of which users can send, receive, and integrate data into the patient record. By gathering more data on these specificities, ONC and the Urban Institute will have more telling information, aside from the ordinary existence or inexistence of an occurrence, such as the exchange.

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[1] AmericanEHR website: http://www.americanehr.com/Home.aspx.

In order to better promote and measure interoperability, ACP recommends ONC and the Urban Institute collect evidence of value as well as evidence of data movement. An example of this could be asking how EHR systems address mitigating inaccurate data. As ACP noted in its comments on ONC's Interoperability Standards Advisory[2], as much as it is important to gather evidence on the exchange of information, it is equally important to address the spread of incomplete or inaccurate health information – and the need for uniform implementation and management of provenance functionality within EHR systems. Presence of such functionality will also decrease the likelihood of bad data in EHRs causing care delivery errors.

Usability:

As ONC and the Urban Institute continue rethinking the criteria, ACP encourages the consideration of a more detailed analysis in improving the usability reporting criteria, such as the following:

- **Medication Management and e-Prescribing** – checking patient formulary information, managing drug alert interactions, recording non-prescription medications, receiving a refill request, generating and transmitting an electronic prescription, etc.
- **Capturing and Generating Patient Information** – documenting care plans, documenting a progress note, Evaluation and Management (E/M) coding support, recording family and social history, generating an electronic copy of patient's medical record, generating a useful and readable summary of care reporting, generating a patient referral letter, etc.
- **Capturing Patient Narrative** – capturing the patient's story, collecting patient-reported outcomes, integrating patient-generated data, etc.
- **Patient Safety** – addressing "near misses" or when the EHR could have caused patient harm but did not
- **Order Management and Tracking** – viewing lab results, viewing radiology images or studies, ordering a lab test, generating lists of patients who have overdue lab results and flagging overdue tests, etc.
- **Population Management and Public Health Reporting** – generating lists of patients with specific conditions or patients on specific drugs, generating reminders for preventative care, ability to send information or surveillance data to a specialized registry, etc.
- **Data Visualization and Decision Support** – providing context-sensitive clinical decision support in useful forms, creating automatic reminders, creating templates for specific clinical conditions, editing of reminder rules, supporting text macros, user control of alerts, etc.
- **Vendor Tech Support** – directly connecting to vendor IT support (e.g., tech support button within the EHR)

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[2] 4 ACP's Comments on ONC's 2018 Interoperability Standards Advisory: https://www.acponline.org/acp_policy/letters/acp_comments_on_interoperability_standards_advisory_2018.pdf.

<u>Privacy and Security</u>:

Due to the sensitive nature of the information stored within EHRs, ACP recommends ONC and the Urban Institute include more than just one question on privacy and security. This area could benefit from a broader collection of information pertaining to health IT systems' administrative controls and safeguards. ACP believes this information could be crucial in identifying and correcting errors of systems, as well as how to address and resolve the "near misses" discussed earlier.

<u>Cost and Implementation</u>:

The draft reporting criteria fail to address the gap in information on base, subscription, and transaction costs associated with the purchase and implementation of EHRs. To address this, ACP recommends ONC and the Urban Institute distinguish between implementation, customization, and upgrade costs – as well as other add-ons that might be needed once the system is fully implemented. In some cases, these additional costs can come from sources outside of the EHR or health IT vendor, such as state-based regulations that require certain add-ons or functionality. Additional costs may also be paid to independent implementation consultants, or additional technical/product support. It is important for these costs to be accounted for and distinguished between so as to most accurately capture cost reporting that is useful to end users.

In order to be most reflective of the real-world settings in which EHRs are used, ACP recommends the implementation measurement assess how EHR systems perform once they are fully employed and running in a real product environment. Once implemented, it is incredibly difficult for practices to "shop around" for an entirely new system if it is not meeting their needs. This is due to the significant costs and the substantial amount of time it takes to implement EHR systems, as well as the time to roll out any system upgrades. ONC and the Urban Institute should gather specific information in this area that will be helpful to end users and make implementation a less burdensome and more transparent task. Future drafts should focus the implementation criteria to reflect this very real concern.

<u>Conclusion</u>:

We thank ONC and the Urban Institute for the opportunity to offer feedback on the draft user-reported criteria. As it relates to the improvement of health IT systems, the importance of the information gathered from the user-reported criteria cannot be overstated. We hope that you will find value in our response and continue to engage with our organization and the broader stakeholder community in future deliberations. Should you have any questions, please contact Dejaih Johnson, Analyst for Health IT Policy and Regulatory Affairs, at djohnson@acponline.org.

Sincerely,

Zeshan A. Rajput, MD, MS
Chair, Medical Informatics Committee
American College of Physicians