



EHR Reporting Program 2021 Task Force Meeting

Raj Ratwani, Co-Chair

Jill Shuemaker, Co-Chair

July 22, 2021

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology



Meeting Agenda

- Call to Order/Roll Call
- Task Force Charge
- Introductions
- Meeting Schedule, Assignments and Process
- Discussion of Patient Access Measures
- Preliminary Recommendations for Patient Access Measures
- Public Comment
- Final Remarks
- Adjourn



Task Force Charge

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



Introductions

EHR Reporting Program Task Force Roster

Name	Organization
Raj Ratwani (Co-Chair)	MedStar Health
Jill Shuemaker (Co-Chair)	American Board of Family Medicine Foundation
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





Meeting Schedule, Assignments and Process

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
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Meeting Process

- **Meeting preparation**
 - **Task Force volunteers leading topic will populate the issues template ahead of time**
 - **All Task Force members will come prepared for discussion:**
 - **Familiar with measure concepts**
 - **Ready to provide comments, suggested revisions and concerns in areas in issues template**
- **Meeting process**
 - **Task Force lead to present initial thoughts**
 - **Pre-populated template will be projected during the meeting**
 - **All Task Force members will discuss**
 - **Notes to be taken live in issues template**
 - **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 3rd 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?**

Discussion Template

A	B	C	D
Patient access			
	1. Patient access to electronic health information	2. Sustained usage	3. Privacy policy
Measure specification			
Reporting frequency (e.g., annual, biannual, quarterly)			
Lookback period (e.g., 12 or 24 months)			
Numerator and denominator accurately specified?			
Reporting detail			
Sub-groups (e.g., demographics, setting)			
Level (e.g., client, product, developer)			
Distributional estimates vs. single value			
Feasibility (now or future)/ potential burden			
Developer access, analysis and reporting of data			
Reporting by desired sub-groups			
Data required from customers			
Disadvantage small/startup developers?			
Interpretation challenges			
Reflects quality or quantity/volume?			
How driven by location, clients (e.g., providers, app developers)?			
Value			
To provide insights on interoperability to multiple stakeholders?			
Does this measure inform the needs of patient-centered care or population health?			
What unintended consequences does this measure risk causing?			

Patient access

Public Health

Clinical care

Standards



Display Settings



Discussion of Patient Access Measures



Measurement Domain: Patient Access

- Motivation

- Assess the implementation of health IT provisions of the 21st Century Cures Act by providing insight regarding whether individuals are electronically accessing data and whether they are taking advantage of 3rd 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 3rd party apps)? To what extent is usage sustained by method?
- To what extent are 3rd 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 3rd party patient-facing apps include comprehensive, publicly available privacy policies?



Patient Access Measures

Measures	Reporting elements and format
<p><u>1. . 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>Num #1: Number of patients that accessed their electronic health information:</p> <ul style="list-style-type: none"> • 1a. Via 3rd party app only (authorization as a proxy for use) • 1b. Via patient portal or app given by health care provider for portal use only • 1c. Neither (did not use patient portal or authorize access via an app) <p>Num #2: Number of individuals that accessed their data <i>more than once</i> (i.e., sustained use) by method listed above</p> <p>Den: 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"> • Age group • individual vs. caregiver • Race and ethnicity <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>2. Sustained usage: Percentage of 3rd 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>Num #1: Number of 3rd party registered patient-facing apps with a minimum number of patients who authorized access to their data (by category).</p> <p>Num #2: Number of 3rd party, registered patient-facing apps where majority of users (>50%) did NOT re-authorize app within a given time frame (by categories listed in Num #1)</p> <p>Den: Number of 3rd 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>3. Privacy policy: Percentage of 3rd party, registered patient-facing apps that include a publicly available privacy policy</p> <p>Screening Questions: Does health IT developer collect whether 3rd 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>Num #1: Number of registered, 3rd party patient-facing apps that include a publicly available privacy policy</p> <p>Num #2: Number of registered, 3rd party patient-facing apps that include publicly available privacy policies that align with 5 elements described in the 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Rule*</p> <p>Den: 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>

Reporting Out Example: Usage of Patient-Facing Apps

Developer A

Minimum # users	#apps	% of total registered apps (n=11)	#Apps where majority of users didn't reauthorize	% of total registered apps (n=11)
1	10	91%	4	36%
1000	8	73%	2	18%
10000	5	45%	1	9%
100000	1	9%	0	0%

Developer B

Distribution of users by app	#users	#users that didn't re-authorize	Percentage of users that didn't reauthorize
App 1	100,000	20,000	20%
App 2	90,000	60,000	67%
App 3	5,000	3,000	60%
App 4	4,000	2,000	50%
App 5	1,000	500	50%
App 6	700	500	71%
App 7	500	300	60%
App 8	40	20	50%
App 9	20	10	50%
App 10	2	1	50%
App 11	-	-	NA
Across all apps	201,262	86,331	43%

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 re-authorized 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?



Preliminary Recommendations for Patient Access Measures

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.

*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

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**Meeting
Adjourned**



Appendix: Potential Future Measure

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology



Potential Future Measure: Patient Access

Measure	Reporting elements and format	Questions
<p><u>Percentage of patients using write-back functionality on 3rd party, registered patient-facing apps</u></p> <p>Num: Number of patients who have used write-back functionality on 3rd party, registered patient-facing app</p> <p>Den: Number of patients who have authorized access to their information via 3rd 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>Num#1: Number patient-facing apps where write-back is used by a minimum number of users (See categories in Patient Access measure #2)</p> <p>Den: 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>