
August 10, 2020

Donald Rucker, MD, National Coordinator
Office of the National Coordinator for Health IT (ONC)
330 C St. SW
Washington, DC 20201

RE: 21st Century Cures Act Electronic Health Record (EHR) Reporting Program

Dear Dr. Rucker:

The New York eHealth Collaborative (NYeC) is pleased to provide these comments in response to the proposed EHR Reporting Program

NYeC is a 501(c)(3) and New York's State Designated Entity (SDE) charged with the governance, coordination, and administration of the Statewide Health Information Network for New York (SHIN-NY). In this capacity, NYeC works in a public/private partnership with the New York State Department of Health (NYS DOH) on the development of policies and procedures that govern health information exchange through the SHIN-NY. The SHIN-NY is a "network of networks" consisting of Qualified Entities (QEs) also known as Regional Health Information Organizations (RHIOs) and a statewide connector that facilitates secure sharing of clinical data from participating providers' electronic health records (EHRs). The SHIN-NY connects all hospitals in the state, is used by over 100,000 healthcare professionals, and serves millions of people who live in or receive care in New York. NYeC also served as a Regional Extension Center and leads a variety of programs designed to help providers select, implement, and leverage EHRs and HIE to transform healthcare.

NYeC appreciates the opportunity to provide comments and input on the EHR Reporting Program. In general, we urge ONC to take a focused and prioritized approach to this program. We support the voluntary nature of the User-Reported criteria and recommend that the survey process be as flexible and succinct as possible to minimize the time users are away from the critical work they perform, which we believe will increase responses. We have recommended some additional survey questions below but suggest that ONC add these on an optional basis. Highlights of our comment letter are as follows:

- ONC should prioritize the Interoperability criterion for inclusion in the Reporting Program, including information about associated usability and costs.
- NYeC recommends additional, optional detail on questions relating to usability, cost, interoperability, and privacy and security. Specifically, ONC should collect information on the specific features of a health IT product that directly contribute to providers' ability to meet requirements for value-based payment and/or quality improvement programs; ease of connecting to patient portals and consumer-based apps; implementing, migrating, or

upgrading health IT products; privacy and security training; and limitations in a products ability to support interoperability and exchange standards.

- NYeC recommends that the survey emphasize reporting on the most recent version of health IT available, but still allow users to report on previous versions of health IT if they choose.
- ONC should utilize a web-based tool that saves progress and is interactive, easy to search, customizable, and allows users within the same organization to send each other sections of the survey to complete as well as view which parts have already been completed.

Questions:

Which draft criteria would you prioritize for inclusion in the EHR Reporting Program, and why?

NYeC believes that interoperability is a principal priority for inclusion in the Reporting Program. Specifically, end-users must understand usability and cost information related to interoperability when purchasing a health IT product. As a Health Information Exchange (HIE), one of our primary goals is facilitating the ease of use for providers to connect across multiple electronic health records and health IT systems. However, many stakeholders describe limitations and frustrations with health IT interoperability, including absent or insufficient capabilities to exchange data with other systems (e.g., data registries, practice management systems, payer systems, or transition to a different EHR), high (and often unknown) costs for connecting to HIEs, and instances of perceived information blocking by developers.

Given the large variability in how health IT developers incorporate the capability to connect to different systems and HIEs, it is critical for providers to understand up front where there may be unanticipated gaps, or where they may need to pay extra for additional interoperability features. This is particularly important as additional integration of the HIE into health IT products would reduce provider burden, improve access to patient records, and ultimately improve care.

Which draft criteria should be rephrased, reworded, or removed?

Usability— Clinician perceptions on technology usability can provide key insights to other users when making health IT purchasing decisions. In addition to the topics included under Question #7, it would be useful if ONC were to collect information from providers on the specific features that directly contribute to providers' ability to meet requirements for value-based payment and/or quality improvement programs through the Centers for Medicare & Medicaid Services (CMS) (e.g. MIPS Quality Payment Program and the Hospital Inpatient Quality Reporting Program).

Additionally, under Question #8, we suggest adding a question around ease of connecting to a patient portal or consumer-facing app if the product offers one. The question currently asks about patient reminders, but as federal regulations and the industry as a whole move in the direction of patient access, it is important to look beyond patient reminders and receive feedback on patient portals, as well as other consumer-facing services.

Implementation and Upgrades— One of the challenges faced by providers in our network is the total time and effort it takes to implement and upgrade a health IT product. Often the implementation process is longer than expected and includes unanticipated delays and obstacles. Instead of simply asking about overall satisfaction of implementation, as in Question #9, it would be helpful to add more specific questions asking how long the process took, costs associated with the implementation (including hidden fees), and whether the process met what was promised. Similarly, for the questions related to upgrades, it would be helpful to add questions regarding the length of the upgrade process and the associated costs.

Additionally, while the survey mentions implementations and upgrades, it does not address migrations to new EHRs or mergers with other systems. We receive feedback that the challenges associated with migrating to a new product, including costs, time, and inability to transfer data from system to system, can be prohibitive and cause providers to continue using a system that is not effective. Furthermore, mergers and acquisitions amongst health IT developers often force clients to migrate off legacy systems to newer products. Those who have experienced a migration could provide valuable data for other end-users embarking on such a transition.

Privacy and Security— The survey could expand on the Privacy and Security questions by adding questions related to the depth of training and understanding users have on the product's privacy and security protocols. It would be helpful to know whether end-users are being trained on privacy and security features, and if so, who receives the trainings, how often, and their effectiveness.

Interoperability— We recommend modifying Question #5.4 regarding exchange with other health information exchanges to differentiate between private, state, and national health information network/exchanges. Additionally, it would be valuable for those purchasing health IT to know whether there are any limitations in the product's ability to support interoperability and exchange standards currently in production, including but not limited to support of all data elements in the U.S Core Data for Interoperability (USCDI), compliance with federal rules (e.g. information blocking and CMS patient access rule), support of any FHIR resources, the system's ability to parse data, and the ability to receive and integrate data from external sources.

Should the voluntary user-reported criteria cover only the most recent version of a certified health IT product or all versions of the product?

We recommend that ONC leave the survey open for users to report on any version of the health IT product they wish, with the caveat that the survey recommend that users report on the most recent version. While we believe it would be most beneficial to receive feedback on the most recent version of the product, we recognize that this survey is voluntary and should provide the user with as much flexibility as possible when completing.

What certified health IT users are most likely able to report on the criteria (e.g., clinicians, administrators, IT specialists)?

Based on our experience, the types of professionals most engaged or knowledgeable on topics

included in this survey vary from practice to practice. At larger practices, administrators or IT specialists may be more aware of pricing, technical support and training, or privacy and security questions, while clinicians can provide more valuable feedback on usability. However, at smaller practices, the same one or two individuals may be responsible for clinical, administrative, and IT tasks related to their practice. Given this variability and the need to maintain flexibility for end users, we suggest breaking the survey into sections by criterion and posting it in such a way to allow multiple users from a single practice to select individual sections for completion. This way, a clinician could respond to the usability section, while an IT specialist could respond to product support questions. It would be ideal if the interface were designed in such a way to allow users within the same organization to send each other sections of the survey to complete as well as view which parts have already been completed. We believe this flexibility would reduce the burden of completing the survey and incentivize more voluntary completion.

What could motivate end users to voluntarily report on certified health IT products?

NYeC strongly urges ONC to be mindful of the burdens completing such a survey could put on end users and to take necessary steps to maximize flexibility in the survey process. Absent any financial or regulatory incentives, we suggest performing a specific and focused outreach strategy that targets the right populations and highlights specifically how the information collected will help others in acquiring and updating health IT. Overall, the ease and flexibility of completing the survey will most likely determine the volume of responses received. As previously mentioned, ONC should use an electronic, web-based tool that saves progress and is interactive, easy to search, customizable, and allows flexibility for users to select and share questions that are most relevant to their area of expertise.

In summary, NYeC appreciates the opportunity to provide these comments and looks forward to continuing to work with ONC to improve the usability and availability of certified health IT.

Sincerely,

A handwritten signature in black ink, appearing to read "Valerie Grey". The signature is written in a cursive, flowing style.

Valerie Grey
Chief Executive Officer