

# Health IT Joint Committee Collaboration

A Joint Policy and Standards Public Advisory Body on Health Information Technology  
to the National Coordinator for Health IT



## **Certified Technology Comparison (CTC) Task Force**

Cris Ross, co-chair

Anita Somplasky, co-chair

January 7, 2016

- Opening Remarks
- Review of summarized responses submitted by CTC Task Force Members
- Next steps

- This deck serves as a summary of the responses received from CTC Task Force members
- Intent is to demonstrate areas of consensus
- Potential utility in aiding in drafting final recommendations



# How does this information relate to the task force charge?

- The task force is charged with providing recommendations on the benefits of, and resources needed to develop and maintain, a certified health IT comparison tool. This task force will:
  - Identify the different health IT needs for providers across the adoption and implementation spectrum, with particular focus on providers with limited resources and/or lower adoption rates
  - Identify user needs for a comparison tool
  - Identify gaps in the current tool marketplace, and the barriers to addressing those gaps

# Comparison Framework (categories not prioritized)



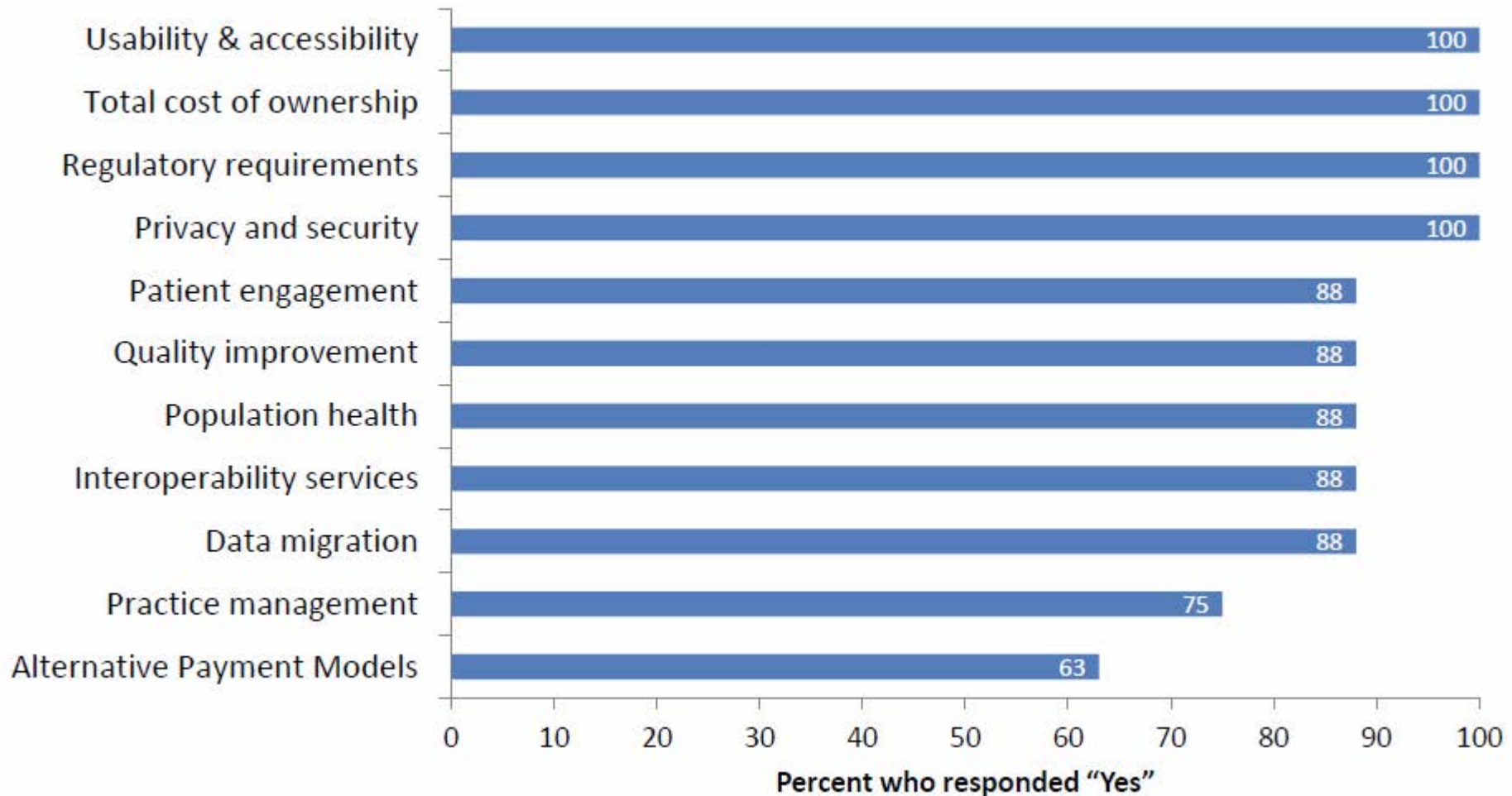
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<p><b>Alternative Payment Models (APMs)</b> Provides guidance on selection of modules to support APM activities</p>	<p><b>Data migration</b> Data portability, functionality to support effective migration, support payer audits and court-ordered documentation</p>	<p><b>Interoperability Services</b> HISP connectivity, e-prescribing, public health interfaces, ability to connect to other EHRs, other interfaces, APIs and other methods (lab, radiology, etc.)</p>	<p><b>Patient engagement</b> Patient access to health information, API, secure messaging, bill pay, scheduling, patient generated health data</p>	<p><b>Practice management/ financial system integration</b> Scheduling, billing, payment processing, financials, integration of these platforms with certified health IT</p>	<p><b>Privacy and security</b> Certification criterion mapping, ease of use in setting access controls, and consent process etc., audit support, HIPAA requirements, 42 CFR Part 2 features</p>
<p><b>Population health management</b> Analytic functionalities, panel management, case management</p>	<p><b>Quality improvement</b> Availability of practice-relevant clinical quality metrics, ability to track performance over time, reporting architecture, audit accountability, data storage</p>	<p><b>Regulatory requirements</b> Identifies which certified health IT modules meet federal program requirements.</p>	<p><b>Total cost of ownership</b> Provides information on the base cost of the product, service charges, interfaces, hardware costs, other recurrent fees</p>	<p><b>Usability &amp; Accessibility</b> User experiences as related to workflow and patient safety; Identifies products that provide accessibility-centered design</p>	



# IDENTIFY USER NEEDS FOR A COMPARISON TOOL

### Do you feel this category is in scope for the comparison tool?



Each category had 8 responses, except for privacy and security (n=7) and total cost of ownership (n=6).

# Comparison of products for some categories may not be feasible at this time



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Comments indicated that, although deemed useful for comparison, there may need to be more work to develop standardized comparison measures for these categories:

- **Alternative Payment Models**

- “This category is not in scope today but will be in the future.”
- “The necessary functionality to support APMs and other advanced care models is still being identified.”

- **Interoperability**

- “Metrics are needed to identify the usefulness and completeness of data integrated into patients' medical records.”

- **Population Health**

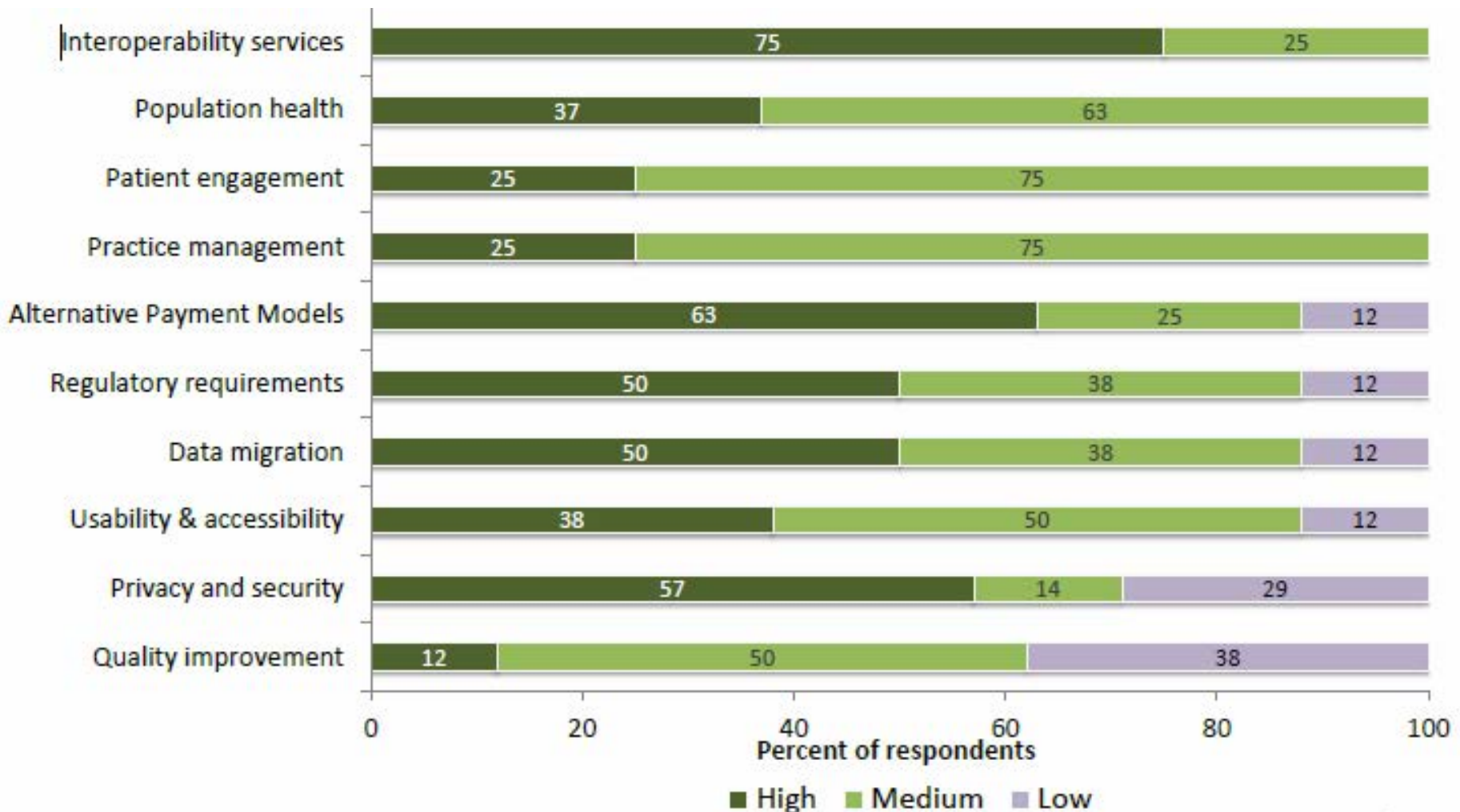
- “The definition of population health varies between medical specialty, communities, and sites of service.”
- “Further research is necessary before population health metrics can be widely used in a comparison tool.”



# Cost is considered an important comparison metric for most categories



### How important is cost to the user for this category?



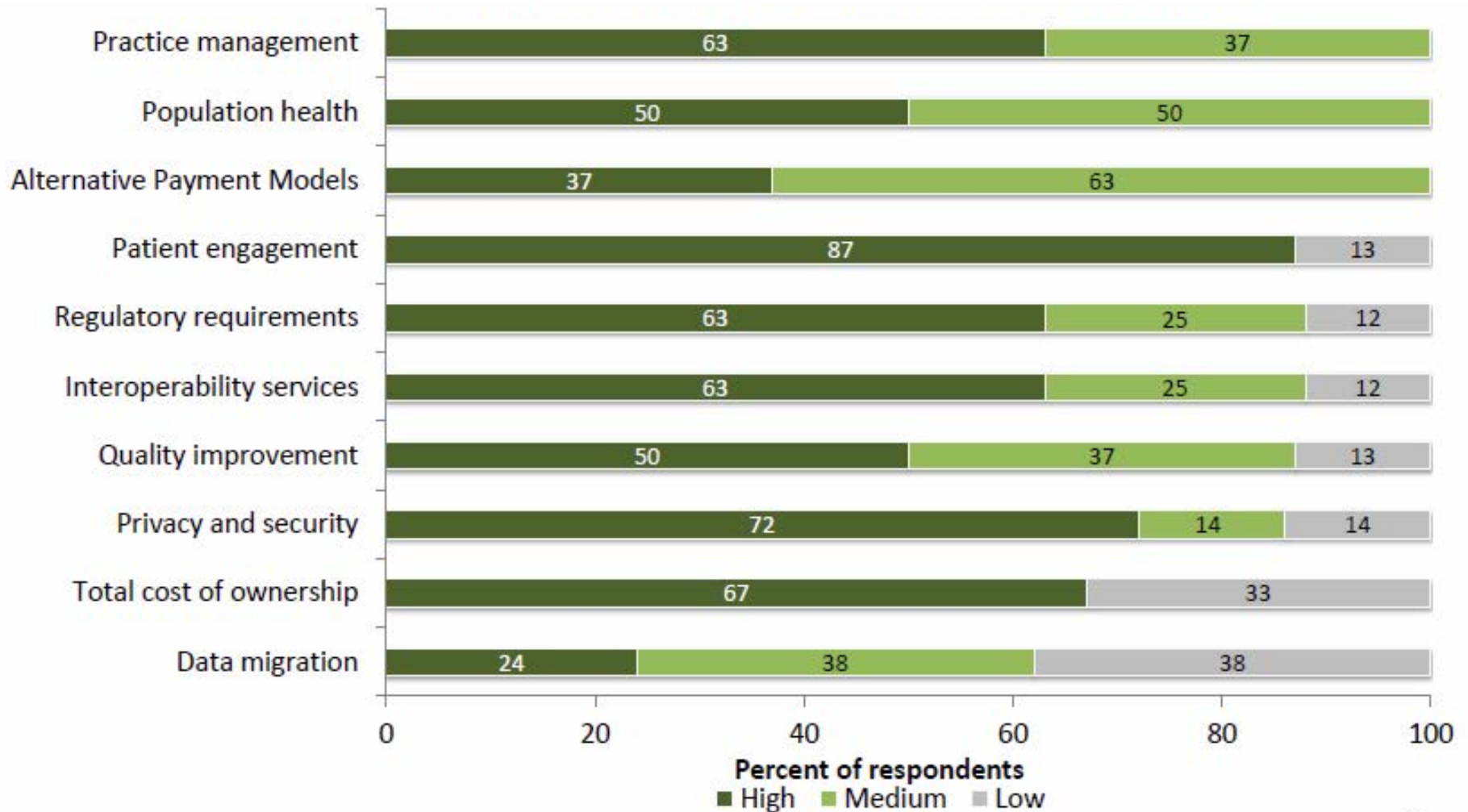
Each category had 8 responses, except for privacy and security (n=7) and total cost of ownership (n=6).

# There is more variability regarding the importance of usability as a comparison factor, but the majority still consider it very important



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How important is usability/ease of use to the user for this category?

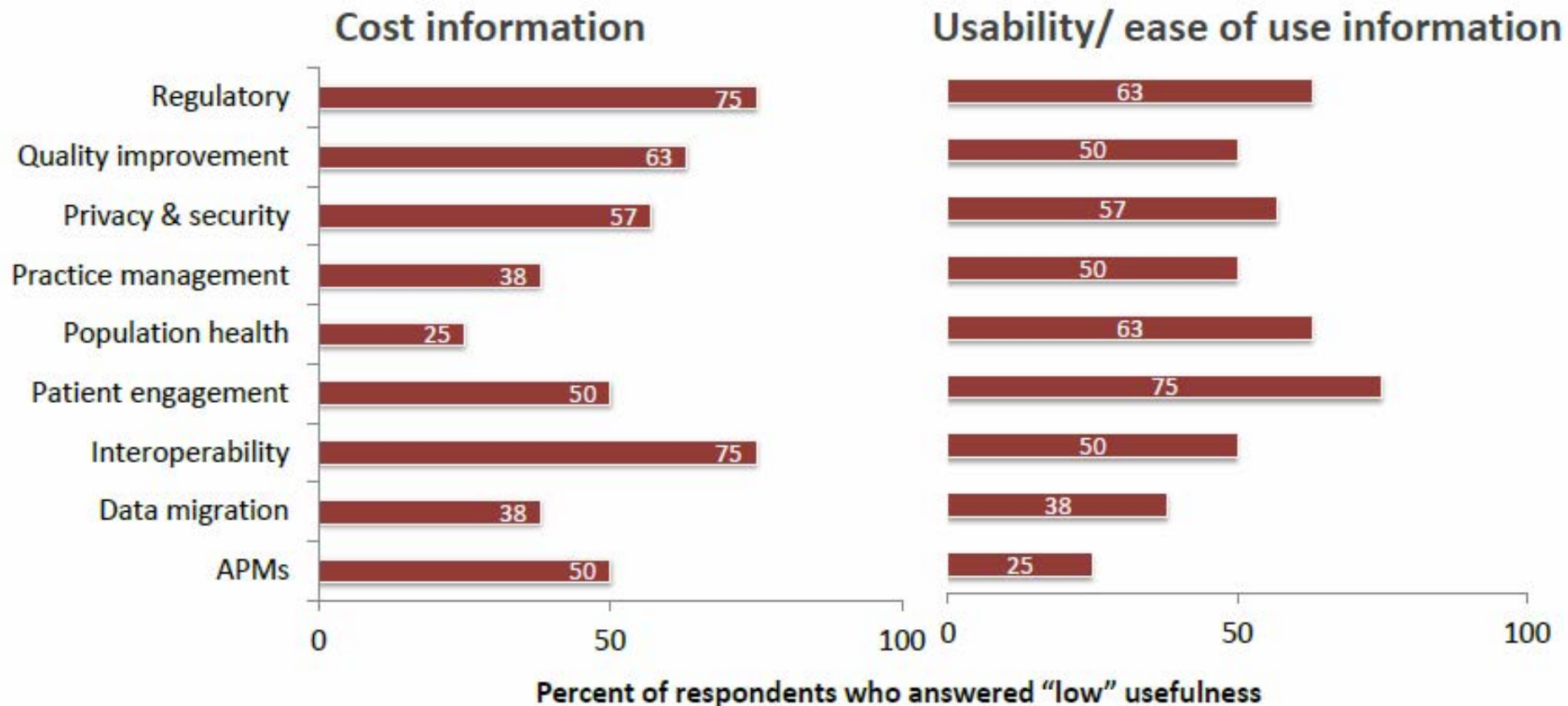


Each category had 8 responses, except for privacy and security (n=7) and total cost of ownership (n=6).



# Without cost or usability information, most feel comparison tools have limited utility

## How useful would a tool be without the following for each category?



Each category had 8 responses, except for privacy and security (n=7) and total cost of ownership (n=6).<sup>10</sup>



# **IDENTIFY GAPS IN THE CURRENT TOOL MARKETPLACE, AND THE BARRIERS TO ADDRESSING THOSE GAPS**

# The freedom of health care providers to report on health IT cost and ease of use was cited as a concern by several members



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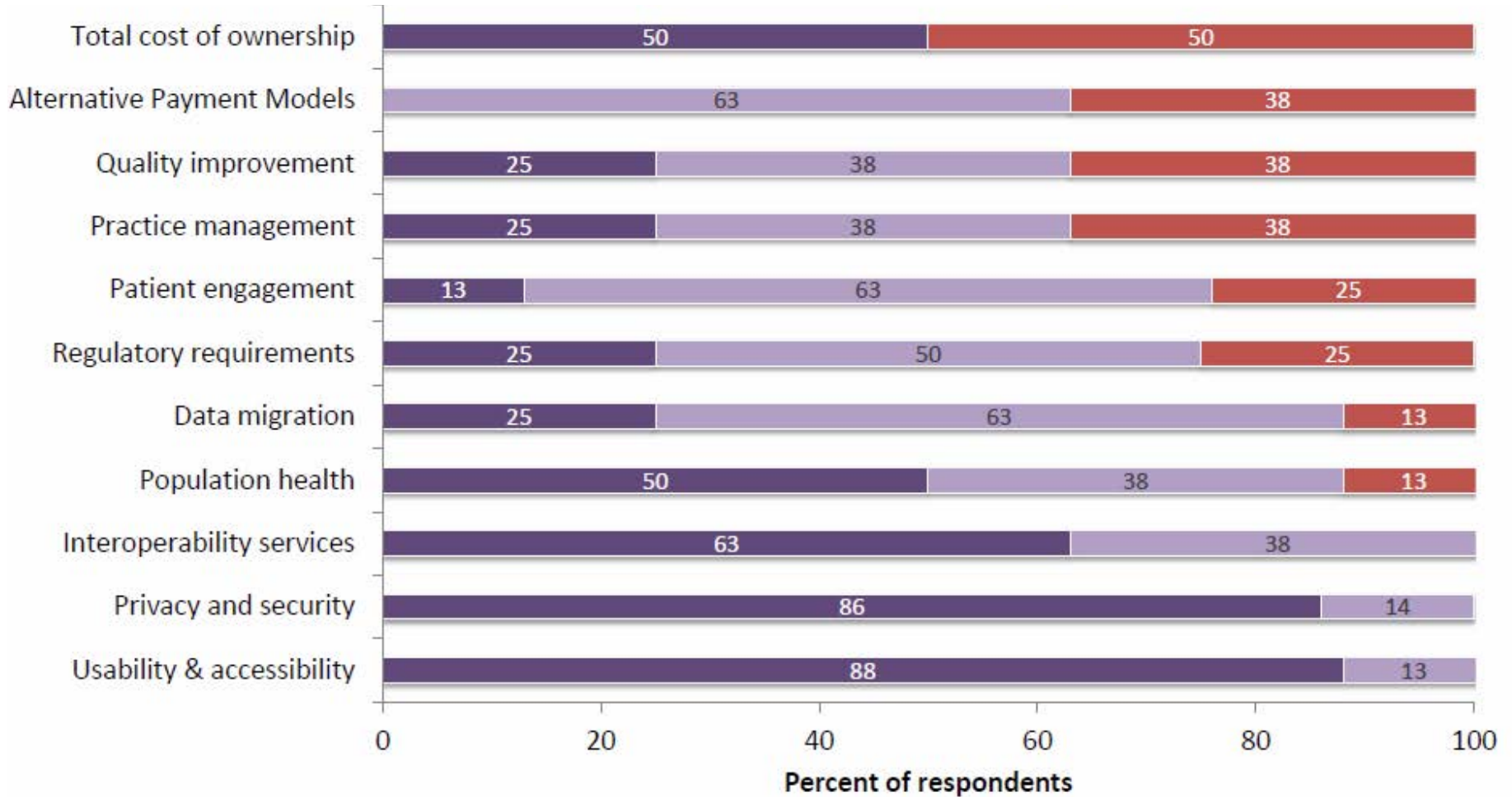
- “Concern that EHR vendors are blocking the free flow of usability and user experience ratings through ‘gag clauses’ in product contracts”
- “Physicians should be allowed to publically discuss costs and services fees.”

# Certified health IT functionalities provide an incomplete picture for comparison tools



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Does category include CHIT functionality? ■ All ■ Some ■ None



Each category had 8 responses, except for privacy and security (n=7) and total cost of ownership (n=6). 13

# Comparisons that include products or functionality beyond certified technology are crucial



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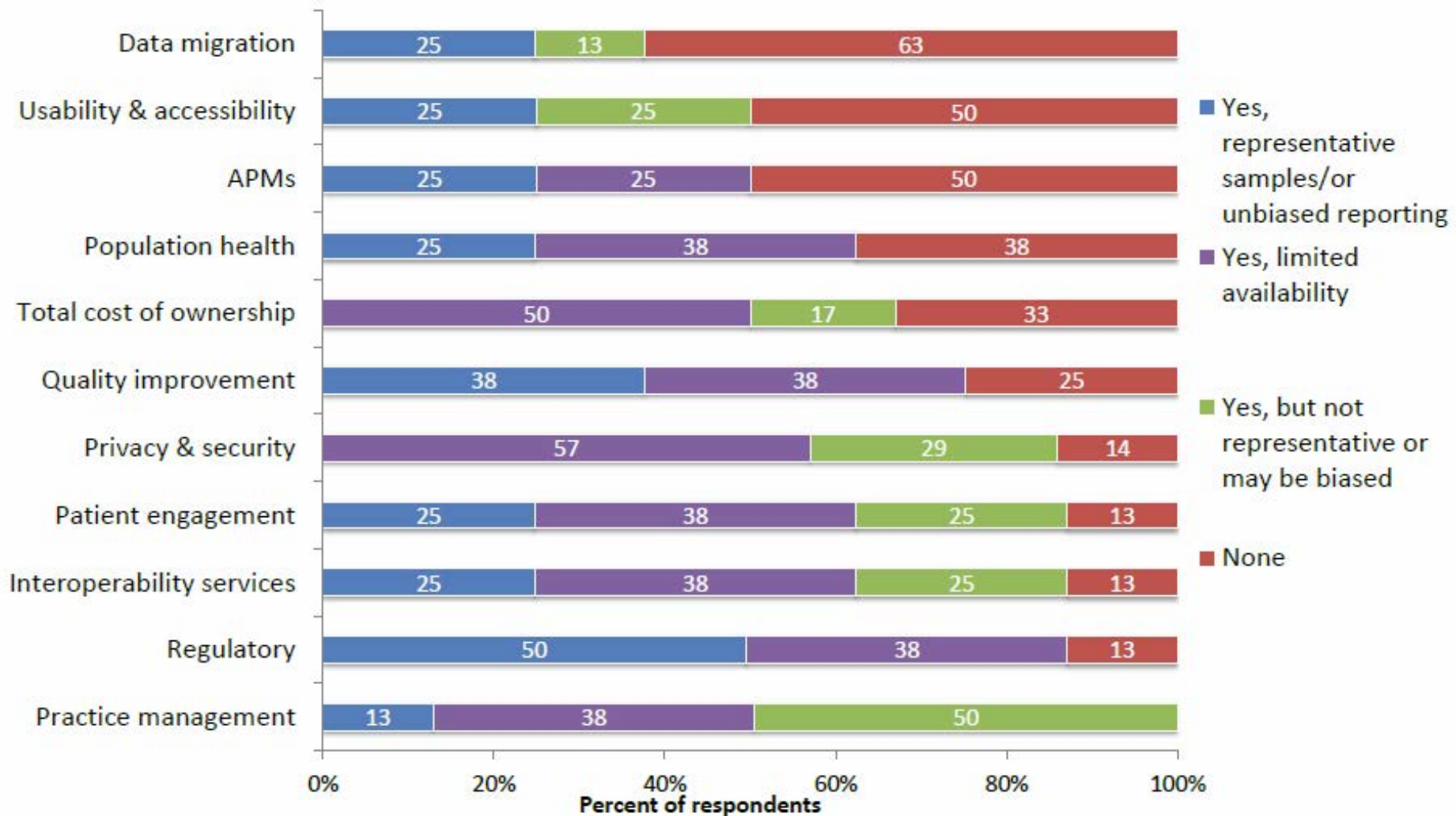
- **Data migration**
  - “Lack of data portability can impede choice later on.”
- **Patient engagement**
  - “Ease of integration with provider workflow, bill pay, & scheduling features” is most important in this category
- **Practice management/financial system integration**
  - “Billing, scheduling, payment processing, revenue cycle management, and other financial functions are not CHIT, however, financial integration and the ability of CHIT to supply input data and support for these functions is mission critical.”
- **Privacy and security**
  - Important in this category are “dependence on third party components to enable compliance”, “how rapidly threats are identified and communicated to personnel”, and “42 CFR Part2 features”
- **Usability and accessibility**
  - “Curated/objective set of user experiences scores or provide a place to compile user feedback from individuals, medical specialties, and user associations”



# Availability of unbiased, representative data may be limited for most categories

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Are there data sources that provide information that is comparable across products?



Each category had 8 responses, except for privacy and security (n=7) and total cost of ownership (n=6).





# Some relevant certification information may be available through Open Data CHPL

Comments indicated that some information relevant for comparison may be obtained through information collected during the certification process:

- **Data migration**
  - “ONC requires “data export” as on certification criterion, however, it is limited to C-CDAs.”
- **Interoperability**
  - “ONC has included positive steps in their 2015 Edition certification. This data should be included in a comparison tool.”
- **Privacy and security**
  - “ONC CHPL is really the only source for this and its usefulness as a comparative tool is limited.”
- **Regulatory requirements**
  - “ONC CHPL is really the only source for this and its usefulness as a comparative tool is limited.”
- **Total cost of ownership**
  - “ONC has taken steps in their 2015 Edition to collect some of this information; however, most EHR vendors will only report a range of fees, and not the actual costs. A comparison tool should include at least this ONC data.”



# **IDENTIFY THE DIFFERENT HEALTH IT NEEDS FOR PROVIDERS ACROSS THE ADOPTION AND IMPLEMENTATION SPECTRUM**

# Ease of use and other relevant comparison metrics may depend on health care provider characteristics



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## Alternative Payment Models

- “How much change management necessary for transitions to APMs can be absorbed by the product?”

## Data migration

- “Ease of use subject to end user point of view.”

## Patient engagement

- “Comparing health IT products through patient engagement features provides little value as the most high-functioning engagement tools are typically built on top of EHRs by large medical institutions---and not included in the "off the shelf" products. These tools are usually outside the hands of smaller physician practices due to cost and complexity.”

## Population health

- “The definition of population health varies between medical specialty, communities, and sites of service.”

# Ease of use and other relevant comparison metrics may depend on health care provider characteristics



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## Privacy and security

- “This is a function that practitioners want performed in the background, run mainly by administrators and IT staff, and designed to have minimal impact on clinical care.”

## Quality Improvement

- “A comparison tool should allow for physicians to see which registries an EHR can/has connected to and costs associated.”
- “Does the CHIT have the breadth and flexibility to tailor quality metrics to be specialty specific and practice-relevant?”

## Regulatory requirements

- “Ability to meet state regulations as well as federal.”

## Total cost of ownership

- “Interface costs and ‘custom’ changes are often based on a programmer's time to make changes.”



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# NEXT STEPS

# Task Force Work Plan



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Meeting Date	Meeting Tasks
Tue, Nov 17, 2015 9:00am	<ul style="list-style-type: none"> <li>• Overview of charge and plan</li> <li>• Initial considerations from committee</li> <li>• Overview of market research to date</li> </ul>
Tues, Dec 1, 2015 12:30pm	<ul style="list-style-type: none"> <li>• Review comparison framework</li> </ul>
Thurs, Dec 3, 2015 – Administrative Call	<ul style="list-style-type: none"> <li>• Refine virtual hearing questions and panelists</li> </ul>
December 10, 2015 - Draft Recommendations to HITSC	<ul style="list-style-type: none"> <li>• Status of current TF work</li> <li>• Expectations for what will be learned from the virtual hearing</li> </ul>
<b>Thu, Jan 7, 2016 10:00am</b>	<ul style="list-style-type: none"> <li>• <b><i>Virtual Hearing</i></b></li> </ul>
<b>Fri, Jan 8, 2016 12:00pm</b>	<ul style="list-style-type: none"> <li>• Summarize hearing, begin drafting recommendations</li> </ul>
<b>Fri, Jan, 15 2016 11:00 am</b>	<ul style="list-style-type: none"> <li>• <b><i>Virtual Hearing</i></b></li> </ul>
<b>Tue, Jan, 19, 2016 12:00pm</b>	<ul style="list-style-type: none"> <li>• Finalize recommendations</li> </ul>
<b>January 20, 2016 - Final Recs</b>	<ul style="list-style-type: none"> <li>• <b><i>Joint HITPC/HITSC Presentation</i></b></li> </ul>





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# APPENDIX: OTHER NOTES



## Most Important<sup>1</sup>

- Care coordination
- Clinical information exchange
- Which APM modules are included in base product (i.e. are standard)
- Additional cost to purchase APM modules
- Ease of use
- Can product accomplish real-world, high-value (to physicians across specialties and patients), scenarios?

## Open Issues<sup>2</sup>

- Cost information for APM modules is still unknown.
- This category is not in scope today but will be in the future.
- The necessary functionality to support APMs and other advanced care models is still being identified.
- How much change management is necessary for transitions to APMs can be absorbed by the product?

<sup>1</sup> Information in the “Most Important” column is pulled from responses to the question: “What aspects of this category are most important in a comparison tool?”

<sup>2</sup> Direct quotes from the “Other Feedback” responses.

## Most Important<sup>1</sup>

- Ability, and ease of use, to render a complete electronic record for audit or legal purposes
- Data structure, vocabularies, and terminologies used (how files are exported)
- Transparency for migration around cost, resources, and time
- What features of the CHIT ensure that the accuracy, reliability, and integrity of the data are sufficient to have standing in a legal proceeding?

<sup>1</sup> Information in the “Most Important” column is pulled from responses to the question: “What aspects of this category are most important in a comparison tool?”

<sup>2</sup> Direct quotes from the “Other Feedback” responses.

## Open Issues<sup>2</sup>

- Lack of data portability can impede choice later on
- Complex category for comparison
- ONC requires "data export" as on certification criterion, however, it is limited to C-CDA's
- Ease of use subject to end user point of view

## Most Important<sup>1</sup>

- Proof of interoperability
- Range of support for interoperability with other vendors
- Client base size and for what types of exchange
- Ability to support variety of connectivity with different HIEs/HISPs and intermediaries
- Cost information for interfacing (public health, lab, radiology, etc.) and transaction connections
- Effectiveness of public health interfaces

<sup>1</sup> Information in the “Most Important” column is pulled from responses to the question: “What aspects of this category are most important in a comparison tool?”

<sup>2</sup> Direct quotes from the “Other Feedback” responses.

## Open Issues<sup>2</sup>

- Metrics are needed to identify the usefulness and completeness of data integrated into patients' medical records.
- Increased transparency on vendor fees relating to interoperability services is needed.
- ONC has included positive steps in their 2015 Edition certification. This data should be included in a comparison tool.
- Not much comparability of vendors is available outside of SureScripts for eRX

## Most Important<sup>1</sup>

- Accessibility for patient & provider
- Ease of use for patient & provider
- Ease of integration with provider workflow, bill pay, & scheduling features
- Ability to incorporate patient-generated data and verify accuracy of information

<sup>1</sup> Information in the “Most Important” column is pulled from responses to the question: “What aspects of this category are most important in a comparison tool?”

<sup>2</sup> Direct quotes from the “Other Feedback” responses.

## Open Issues<sup>2</sup>

- Comparing health IT products through patient engagement features provides little value as the most high-functioning engagement tools are typically built on top of EHRs by large medical institutions---and not included in the "off the shelf" products. These tools are usually outside the hands of smaller physician practices due to cost and complexity.

## Most Important<sup>1</sup>

- Ability to monitor outcomes over time
- Analytic capabilities and ease of use
- Case management or care coordination related capabilities
- Provision of and/or integration with data warehousing functions
- Tools for panel & population health management
- Integration with workflow
- Multidisciplinary team support and access

<sup>1</sup> Information in the “Most Important” column is pulled from responses to the question: “What aspects of this category are most important in a comparison tool?”

<sup>2</sup> Direct quotes from the “Other Feedback” responses.

## Open Issues<sup>2</sup>

- The definition of population health varies between medical specialty, communities and sites of service.
- Methods of measuring the impact of population health tools are still being developed and measuring the value and quality of population health interventions will need to mature.
- Further research is necessary before population health metrics can be widely used in a comparison tool.
- The tool would still be useful without pop health but would not be useful without identifying basic performance of CHIT in high-value use cases that contribute to pop health.

## Most Important<sup>1</sup>

- Integrated or stand-alone
- Model of integration, maturity of integration mechanisms
- Ease of integration with legacy PM systems and CHIT

## Open Issues<sup>2</sup>

- Billing, scheduling, payment processing, revenue cycle management, and other financial functions are not CHIT, however, financial integration and the ability of CHIT to supply input data and support for these functions is mission critical.
- WEDI and EHNAC have partnered to create the Practice Management System Accreditation Program (PMSAP).

<sup>1</sup> Information in the “Most Important” column is pulled from responses to the question: “What aspects of this category are most important in a comparison tool?”

<sup>2</sup> Direct quotes from the “Other Feedback” responses.

## Most Important<sup>1</sup>

- Ability to capture compliant screen shots for audit purposes
- Dependence on third party components to enable compliance
- Ability to encrypt data at rest and in transit
- Levels of user authentication and access
- Costs of third party components
- Does product meet or exceed all HIPAA requirements for data privacy and security
- Do P&S functions impact workflow
- How rapidly threats are identified and communicated to personnel
- 42 CFR Part 2 features

<sup>1</sup> Information in the “Most Important” column is pulled from responses to the question: “What aspects of this category are most important in a comparison tool?”

<sup>2</sup> Direct quotes from the “Other Feedback” responses.

## Open Issues<sup>2</sup>

- ONC CHPL is really the only source for this and its usefulness as a comparative tool is limited
- This is a function that practitioners want performed in the background, run mainly by administrators and IT staff, and designed to have minimal impact on clinical care

## Most Important<sup>1</sup>

- Proof of MU compliance with all eCQMs
- It should clearly express how many/which quality measures are supported by the EHR vendor.
- Costs for interfaces, programming, and connections to specialty registries
- Ability to calculate quality metrics relevant for specialists.
- Impact on workflow (ease of use)
- Data validity
- Methodology transparency
- Flexibility in dashboard displays, roles
- Support for comparative benchmarking

<sup>1</sup> Information in the “Most Important” column is pulled from responses to the question: “What aspects of this category are most important in a comparison tool?”

<sup>2</sup> Direct quotes from the “Other Feedback” responses.

## Open Issues<sup>2</sup>

- Many physicians have limited access to specialty-wide clinical improvement data.
- What concerns clinicians at the moment is how much extra work this adds to the care process and how generalized, one-size-fits-all the quality measures are, often seeming irrelevant to what the practitioners do in their daily work. We need to get help from the professional societies in defining appropriate specialty-specific quality measures, and our EHR's have to capture the necessary data in the normal course of patient care.



## Most Important<sup>1</sup>

- Support of different regulatory requirements
- Does product have all the necessary tools to produce the data required for an audit
- Ease of upgrades to meet new requirements as they occur
- Are quality data collected without additional workflow changes on part of provider
- Usability of federally required functions in EHRs (general usability (both cognitive and UI), interoperability, data entry, and quality measure reporting)
- Ability to meet state regulations as well as federal

## Open Issues<sup>2</sup>

- Will modules require updates to meet current standards?
- ONC CHPL is really the only source for this and its usefulness as a comparative tool is limited

<sup>1</sup> Information in the “Most Important” column is pulled from responses to the question: “What aspects of this category are most important in a comparison tool?”

<sup>2</sup> Direct quotes from the “Other Feedback” responses.

## Most Important<sup>1</sup>

- Capital/one time costs
- Annual costs
- Network requirements
- PC requirements
- Third-party software requirements and fees
- Extra service fees that are a percentage of the purchase price
- Consider a 5 yr cost of ownership comparison to allow for comparing costs of ongoing updates
- Provide for ranges or order of magnitude of costs for comparability

## Open Issues<sup>2</sup>

- The cost of owning an EHR goes well beyond the purchase price.
- Interface costs and "custom" changes are often based on a programmer's time to make changes.
- The purchase price is negotiated and typically not publically reported.
- ONC has taken steps in their 2015 Edition to collect some of this information; however, most EHR vendors will only report a range of fees, and not the actual costs. A comparison tool should include at least this ONC data.
- Physicians should be allowed to publically discuss costs and services fees. As previously discussed, ONC should work with EHRA to include this language in their Code of Conduct.
- Like every other consumer, healthcare providers and organizations want assurance that their CHIT is a good value. There is no way to know make this judgment without knowing the total cost of ownership (TCO).

<sup>1</sup> Information in the "Most Important" column is pulled from responses to the question: "What aspects of this category are most important in a comparison tool?"

<sup>2</sup> Direct quotes from the "Other Feedback" responses.

## Most Important<sup>1</sup>

- Curated/objective set of user experiences scores or provide a place to compile user feedback from individuals, medical specialties, and user associations
- Scoring of ease of use, clinician efficiency, effectiveness, and satisfaction
- Incorporation of user-centered design principles
- Support of clinical workflow
- Effect on patient safety, near misses, etc.

## Open Issues<sup>2</sup>

- Concern that EHR vendors are blocking the free flow of usability and user experience ratings through "gag clauses" in product contracts. EHRA lists "appropriate recognized organizations" in their Code of Conduct. A federally sponsored comparison tool should be recognized as appropriate and we urge ONC to work with EHRA to do so.

<sup>1</sup> Information in the "Most Important" column is pulled from responses to the question: "What aspects of this category are most important in a comparison tool?"

<sup>2</sup> Direct quotes from the "Other Feedback" responses.