Joint HITPC and HITSC
Certified Technology Comparison Task Force
DRAFT
Report of the January 8, 2016, Virtual Meeting

Name of ONC Staff Liaison Present: Dawn Heisey-Grove

Purpose of Meeting: To draft recommendations on EHR selection tool

Meeting Outcome:

Co-Chairperson Cris Ross thanked Heisey-Grove for making presentation slides to summarize the January 7 hearing. Heisey-Grove went through the slides, pausing periodically for comments. 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 was charged with the following:

- 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

Hearing testimony presentations indicated general consensus that a tool would be helpful for various purposes as listed on a slide. David Schlossman interjected that it is also important that any tool drives innovation and improvement. Steve Stack and Ross emphasized the need to filter by provider characteristics and needs. Ross observed that the final recommendations must include who should design the tool. Christopher Tashjian talked about an app store model. He mentioned the distinction between features and capabilities. Ross declared that they should keep tract of the kinds of data needed, for one, the vendor's view of preferred market. Co-Chairperson Anita Somplasky called out the need to take into account the unique needs of FQHCs, public health departments, and other public organizations.

Heisey-Grove listed gaps in existing comparison tools:

- Not meeting specific needs of small practice providers or specialists
- Comprehensive CHIT cost information not available for comparison
- Usability (work flow and safety) information is not available for comparison
- Need information in comparison tools beyond what is captured through certification program
- Vacuum of comparable information and comparison metrics for health IT products needed to meet evolving requirements: products may not exist, or comparison metrics still need to be defined.

They agreed that factors should be added to usability, as well as the ability of practices with limited IT support to consume the tool.

They moved to a discussion of cost. Somplasky pointed out that total costs should be expanded to at least a period of 3 years for stage 3. Cost estimates are profoundly inaccurate. Ross suggested different cost reporting for different types of systems. Tashjian suggested the use of size of practice as a proxy for cost. Joe Wivoda said that each vendor should provide a statement of cost, indicating how prices are determined. Heisey-Grove talked about building in price based on size, urban-rural location, and other

practice characteristics. John Travis reported that Cerner uses a subscription model based on market segment. The type of license has to be considered in pricing. Ross observed consensus on cost transparency, validity of cost data, specifications on data to be collected, and understanding that in some cases only an RFI will generate pricing information.

The discussion moved to the usability slide. Heisey-Grove asked whether there are certain requirements that should be met. Schlossman objected to saying that usability is subjective; there are tests for user-centered design. Stack talked about crowd sourcing input on content. In a complex market place, other parties, such as professional associations, may serve as the source of information for a selection tool with complexity of detail.

The discussion moved to slide 10 and needed resources. Stack expressed his reservations about a rating system. He recommended providing the data, and then letting other organizations use the information to compare and rate. Stack acknowledged that there should be criteria for comparison. Ross said that the recommendations will be submitted to HHS via ONC. The recommendations can emphasize that the data can be collected by ONC as part of the certification process; information will be solicited from both experts and peers, and open data will be adhered to. He asked whether members agreed. No objections were heard. As to whether ONC should foster surveys and/ or crowd sourcing, Stark said that vendors of all the certified products can be required to populate a yes-no tool. Then some organization can use these data to design a tool. A selection tool could be very useful for small community practices and, possibly, for large systems in their consideration of modules. Heisey-Grove proposed using cost, usability, and ease of plug and play. No opposition was voiced.

Heisey-Grove asked how to obtain peer-to-peer data. Ross was opposed to making recommendations at that level of detail. Stack opined that associations and interest groups would do the crowd sourcing. Vendors would be surveyed. The task force could suggest some questions. Liz Johnson wondered where the data would be maintained. Heisey-Grove said that the next hearing may furnish content to answer some of these questions. Wivoda wondered whether the tool would provide information for non-physician clinicians. He advocated for casting a wide net. Stack agreed, saying that nurses especially must be included.

Next Steps: Heisey-Grove told the members to submit suggestions for recommendations to her. She and the co-chairpersons will communicate offline and circulate a strawperson document to members. A second public hearing will be held January 15.

Public Comment:

These written comments were received via the chat box.

Jennifer Voorn wrote, “key features- should also be filtered on- like MU stage 2 items: secure messaging, electronic access, patient education, etc. that way when the consumer is shopping for software, they can get the size, specialty and provider type focus... as well as key software features that would benefit those key areas”

Susan Clark, eHealthcare Consulting, wrote, “Regarding software vendors and certification.....How the measures are calculated are far too open to interpretation and we have seen many vendors whose MU or CQM reports do not appropriately reflect the rule as written.”

Flag to ONC Staff for Coordination: None

Attendance

Name	01/08/16	01/07/16	12/01/15	11/17/15
Anita Somplasky	X	X	X	X
Christine Kennedy	X	X		X
Christopher Tashjian	X	X	X	X
Christopher Ross	X	X	X	X
David Schlossman	X	X	X	
Dawn Heisey-Grove	X	X	X	X
Elizabeth Johnson	X	X	X	X
Joe Wivoda	X	X	X	X
John Travis	X	X	X	X
Jorge Ferrer	X	X		
Steven J. Stack	X	X		