WRITTEN RESPONSE

Joint Health IT Policy and Standards Committee
Certified Technology Comparison Task Force

Virtual Hearing
Panel 4: Health IT Comparison and Informational Tool Vendors
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Background - AmericanEHR Partners (www.americanehr.com)

Launched in 2010, AmericanEHR Partners was developed by Cientis Technologies and the American College of Physicians (ACP) in collaboration with the American Medical Association, American Academy of Family Physicians and 15 other medical societies.

The primary objective of AmericanEHR Partners is to provide physicians, practice managers, state and federal agencies, vendors, and funding organizations across the United States with the necessary tools to identify needs, compare, select, optimize and effectively use EHRs. It is a free, web-based resource that provides an unbiased view of all available EHR systems. AmericanEHR has been developed as an aggregation resource for information from a wide variety of sources, including multiple surveys and government-supplied datasets. Users are able to view satisfaction data combined with EHR Incentive Attestation records for each EHR system. Users are able to filter their results using an advanced search function for criteria including Practice Size, Practice Setting, EHR Certification, Geographic Location, Combined PM/EHR System, Interface with Alternate PM System, Integrated Patient Health Record: PQRS Reporting or EHR Developer Code of Conduct.

AmericanEHR Partners collects data directly from physicians validated via their professional organizations, through a detailed 139-question user survey. Data is collected and stored in discrete format in a structured database. Meaningful Use Attestation data from healthdata.gov has been integrated with AmericanEHR satisfaction data since 2014. The database design will allow for the integration of CHPL data from OPEN CHPL with the ability to link individual survey responses to a specific version of an EHR or present the data in an aggregated format by product. Users are able to provide narrative feedback regarding their use of any EHR product. Vendors have the ability to respond to user comments.

Governance - Four advisory groups help guide the development and ongoing work of AmericanEHR Partners. Advisory groups are voluntary and members do not receive remuneration in exchange for their participation.

1. Clinical Advisory — made up of physicians and other clinicians who range from non-users to expert users of EHRs.

2. EHR Vendor Advisory — made up of participating EHR vendors who offer certified EHR systems.

3. Professional Society Advisory — made up of one representative from each participating professional society.

4. Stakeholder Advisory — to keep key stakeholder organizations informed regarding tools, programs, and future services.

AmericanEHR Content Partners

In addition to the participation of medical societies mentioned above, 7 organizations including the Health Information and Management Systems Society (HIMSS), American Medical Informatics Association (AMIA) and American Health Information Management Association (AHIMA) have agreed to become Content Partners. Content partners are not-for-profit or commercial organizations with expertise in healthcare informatics that create neutral educational content to support the selection, adoption, and use of EHRs by health care clinicians and their practice teams.

In June of 2015, coupled with the implementation of their Code of Conduct on the site, HIMSS

Electronic Health Record Association (EHRA) became the latest content partner. AmericanEHR Partners is now the only site on the web where vendors who have signed the Code of Conduct are listed and their products are identified.

Specialty Specific Data

Specialty and subspecialty user satisfaction surveys have been developed for the following professional organizations including baseline survey data for each specialty group. The American College of Surgeons (ACS), American Osteopathic Association of Medical Informatics (AOAMI), American Academy of Allergy, Asthma and Immunology (AAAAI), American Academy of Neurology (AAN), American Psychiatric Association (APA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American College of Rheumatology (ACR), American Society of Clinical Oncology (ASCO), Infectious Diseases Society of America (IDSA) and Renal Physicians Association (RPA).

Additional interactive tools, educational materials, and data assist physicians and their staff:

- **EHR Readiness Assessment Tool:** Helps assess a number of critical areas and gauges the effort and commitment required to make EHR adoption successful. This tool has been used by Regional Extension Centers (RECs) to facilitate EHR implementation and has been extremely well regarded. The EHR Readiness Assessment Tool is an established capability that can be duplicated for any Meaningful Use Measure in order to provide user specific preparation and guidance.
- **EHR Comparison Engine & Rating System:** Based on selected specialty, size of practice and other search criteria, this tool helps practices evaluate and compare products and user ratings.
- **Meaningful Use Attestation Data: AmericanEHR has built interactive tools using Meaningful Use attestation data provided by HealthData.gov. Attestation data** are presented alongside AmericanEHR rating data to help users correlate a product's ability to achieve Meaningful Use with user satisfaction.

Research Capabilities

In meeting its primary mission of aiding practices in implementing health IT, AmericanEHR has amassed a significant volume of valuable data. Much of the data are collected via survey from clinicians whose identities are validated directly against the AMA Physician Masterfile, through their membership in participating societies, or through manual validation. By combining these data with other available data sets, a number of useful and timely reports have been produced. These research reports have generated significant attention in the press and in the industry. *Challenges with Meaningful Use EHR Satisfaction & Usability Diminishing* (attached)*,* presented at HIMSS in 2013, is still being cited in the literature and in the press, although it has just been superseded by *Physician Use of EHR Systems – 2014* [1] and *Top 10 EHR Market Share Report – 2014* [2].

Strengths of AmericanEHR

1. 6 years of baseline reference EHR satisfaction data;
2. Existing relationships with US professional organizations representing the majority of US physicians;
3. Established mechanism to collect user data directly from US physicians;
4. Ability to validate clinician credentials with a high level of confidence;
5. Ability to rapidly integrate 3rd party data such as CHPL numbers, certification data, usability data;

6. Integrated Meaningful Use attestation data from healthdata.gov.

Responses to Questions

Panel 4: Health IT comparison and informational tool vendors

1. **What is the best way to develop a tool that meets the needs of different provider groups?**

   We recognize the challenge in meeting the needs of individual users that can range from single physician practices to large organizations while providing information on EHRs that is easy to access, highly usable and relevant to that individual.

   EHR Products are continuously changing, evolving and adding new functionality, which can vary by specialty, time frame and geographic implementation. Because products are evolving rapidly, there is frequently a gap between the capability of the product and the knowledge of the individual to use the functionality in question until they attempt to complete a task and fail or are required to perform a specific action. For example, in order to comply with MACRA quality reporting, users may not know whether or how that could be accomplished using their EHR.

   We believe that the most effective option is to provide a wide range of trustworthy data and analytical tools through which users can customize queries for their individual needs. The real-time integration of government curated and 3rd party certification, usability and cost data is critical in order to provide product and specialty specific information that is relevant to the user at that point in time. This should further be supported by narrative user feedback with the ability for verified EHR vendor representatives to respond to issues and questions posed by users.

   An effective tool requires the participation of all providers and all users of certified technology.

   The tool needs to be sufficiently dynamic so that it is able to evolve in parallel with changing requirements and be able to collect, analyze and present sufficiently granular data that the information will be relevant to users.

   We believe that access to data should be free for users of EHR products.

2. **What are the barriers to you completely meeting the health IT product comparison needs anticipated by MACRA?**

   The ability to draw dependable data from EHRs is one of the foundational requirements in order to meet the broader needs of MACRA. By extension, this requires that individuals are using the correct EHR for their particular clinical setting and specialty and are using the technology effectively in order to collect and manage that data.

   In order to meet the health IT comparison needs anticipated by MACRA, the following barriers have been identified:

   - Participation of all certified technology vendors.

   - Participation of all users of certified technology.

   - Resources to design and present additional analytical tools, dashboards and query engines in order to present necessary data to relevant parties.

   - User and 3rd party data that is granular enough to address specific functionality capabilities for each product version.

- Availability of version specific EHR product information.

3. **Are there data that you would like to include in your product that are not currently available to you? How will that benefit the provider?**

AmericanEHR Partners already provides a range of evaluation, comparison and analytical tools that are available to all users. By enhancing the foundational capabilities of AmericanEHR Partners, we would like to provide the following additional data:

- **CHPL data** - Benefit to end-user: Ability to view product information for a specific version of an EHR. Ability to view user satisfaction feedback and narrative commentary for that specific version and specialty of user or as an aggregated set of user satisfaction data for all versions of that EHR product.

- **Additional Certification Data** - Benefit to end-user: Ability to view additional certification criteria e.g. by specialty or specific modular functionality.

- **3rd Party Data** - Benefit to end-user: Ability to view additional 3rd party data such as objective usability data, information exchange and interoperability performance metrics integrated with user satisfaction and meaningful use attestation data in order to support product optimization and product purchase decisions.

- **Data about Additional Products or Services used to Deliver Care** - Benefit to end-user: As alternative payment and service models develop, the need of providers to integrate tools such as connected diagnostic devices, mobile tools, remote patient monitoring tools and services and telehealth capabilities will continue to increase. The ability to view additional product information and user experience/satisfaction information in the context of their EHR, specialty and type/size of practice will be extremely valuable to users who are considering additional services or new models of care delivery.

4. **What kinds of health IT-related APM or care coordination capabilities do you think should be available for comparison?**

- Information exchange is the currency of care coordination. Information exchange depends on efficient, accurate and dependable interoperability between health IT systems, including EHRs.

- It is important to differentiate between the simple transfer of information and semantic interoperability (the ability of computer systems to exchange data with unambiguous, shared meaning). Exchanging a Continuity of Care Document is one thing. Actually consuming the data in a different EHR is another owing to different interpretations of the format and database structures. As a result, robust information exchange capability between EHR systems is an absolute requirement in order to support care coordination. Under MACRA, physicians need to be able to 'build' the system that best meets their needs and the needs of their patient population.

- At a high level, in order for multiple care providers to assemble and manage care plans for complex needs individuals in different EHR systems, the following capabilities should be available for comparison:
    - Ability to exchange information between users of the same EHR system (intra-organizational and inter-organizational);

- Ability to exchange information between users of different EHR systems;

- Version information: Are all versions of a particular EHR system able to exchange information required for a specific purpose?

- Comparison measures could include certification of a specific messaging capability of particular EHR product to ensure compatibility with other EHR products certified to send and receive the same message or sets of messages.

- Advanced comparison capabilities should build upon and integrate with core comparison data elements listed earlier in this document.