Testimony ONC Hearing on EHR Comparison Tooling

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It is a pleasure to provide the task force with testimony about our experience in providing services to our members to support their EHR selection. We have been working at this since 2004 when I joined the staff at the American Academy of Family Physicians.

An early foray into providing comparisons was a partnership with Microsoft in which we developed a comparison tool for practice management systems. By the time we created the tool, it was obsolete because the products had updated and changed their functionality offering. We learned first-hand the challenge of scalability for a complex, rapidly changing market.

We then tried to supply our members with survey data about EHR market share and asked the vendors to provide information about their functionality profile. Besides relying on self-reported data, we found that many EHR products and vendors would have users reporting that the EHR was great and really worked for family medicine. We would have another group of users of the same EHR that would say the product was not well suited for family medicine. Of course, we assumed that practice size and setting were driving reasons for the differing accounts.

So, we created a product that the physician could "find a physician like me in a practice like mine." This started us down the road for a review product for EHRs in which we had the self-reported data from the vendor coupled to reviews that also provided a profile of the physician practice. This allowed physicians to find products with an overall score above a threshold and find reviews from physicians like them. This was very helpful to our members. Of note, we did have members not willing to submit reviews as they were concerned about blow back from their vendor for bad reviews. We had several members who reviewed products that were contacted by vendors about those reviews. We even had some reviewers ask to edit their review after it had been submitted – most likely after being contacted by their vendor.

We found that even by providing physicians reviews of EHR products, the physicians would not be able to estimate their potential success with a specific product. We quickly found that the implementation of an EHR was as important if not more important than selecting the right EHR. Just as the patient's story is critical in correct clinical decision making, so is the implementation story.

At this time we had very high adoption rates in our membership and we started to change our focus from adoption to optimal use. For this reason and the daunting task of keeping up with the selection resources and reviews, we partnered with AmericanEHR and have been directing our members to that site for EHR selection assistance.

If I were building a comparison resource today, I would focus on the following key aspects:

1. **Include a prominent social component to the comparison tool**

There are many reasons to include a social component but probably scalability is the more important one. No single organization, including the federal government, can create a comparison tool that is able to address the complexity and variability of medical practice and keep up with the pace of change in health IT design. As important is the ability to capture the implementation and user story, which is critical to understand how a product may work in a new practice.

2. **Include robust information about compatibility of systems**

We have a high rate of adoption of health IT and therefore more and more comparisons are going to be about switching products rather than first purchases. Users and purchasers need to understand how the product will accept their current data. Also, modular approaches to health IT are likely and purchasers need to know what other products might be able to interoperate with the product. It is extremely difficult for smaller providers to make this type of determination without external support.

3. **Focus on the capabilities providers need to offer not on the individual functions of the EHR**

It does not matter how well an EHR "generates a patient list" if that list cannot be used to recall patients or identify the ones who are most critical for an intervention. We need the focus to be more solution-oriented such as how to manage chronic disease patients. Such a capability would likely have several dependent functionalities. It may not be feasible to test all the functionalities for a capability, so the focus needs to be at the capability level.

4. **Create a common infrastructure to be used by multiple medical societies and others**

As stated above, one organization cannot scale to meet the scope of a comparison for all providers. It is important to get buy-in by medical societies and other key entities to help create comparators and to recruit participants. A common infrastructure can support common comparators where there is overlap in needs by provider type. It is also helpful to have a single process for vendors to provide information and perform testing.

5. **Make the testing and evaluation granular and transparent**

It is important to not require vendors to create functionalities that their users do not need nor want. Therefore, evaluations should be very granular and then the users or others can then create collections of these atomic evaluations to build larger profiles. Additionally, the entire testing process needs to be transparent. The point is to demonstrate differences in products and to help move the entire industry forward.