Joint Health IT Policy and Standards Committee Certified Technology Comparison Task Force Virtual Hearing (January 15, 2016); Panel 3: Certified Health IT Developers

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Thank you for the opportunity to provide testimony on behalf of athenahealth, Inc. (athenahealth) to the Certified Technology Comparison Task Force (CTCTF) identifying user needs for an electronic health record (EHR) comparison tool, gaps in the current tool marketplace and barriers to addressing those gaps.

At athenahealth, we love the idea of consumers having the ability to actually compare EHRs. We call this "shopping" and it is something woefully non-existent in healthcare across the U.S. That being said, we are alarmed by the notion that the government would somehow become the "consumer reports" of healthcare IT. We racked our brains and could not think of another industry where the government runs a business-to-business Angie's List, besides perhaps automobile crash safety. In fact, adequate comparison tools already exist in the market (e.g. KLAS, Gartner, Forrester, AmericanEHR) and we work hard to maintain good performance in those comparisons. Our most important point is that we do not believe it is the government's role to provide comparisons. Comparison shopping is one of the most basic activities of a functioning market. To the extent that there are barriers preventing a functioning market, government attention should be more appropriately focused there. It should very much be on the table for the Task Force to find that a government-administered EHR comparison tool is neither valuable nor feasible.

Our first concern is that a comparison tool, like IT itself in the clinical arena, will lead to unintended consequences. The value proposition or feasibility of a comparison tool has not been proven. For example, the Certified Health IT Product List (CHPL) is already difficult to navigate—why are we to believe that a new government-sponsored tool would be any better?

Those who follow the health IT industry know that the "chief complaint" from physicians is *not* that features do not exist. Certification already ensures a consistent feature set across all certified EHRs. In fact, comparison shopping on features and functions has led nowhere. Vendors in our industry all built to the prescribed government specifications and yet there is tremendous variability in provider client success in the Meaningful Use (MU) program. The mere presence on the government's certified list of vendors served as a tacit endorsement that a product would meet certain requirements. Instead, hundreds of those vendors were unable to have their provider clients meet Stage 2 of MU.

The actual "chief complaint" from EHR users is that EHRs have poor usability. However, creating an objective, quantitative system for comparison is virtually impossible, and all

of the past attempts have failed, such as the user-centered design requirement in certification.

If the primary goal is to fuel innovation, a comparison tool is extremely unlikely to do that. Rather, innovation will best come from a properly functioning market where users can shop for an EHR that meets their unique needs. Again, we reiterate, athenahealth does *not* recommend that ONC move forward with an EHR comparison tool.

If ONC must do something, our recommendation is for the agency to focus its attention on areas where the market alone cannot or should not provide solutions. In an ideal market, innovations leading to better usability and consumer satisfaction are driven up conditions that promote shopping. First, there have to be many competitors. Second, switching costs must be low. Third, purchase decisions must be able to be made rapidly. And, fourth, the purchaser must be the end user. The best way to think about this is cellphones, not EHRs.

In comparison, in health IT: there are relatively few competitors; switching costs are extremely high; purchase decisions can take months and sometimes years; and the people making the purchase decisions are not the end users. Even though the government cannot do much to fix our broken market, it is uniquely positioned to address one of these issues. Much more valuable than a comparison tool, ONC will promote better usability among vendors by addressing the one market condition that is unlikely to resolve itself: switching costs.

Many EHR purchasers suffer from what the industry calls "vendor-lock" because of the costs and complexities of making a switch. For example, lack of data portability standards make it extremely expensive to transfer patient data and medical record retention laws force practices to keep the entire record for up to 21 years. If data portability standards were more mature, switching costs would decrease and the market would move the needle on the other three measures, ultimately resulting in better usability. We believe that the most recent certification requirements, which includes a requirement to both import and export a CCDA, represent a promising start.

However, if a comparison tool must be created, consider these recommendations:

- Do not think in terms of "installed-software" or "module-based" EHRs and perpetuate the conventional, outdated notion of what an EHR must be. Things are changing rapidly and attempts to define what is "necessary" and "right" based on the status-quo in health IT will actually hinder innovation.
- There is little point in comparing features required by certification because we already know that a certified EHR has those features. And, we know that there is no effective way to quantitatively compare usability.
- The distinction between the total cost of ownership among different systems (e.g. between legacy and cloud-based systems) is an area where more education

among purchasers and end-users is needed. However, this does not mean that vendors should be required to list their prices. Instead, consumers need to be educated about the types of costs that may arise.

- Interoperation can and should be measured. Healthcare is rapidly moving toward longitudinal views of patient information across care settings. A tool that focuses on information liquidity between independent and competing healthcare systems and entities would encourage connected care and slay fragmentation. This comparison tool could help providers understand how "open" a particular EHR system is by offering information on metrics, such as the number of interfaces, number of documents exchanged per provider per day, number of documents exchanged with other EHR platforms, and the types of documents exchanged. This tool should also surface complaints about information blocking.

- Finally, we want to emphasize that all of this work is already being done by a number of private-sector companies and that there is no reason for ONC to recreate the wheel. Existing solutions—including KLAS, American EHR, Gartner, Forrester Research, Captera, Consumer Affairs, EHR Compare, EHR in Practice, EHR Softwareinsider and Software Advice—should be leveraged and consulted going forward.

Thank you for your time this afternoon and I look forward to responding to any questions you may have.