

Health IT Joint Committee Collaboration

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



March 17, 2016

Karen DeSalvo, MD
National Coordinator for Health Information Technology
Department of Health and Human Services
330 C Street, SW
Washington, DC 20201

Dear Dr. DeSalvo,

In response Congress's request to identify mechanisms to help health care providers compare certified health information technology (IT) products, a joint Health IT Policy Committee (HITPC) and Health IT Standards Committee task force was formed. This transmittal offers the joint HITPC and HITSC recommendations, which are informed by the Certified Technology Comparison Task Force's (CTC TF) deliberations.

BACKGROUND

On April 16, 2015, the President signed the Medicare Access and CHIP Reauthorization Act (MACRA). Within MACRA, Congress requested that the Department of Health and Human Services' Secretary conduct a feasibility study to identify mechanisms to improve health care providers' ability to compare certified health IT products.

To garner stakeholder feedback, the Office of the National Coordinator for Health Information Technology (ONC) convened the Certified Technology Comparison Task Force, a joint Health IT Policy Committee and Health IT Standards Committee group. The CTC TF was tasked with identifying the different health IT comparison needs of providers across the care continuum, identifying what is needed in a comparison tool, current marketplace gaps, and the barriers to addressing those gaps.¹

In addition to the subject matter experts invited to participate in the CTC TF, two virtual public hearings were held to hear from a diverse mix of stakeholders. These stakeholders were broken into five panels hearings that included primary and specialty care providers, certified health IT and comparison tool developers, usability experts, representatives from third-party health IT certification and testing organizations, and experts in quality measurement and alternative payment models.^{2,3}

¹ Certified Technology Comparison Task Force www.healthit.gov/facas/FACAS/health-it-policy-committee/hitpc-workgroups/certified-technology-comparison-task-force

² CTC Task Force Virtual Hearing. www.healthit.gov/facas/FACAS/calendar/2016/01/07/ctc-task-force-virtual-hearing

³ CTC Task Force Virtual Hearing. www.healthit.gov/facas/FACAS/calendar/2016/01/15/ctc-task-force-virtual-hearing

The testimony from the virtual public hearings informed the CTC TF's deliberations, resulting in final recommendations that were presented at a joint meeting of the Health IT Policy and Standards Committees on January 20, 2016.⁴ The task force's recommendations include five strong recommendations on steps that could be taken to address gaps in the comparison tool marketplace, as well as two recommendations against specific action by ONC.

FINDINGS

Based on information from the public hearings and the public deliberation of the Task Force, the CTC TF collected a number of findings related to the current state of Health IT Comparison Tools and gaps in the current state.

Selecting the health IT product(s) that best meets the clinical needs of a practice or hospital is a complex process. It requires technical, clinical, and administrative knowledge to identify the product or products that best address the clinical needs of the practice for a price that is in line with what the practice can invest.

Health IT purchasing may occur in a variety of ways over a practice's lifespan, such as:

- when a practice makes their first health IT purchase,
- when a practice upgrades, adds, or replaces products, or
- when a practice assesses the health IT landscape to anticipate future purchasing needs

Although existing comparison tools are well-respected, have brand recognition, and are backed by extensive market research, small practice and specialty providers have unique challenges that are not completely addressed with these tools. In addition, the absence of comparative information on factors deemed important to providers, such as product usability, may mean there are less incentives on the part of health IT developers to compete and innovate on those factors. Therefore, making information available for comparison on these factors may promote innovation and competition.

Ideal Components of Health IT Comparison Tools

There is a clear need for additional information to better inform providers who are comparing health IT products. Some of these information gaps include the health IT products' targeted market, usability, product cost, quality metrics and population health functionalities, and ability to integrate with other health IT products. Current comparison tools could benefit from additional objective and subjective information across all of these areas. Not all data should be supplied from the same source, however. The federal government, for example, should not be collecting subjective information. Objective information, on the other hand, may already be collected through ONC's certification process, or could be collected through a single platform, by the federal government. One such mechanism for making additional objective information available could be through ONC's Certified Health IT Product List

⁴ Joint HIT Committee Meeting. www.healthit.gov/facas/FACAS/calendar/2016/01/20/joint-hit-committee-meeting

(CHPL). This system captures information obtained during the certification process, as reported by ONC-authorized third party testing and certification organizations. If additional information were made available through CHPL, comparison tool developers could incorporate those data into their tools to enhance providers' comparison of certified health IT products. Table 1 provides examples of where the federal government and private sector could contribute to improving comparison tools. Data sources should always be clearly identified within comparison tools so that potential sources of bias are transparent – this includes clearly noting when reviews have been paid for, or if they are solicited from a limited, vendor-referred population. There should be complete transparency when it comes to how the peer reviews are solicited and the degree of use by the product reviewer.

Health IT needs, capabilities, and functionalities are undergoing a rapid change. Effective comparison tools must be nimble to be responsive to this changing marketplace, as well as consider including some metrics on the maturity of the technology, standards, and product. Comparison needs will encompass a variety of functions, including patient engagement, quality improvement, population health, interoperability services, data migration, practice management, accessibility, and alternative payment models.

RECOMMENDATIONS

Given these findings and gaps in the marketplace, the task force **recommends** the following:

1. **Recommendation:** *ONC should* advance data sources like CHPL as an information resource for private sector tools by enhancing the data as described in [Table 1](#), informed by the ONC's feasibility study.
2. **Recommendation:** *ONC should* contract with one or more tool vendors to ensure tools are accessible to, and meet the needs of, specialty and small practice providers.
3. **Recommendation:** *ONC should* communicate about comparison tool availability to health care providers.
4. **Recommendation:** *ONC should* make recommendations for private sector consideration.
5. **Recommendation:** *ONC should not* develop and maintain a comparison tool, or expand CHPL to serve as a comparison tool.
6. **Recommendation:** *ONC should not* endorse one or more tool vendors.

We appreciate the opportunity to provide these recommendations.

Sincerely yours,

/s/

Paul Tang
Vice Chair, Health IT Policy Committee

/s/
Arien Malec
Co-chair, Health IT Standards Committee

/s/
Lisa Gallagher
Co-chair, Health IT Standards Committee

Table 1. Areas for improvement in health IT comparison tools, and the roles of private sector and the federal government in improvement

	Federal Expanded Role (data reported through CHPL or similar mechanism)	Private Sector Expanded Role (collect and include information in comparison tool as appropriate)
Overall satisfaction	N/A	Peer-to-peer reviews
Product cost	Base costs	Peer-to-peer reviews regarding price=expectations
Product integration	Voluntary developer reporting: <ul style="list-style-type: none"> • Number and type of products successfully connected • Which products connected to • Number and type of devices supported 	Subjective reviews on ease of use and installation
Quality metrics and population health	Voluntary developer reporting: <ul style="list-style-type: none"> • Exportable data file types • Reporting capabilities (continuous, 1-2 Xs/yr, etc) 	Metrics certified for non-federal value-based programs
Targeted market	Voluntary health IT developer reporting on market characteristics such as practice size, specialty, in/outpatient, modular/complete product, rural/urban	Include only audience-specific information or provide filters to limit search parameters by provider/practice characteristics
Usability	<ul style="list-style-type: none"> • Formal evaluations based on objective data • Make safety surveillance data publically available • Make relevant usability information from certification process publically available 	Peer-to-peer/crowd-sourcing subjective reviews