

Health IT Joint Committee Collaboration

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



Certified Technology Comparison (CTC) Task Force Final Recommendations

Cris Ross, co-chair
Anita Somplasky, co-chair

January 20, 2016

Membership



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

First Name	Last name	Organization
<i>Cris</i>	<i>Ross</i>	<i>Mayo Clinic</i>
<i>Anita</i>	<i>Somplasky</i>	<i>Quality Insights</i>
Christopher	Tashjian	Vibrant Health Family Clinics
Christine	Kennedy	Lawrence and Memorial Hospital
David	Schlossman	Missouri Cancer Associates
John	Travis	Cerner Corporation
Joe	Wivoda	National Rural Health Resource Center
Liz	Johnson	Tenet Healthcare
Steven	Stack	American Medical Association
Jorge	Ferrer	Veterans Health Administration
Dawn	Heisey-Grove	ONC

In MACRA, Congress requested that the HHS Secretary conduct a feasibility study regarding the need for a certified health IT comparison tool. As part of that study, ONC convened this task force to solicit stakeholder input.

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 will:

- 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



Health IT Joint Committee Collaboration

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

FINDINGS

- There are ongoing needs for comparison tools for providers
 - Making their first purchase of health IT products
 - Considering modular component purchase to meet new health IT needs
 - Considering replacing existing health IT products
 - Developing an ongoing IT strategy to determine what products are in the market and assess future purchase needs

There was consensus about ongoing needs for comparison tools for providers



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

- Existing tools
 - Are well-respected
 - Have brand recognition
 - Conduct extensive market research
 - Have developed robust comparison platforms that meet specific needs of their members

Different users have different needs for comparison tools



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

- Current tools may not meet the needs of all providers, particularly providers
 - In small and/or rural practices
 - In specialty practices
 - Who lack technical support

- Most tools lack
 - Empirical sources of comparison for quality reporting
 - Objective usability information
 - Comparative product costs
 - Information about products' ability to integrate with other health IT
- Some tool costs may be prohibitive to smaller or under-resourced practices

- Comparative, objective data may encourage competition and drive innovation
 - Where there is an absence of comparative information (ex. usability) there is less incentive to compete
- Purchasing health IT is complicated and comparison tools may simplify this process
 - Tools that provide objective comparison and evaluation information scoped by the provider/practice characteristics help providers make the right decision



Health IT Joint Committee Collaboration

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

RECOMMENDATIONS



Specific comparison tool information needs, and recommendations on filling those needs

Information Need	Federal expanded role (data reported through CHPL or similar mechanism)	Stakeholder expanded role (include information in comparison tools as appropriate)
Targeted market	Voluntary reporting by developers on previously identified categories	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 public	Peer-to-peer/ crowd-sourcing subjective reviews
Product cost	Base costs	Peer-to-peer reviews regarding price=expectations
Overall satisfaction	n/a	Peer-to-peer reviews



Specific comparison tool information needs, and recommendations on filling those needs

Information Need	Federal expanded role (data reported through CHPL or similar mechanism)	Stakeholder expanded role (include information in comparison tools as appropriate)
Quality metrics and population health	Voluntary developer reporting: <ul style="list-style-type: none">• Exportable data file types• Reporting capabilities (continuous, 1-2Xs/yr, etc)	Metrics certified for non-federal VBPs*
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 installation and use

*VBP=Value-based program

ONC should:

1. Advance data sources like CHPL as an information resource for private sector tools
2. Contract with one or more tool vendors to ensure tools are accessible to, and meet the needs of, specialty and small practice providers
3. Communicate about comparison tool availability to health care providers
4. Make recommendations for private sector consideration

ONC should not:

1. Develop and maintain comparison tool, or expand CHPL to serve as a comparison tool
2. Endorse one or more tool vendors



APPENDIX

The following slides describe attributes of an ideal health IT comparison tool, based on what the task force heard during the virtual hearings.

- Comparison tools should allow filters that narrow choices for targeted audiences; filtering should be permitted across multiple categories simultaneously
 - Inpatient vs. outpatient
 - Specialty vs. primary care
 - Modular vs. complete products
 - Practice size (range)
 - Rural vs. urban
 - Practice type: ambulatory, community health center, federally-qualified health center, rural health center, public health agency
 - Product: cloud vs hosted

- Comparison tools should be accessible to all levels of technical ability
 - Providers in small and rural practices have limited technical support and need tools that offer comparisons in a way that they can understand

- Comparison tools geared towards small and rural practices should provide cost transparency
 - Consider applying different cost reporting methods for different classes of users/products (ex. practice size, rural/urban, cloud vs. server)
 - Costs should be presented as a cost per provider per year or month
 - Consider providing both vendor-supplied data as well as peer-to-peer input

- Given the modularity of certified health IT, tools should be available that allow for comparison of products for a variety of topics
 - High priority: usability, total cost of ownership, regulatory requirements, and privacy and security
 - Medium priority: patient engagement, quality improvement, population health, interoperability services, data migration
 - Low priority: practice management, accessibility, alternative payment models

- Tools should include both objective and subjective information on product usability
 - Should include information regarding:
 - How easy it is to learn to use the product?
 - How efficient is the product?
 - How effective is the product?
 - How well does the product prevent errors?
 - How satisfying is the product to use?
 - How much was workflow impacted by implementation?

- Objective data about non-certified health IT should be available for comparison as appropriate
 - Examples include practice management, quality metrics for non-CMS value-based programs, etc.
 - Tool developers should work with all stakeholders to ensure that objective information about non-certified health IT is available for comparison

- Comparison tools should be flexible to help providers select health IT that meets evolving needs of health care delivery system reform
 - Population health, alternative payment models, and interoperability, including API connectivity for highly specialized products, are all areas for which comparisons of health IT products will be needed, but for which the market and/or comparative data may not be ready currently

- For a robust comparison, tools should include information from vendors, independent third parties, and peer reviews
 - Information source should be clearly stated
 - Peer reviews should be validated, if possible
 - Vendor self-report could be voluntary, and if a vendor chooses not to report, that in itself should be available in any comparison tool

- The government should make available more objective data on health IT products that can be utilized by comparison tool developers
 - Open data will allow organizations to develop comparison tools that address their constituents' needs
 - Data collection opportunities
 - Certification process
 - Voluntary reporting (the absence of information in this situation is information in and of itself)
 - Open Data CHPL could be expanded to make these data available

- Collection of subjective data should be the purview of tool developers and medical societies
 - Includes:
 - Peer-to-peer and crowd-sourcing reviews
 - Comparisons of health IT products
 - Rankings of health IT products