Medical Group Management Association®

October 17, 2018

Don Rucker, MD
National Coordinator
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Request for Information Regarding the 21st Century Cures Act Electronic Health Record Reporting Program

Dear Dr. Rucker:

The Medical Group Management Association (MGMA) is pleased to submit the following comments in response to the request for information entitled, "Information Regarding the 21st Century Cures Act Electronic Health Record Reporting Program," published on August 24, 2018. We believe this requirement of the Cures Act has the potential of significantly impacting the ability of physician practices to acquire the health information technology (HIT) that best meets their clinical and administrative needs.

MGMA is the premier association for professionals who lead medical practice. Since 1926, through data, people, insights, and advocacy, MGMA empowers medical group practices to innovate and create meaningful change in healthcare. With a membership of more than 40,000 medical practice administrators, executives, and leaders, MGMA represents more than 12,500 organizations of all sizes, types, structures and specialties that deliver almost half of the healthcare in the United States.

An increasing number of physician practices are acquiring certified health IT. The development of effective tools that assist practices to identify the most appropriate products that best meets an organization's clinical and administrative needs will simplify this complex purchasing decision. Further, making the best decision for the practice will lessen the chance that the practice will be forced to undergo a costly and burdensome "rip and replace" process when their current product proves less than adequate.

For practices, choosing the right EHR typically requires a certain level of technical expertise, an understanding of the functionalities necessary for quality improvement and value-based payment, and familiarity with legal and regulatory compliance requirements at both the state and federal levels. There are, however, few tools that currently provide practices comparative information on certified health IT. The ones that are available tend to be costly and unreliable. If implemented appropriately, a resource that offers practices the ability to compare and contrast EHRs on the basis of usability, interoperability, security, cost and other criteria, in addition to functionality, would not only be helpful to the practice as they shop between vendors, but could also incentivize software developers to compete for market share on these newly-measurable factors.

Key Recommendations

MGMA supports ONC's efforts at developing an EHR Reporting Program to assist end users make better and more informed purchasing decisions. MGMA highlights the following high-level recommendations aimed at ensuring that the Reporting Program meets its objectives:

1. **Ensure physician practice input**. We urge ONC to require whatever private sector entity is named as the contractor of the Reporting Program to consult with physician practice representatives throughout the development process. These consultations should include focus groups and interviews with practicing clinicians and administrative staff at each stage of the process.

2. **Identify usability, security, interoperability, and cost as major components of the Reporting Program.** Poor software usability is a clear con, contributor to both patient safety issues and high levels of clinician frustration and burnout. CURES identifies usability, security, and interoperability as areas the Reporting Program must address. We urge ONC to make the issues of usability, security, and interoperability central features of this reporting system.

3. **Include patient safety as a key attribute of the Reporting Program.** The safety of patients, related to the deployment and use of EHRs, has been a persistent problem for many years. Poor usability and inefficient clinician workflow can not only fail to prevent adverse events but can actually contribute to them. The Reporting Program should report on the ability of the software to identify and address patient safety issues.

4. **Make software pricing structures for upfront and ongoing software, training and maintenance costs part of the Reporting Program.** Although certain costs are required to be captured in the ONC online listing of CEHRT, it is very difficult for users of the system to review costs and compare vendors. Having access to, at a minimum, how costs are broken down (i.e., upfront versus monthly maintenance fees), as well as what training was included in the original fee and what additional training would cost, would be extremely beneficial for practices looking to compare vendor products.

5. **Include all interoperability "connection" fees in the Reporting Program.** A consistent barrier to interoperability has been the fees charged to practices for connections to hospitals, health information exchange entities, and other fees imposed on them by vendors. Transparency of fees charged by software vendors for these connections will be an important feature of the Reporting Program.

6. **Include integration with practice management system software in the Reporting Program.** While ONC has focused its attention of the clinical use of HIT, it is important to recognize that practices leverage practice management system software for patient scheduling, billing, insurance eligibility verification, and many other administrative tasks. Optimally, the EHR and practice management systems will be integrated to provide the practice with a seamless workflow that can extract and utilize clinical data for administrative purposes. However, in many instances, the two do not integrate effectively (or inexpensively), causing significant challenges for practices. We urge ONC to consider incorporating into the Reporting Program testing criteria that focuses on the effectiveness of this integration, and costs associated with it.

7. **Employ "real world" testing-do not rely simply on vendor-reported data or data gathered in a laboratory setting.** The large number of EHR vendors who are under some form of ONC corrective action plan suggests that the current certification testing process may not be ideal. While laboratory testing reduces administrative costs for both the vendor and tester, it may not accurately reflect the capabilities of the product in real-world clinical situations. We recommend ONC look closely at incorporating real-world testing and/or feedback into the Reporting Program.

8. **Minimize the reporting burden on physician practices.** ONC should seek to minimize, wherever possible, any administrative burden for physician practice staff participating in this Reporting Program. This can be done, in part, by having the software vendors be required to report objective criteria. We urge ONC to leverage existing data in EHRs, current certification testing programs, and even external data sources to populate the reporting system, all with an eye on decreasing the burden on end users to supply information for the Reporting Program.

9. **Require software developers to report data for the appropriate testing criteria but have ONC verify this data.** Identifying criteria that vendors can report to ONC will be an important facet of this Reporting Program. At the same time, to instill a higher level of trust in the results, it will be critical for ONC to verify the accuracy of the data being supplied by the vendors.

10. **Implement an audit and public disclosure process**. One method of ensuring the accuracy of data reported by the EHR vendors will be to develop a process of random audits of data reports. Should these audits show the vendor has misrepresented the facts, the vendor should then be listed on the public reporting site as an entity that has falsified the facts and a description of what the transgression was.

11. **Phase-in the Reporting Program over time.** ONC should consider rolling out the Reporting Program to the public in stages. This has the advantage of getting the program to market faster than if the agency waited until each component of the program was finalized. Certain data may be identified and reported quicker-and this information can be made public before more complex data is captured and reported.

12. **Beta test the final Reporting Program website with a representative sample/focus group of end users to ensure that the site is easily navigable and useful.** Regardless of the type of quality of the data being captured in this program, if the Reporting Program website is not itself user-friendly or vendors cannot be efficiently and accurately compared, then practices will not use this resource. We recommend physician practice representatives be included throughout the development of the reporting website and provide input on beta versions and we urge ONC to work with MGMA and other professional associations to identity reviewers.

Specific RFI Comments

Current Environment

ONC Question

- *What kinds of user-reported information are health IT acquisition decision makers using now; how are they used in comparing systems; and do they remain relevant today?*

MGMA Response

Choosing which EHR product to purchase is one of the most important clinical and business decisions an organization will make. The EHR becomes the lifeblood of the practice and drives, in large part, how the clinician will interact with the patient. As such, practices leverage a number of different resources as they evaluate various product offerings.

Traditionally, practice leaders will begin the process of product selection by engaging with colleagues in similar size practices and those in the same medical specialty. Word of mouth recommendations are a very common first step in the selection process. Practices also leverage their professional associations as they seek to identify a product that best meets their needs. For example, in addition to MGMA members having the opportunity to interact face-to-face at state, regional, and national MGMA events (where attendees can discuss with their peers the merits of a particular vendor product), MGMA also offers unique "online communities" where, depending on the specific community, hundreds or even thousands of participants can query their colleagues regarding software selection.

MGMA and other professional societies also offer face-to-face conference attendees the opportunity to engage vendors as part of the exhibit hall experience. At these events, vendors will often offer demonstrations of the software and provide one-on-one discussions with potential customers to provide additional details on features and specifications.

Practices will also engage the services of consultants with expertise in technology acquisition and implementation. In some cases, the consultant may be charged with vetting numerous products and recommending one to the client. Independently or through the work of the consultant, the practice may get access to some of the existing industry comparative reports (i.e., KLAS). These are usually helpful, but rarely offer a definitive recommendation.

Site visits are often one of the final steps before the practice makes its purchasing decision. Going to a similar-sized, similar medial specialty practice will give a first hand and realistic introduction to a product and may allow the purchaser to receive unfiltered feedback from the current user regarding vendor claims and abilities.

An ONC-developed online Reporting Program would not be a substitute for all of the other steps practices take to determine what is the best software for their organization. However, it would be one additional resource that could narrow the number of potential products and facilitate an efficient product comparison process.

Usability-Related Reporting Criteria Issues

ONC Questions

- *Discuss the merits and risks of seeking a common set of measures for the purpose of real world testing that health IT developers could use to compare usability of systems. What specific types of data from current users would reflect how well the certified health IT product:*
- *How can the usability results currently available in the CHPL best be used to assist in comparisons between certified health IT products?*

MGMA Response

Usability is defined by The National Institute of Standards and Technology as the efficiency, effectiveness, and satisfaction with which the intended users can achieve their tasks in the intended context of product use. This definition should assist ONC in establishing a framework for setting usability goals for the Reporting Program. Efficiency can be measured by the length of time required to complete a task. Efficiency can be measured in absolute terms (e.g., 14 seconds) or relative to performance with the same task on other systems or on previous versions of the same system.

Efficiency for a task might be compared to a competing application (e.g., ranking applications on efficiency), an absolute standard (e.g., return on investment depends on task times 60 seconds or under), or based on a measured or estimated value for expert performance (e.g., a fully trained expert should be able to perform the task in 90 seconds 90% of the time). Satisfaction consists of a set of subjective measures regarding a users perception of usability and evaluation.

The current EHR certification program, as implemented by ONC, is intended to set the baseline usability standards that EHRs must meet so that physician practices and other health care providers can confidently adopt and use the technology to meet requirements in certain federal programs. Under 2015 CEHRT, requirements for EHR usability require that EHR developers:

- Document how they consider the needs of physicians, nurses, and other clinicians in developing the product submitted for certification. Known as user-centered design, this process focuses on understanding the needs of the intended users throughout software development and deployment to improve usability of the product. EHR developers must attest to and describe their user-centered design process in this documentation.

- Conduct formal usability testing for certain capabilities identified by ONC. These tests include measures of efficiency, effectiveness, and satisfaction as clinician's complete representative test cases of certified criteria using the EHR product. Regardless of which test cases are used, ONC's usability criteria require the testing of certain EHR functions, such as the ability to order medications electronically and receive medication alerts.

Both of these testable criteria should be included in the Reporting Program. As well, there are additional issues that ONC should consider as it develops the Reporting Program, including:

- Implementation Variation. The usability of EHRs can change significantly once implemented within practices as a result of unique workflows, interactions with other technologies, and individual clinician preferences. The Reporting Program should ensure that data on EHR usability after implementation are also considered given these factors.

- Real-World Perspectives. Data on how systems actually perform should be the center of the Reporting Program. While information derived in a qualitative manner from end users can provide important information, comparability across systems would be served best through data on measurable factors. Given variability in how systems can be implemented, some reporting criteria may benefit from providing ranges on which data were received. For example, on

quantitative criteria, ONC could list the minimums or maximums observed.

- Transparency. It is critical that the factors used to publicly release information on reporting criteria should be made transparent for end users and others. As well, where applicable, the scoring methodologies and processes used to compile information from multiple sources should be made clear and publicly available.

- Customizability. Rare is the EHR implementation that does not require practice clinical and administrative staff to customize interfaces and templates to meet their unique needs. While all vendors may claim to offer the end user customizing options, it will be the end user themselves who are in the best position to comment on this product feature. While practices rarely expect the software they purchase to meet all their needs immediately, they do want the product (i.e., clinical templates) to be easily converted. Even if a product is geared toward a particular medical specialty, such as Orthopedics, within the practice there may be sub-specialists who require custom clinical templates.

ONC should encourage EHR vendors to address key shortcomings that exist in current processes and practices related to the usability of their products. Most critical among these are lack of adherence to formal user-design processes and a lack of diversity in end users involved in the testing and evaluation process. These issues could be included in the Reporting Program by having the vendor report on their level of adherence to user-centered design and how they engage end users in the testing and evaluation process and collect feedback from a variety of end users.

Usability and Patient Safety

EHRs have transformed the medical profession, providing better data to guide care, supporting enhanced patient safety through new automated tools, and creating more efficient processes by connecting different health systems. At the same time, variations in EHR design, customization, and use can also lead to inefficiencies or workflow challenges and can fail to prevent—or even contribute to—patient harm. Safety hazards can be associated with EHR usability, based on the design and use of the technology and how clinicians interact with it. Usability challenges can frustrate clinicians because they make simple tasks take longer, lead to workarounds, or even contribute to patient safety concerns. These challenges can stem not only from the EHR design, but also from how the technology is implemented and operated in health care facilities; how clinicians are trained to use it; and how the EHR is maintained, updated, and customized. Each stage of EHR development and use—the software life cycle from development through implementation and use in a health care environment—can affect the usability and safety of the technology.

Current federal testing criteria does not address circumstances in which customized changes are made to an EHR as part of the implementation process or after the system goes live. Instead, current rules focus only on the design and development stage of the EHR. While federal regulations mandate the testing of certain safety-related features—such as medication-allergy checks—the requirements do not focus on whether those functions operate in a safe way.Further, several factors throughout the EHR life cycle affect usability and safety. Current certification tests are focused on evaluating the usability of key system requirements.

With these factors in mind, best practices to be considered for the Reporting Program include:

- Consideration of all key tasks in which the use of these systems can affect safety.

- Real-world testing. Usability testing performed for certification is intended to be conducted under reproducible laboratory conditions that do not replicate the actual clinical use of the product, which can limit the tester's ability to discover risks that reflect real-world situations.

- Assessments of the total product life cycle. Certification testing is performed on the EHR product presented to the evaluating lab. Various stages of the product life cycle, including how the product is modified by health care facilities and how software upgrades are implemented, can present different usability and safety challenges.

- The type and level of training clinicians receive. This can determine a clinician's knowledge of the EHR's features, including how to order medications, diagnostic images, and lab tests efficiently and safely.

Focusing on these types of usability issues can create in both the developer world and in the practice a new "culture of safety." Including these issues in the Reporting Program would further this culture of safety by prioritizing usability and safety and working to optimize EHR systems to mitigate hazards. Optimally, the Reporting Program should serve as a guidepost for all developers, and in particular those that score lower on the usability/patient safety scores.

Interoperability

ONC Questions

- *Please comment on the usefulness of product integration as a primary means of assessing interoperability (as proposed in the EHR Compare Report).*
- *What other domains of interoperability (beyond those already identified and referenced above) would be useful for comparative purposes?*
- *Of the data sources described in this RFI, which data sources would be useful for measuring the interoperability performance of certified health IT products?*

MGMA Response

The Cures Act defines interoperability as: "(A) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user; (B) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and (C) does not constitute information blocking."

The EHR Compare Report identified product integration as a potential means to assess interoperability and proposed federal and private sector strategies to address it. The National Quality Forum's Measurement Framework to Assess Nationwide Progress Related to Interoperable Health Information Exchange to Support the National Quality Strategy also specified various domains of interoperability that might be useful to measure per the health IT consumers' perspective. Applicable domains include the exchange of electronic health information (referring to the availability of electronic health information, method of exchange, and quality of data content), and the usability of the exchanged electronic health information (referring to issues related to relevance, accessibility and comprehensibility of the information that is exchanged).

Vendors should be required to report on interoperability criteria that directly impact the ability of physician practices to exchange data with health information exchange entities and other care settings. Real-world test scenarios could be employed to ensure that end users of the reporting Program would

be given the opportunity to compare products for their ability to share clinical data in realistic test cases.

Security

ONC Questions

- *What reporting criteria could provide information on meaningful differences between products in the ease and effectiveness that they enable end users to meet their security and privacy needs?*
- *Describe other useful security and privacy features or functions that a certified health IT product may offer beyond those required by HIPAA and the ONC Health IT Certification Program, such as functions related to requirements under 42 CFR Part 2.*

MGMA Response

CURES requires the ONC Health IT Certification Program support the privacy and security of electronic health information by establishing a detailed set of requirements that health IT developers must meet for their products to be certified to the Privacy and Security certification criteria. We believe that appropriate implementation of these capabilities can also help physician practices meet many of the HIPAA Privacy and Security compliance mandates.

MGMA encourages ONC work with groups like the Electronic Healthcare Network Accreditation Commission to identify a sub-set of the HIPAA security requirements that would be particularly useful for this Reporting Program. The Reporting Program requirements could include software elements such as:

- Permitting roll-based user level permission;
- Supporting password and lock out security with password recovery tools;
- Supporting user logged off from software after a user defined period of inactivity;
- Providing documentation that vendor has a Privacy and Security certification(s) (i.e. EHNAC, HITRUST, SAAS, SOC); OR provide documentation (i.e. business associate agreement, internal documentation) that you or your cloud-based provider have policies and procedures to ensure full compliance with the following HIPAA Privacy and Security Rule Requirements;
- Ensuring the confidentiality, integrity, and availability of all electronic protected health information (e-PHI) they create, receive, maintain and transmit;
- Identifying and protecting against reasonably anticipated threats to the security and integrity of the information;
- Protecting against reasonably anticipated, impermissible uses and disclosures;
- Providing for appropriate, training, authorization and supervision of workforce members who work with e-PHI;
- Having and applying appropriate protocols for workforce members who violate policies and procedures;
- Monitoring workforce compliance;
- Having ability to identify and analyze potential risks to e-PHI, and implement security measures that reduce risks and vulnerabilities to a reasonable and appropriate level;
- Having a compliance policy outlining a notification of breach and subsequent actions;
- Having a designated Compliance Officer who is responsible for developing and implementing its security policies and procedures;
- Having policies and procedures for authorizing access to e-PHI only when such access is appropriate based on the user or recipient's role (i.e. role-based access);

- Having administrative, technical and physical safeguards and policies and procedures to specify proper use of and access to workstations and electronic media;
- Having policies and procedures regarding the transfer, removal, disposal, and re-use of electronic media, to ensure appropriate protection of e-PHI through administrative, technical and physical means;
- Having hardware and software policies and procedures to record and examine access and other activity in information systems that contain or use e-PHI;
- Results of security and penetration testing performed with access to results made available to providers upon request;
- Options for the use of encryption within the organization (i.e., encrypted database features; mobile technology);
- Information on role-based access control and how roles are configured;
- Password protection policies (i.e. NIST standards);
- Ability to offer the client audit trails and reports configuration;
- Policies regarding patient consent opt-in agreement;
- Policies on integrating mobile and biometrics;
- Having policies and procedures to ensure that e-PHI is not improperly altered or destroyed; and
- Having policies and procedures in place for security measures that guard against unauthorized access to e-PHI that is being transmitted over an electronic network.

External Sources for Reporting Criteria

ONC Questions

- *What other data sources and measures could be used to compare performance on interoperability across certified health IT products?*
- *What additional information about certified health IT's conformance to the certification testing (beyond what is currently available on the CHPL) would be useful for comparison purposes? What mechanisms or approaches could be considered to obtain such data? What barriers might exist for developers and/or end users in reporting on such data?*

MGMA Response

There are a number of existing industry resources that ONC could leverage as it develops the Reporting Program. These include:

- Leapfrog CPOE Tool: The Leapfrog Group maintains a tool to test Computerized Physician Order Entry (CPOE). The tool examines the implemented system within hospitals to examine the usability of factors related to medications, such as drug allergy alerts, therapeutic duplication, and dose limits. The tool provides an overall score for CPOE, and 10 subcategories that represent areas where serious adverse events could occur. The tool—which has been endorsed by the National Quality Forum (NQF)—is already widely used and therefore would not introduce a significant new burden on health care providers. Nearly 2,000 care settings in 2017 used the tool; an ambulatory module of the test is in development and expected to be completed in 2019.

  While individual sites use the tool, scores at each facility using the same certified EHR may be able to be aggregated. Both the overall score from the Leapfrog test, as well as some of the subcategory scores may be useful, qualitative measures to include the in the Reporting

Program.

- SAFER Guides: The Agency for Healthcare Research and Quality (AHRQ) SAFER guides, developed several years, include checklists to assess a wide range of EHR features and includes recommendations for functions that EHRs should possess. The SAFER Guides could be used as a tool to identify some high-priority functions. For example, one SAFER guide on the display of laboratory test data examines whether systems provide context on the normal range of results and whether the status of orders can be tracked.

  ONC should examine whether it can identify high-priority functions from the SAFER Guides on which to obtain information and could indicate which function—or group of functions—are enabled by certified EHRs. Alternatively, the Reporting Program could indicate whether a certain percent of high-priority areas from SAFER Guides are able to be completed using certified products. For example, the SAFER Guides have recommendations on how to evaluate downtime and functional downtime through automated means. To evaluate this, a test patient medication order is displayed on a workstation every minute for 24 hours; the delay in displaying the order or number of times it is not displayed could provide information on the lag faced by clinicians when using the system.

- NQF Report: In February 2016, The National Quality Forum published "Identification and Prioritization of Health IT Safety Measures." This report identified nine key health IT safety measure concepts that could be adapted into the Reporting Program. For example, the report provides concept ideas on clinical decision support; user-centered design; system downtime; and other areas. This report, which has dozens of measure concepts, should be examined to identify areas where data exist and could be collected to incorporate into the Reporting Program.

- Safety Surveillance Data: ONC's 2016 EHR Compare Report suggests that "safety surveillance data" could be useful if made publicly available. ONC could include summary data on safety surveillance reports for each certified product. Safety surveillance could emergence from information obtained by ONC in conducting its oversight functions, or via the surveillance activities of ONC-Accredited Certification Bodies (ACBs).

  ONC regulations require ACBs to conduct reactive surveillance, which refers to the examination of systems when they become aware of areas that may not conform to certification criteria, including around safety-related functions, such as drug-allergy interaction checks. Similarly, ACBs must conduct random surveillance of systems. The findings from ACB's reactive and random surveillance could be summarized and made available via the Reporting Program.

Comparison Tools

ONC Questions

- *Please identify any sources of health IT comparison information that were not in the EHR Compare Report that would be helpful as potential reporting criteria are considered. In addition, please comment on whether any of the sources of health IT comparison information that were available at the time of the EHR Compare Report have changed notably or are no longer available.*

- *Which, if any, of these sources are particularly relevant or should be considered as they relate to certified health IT for ambulatory and small practice settings?*

MGMA Response

Given the wide range of data that is reported to HHS and other agencies, we agree with ONC that the Reporting Program should seek to avoid duplicative reporting through the EHR Reporting Program. There is a robust, diverse marketplace for EHR comparison tools; however, gaps clearly remain in the marketplace. As health IT continues to evolve to play an integral role in care delivery and patient engagement, the need for comparison tools will increase as adoption expands to provider groups with little or no exposure to the technology as well as those upgrading current technology to meet these needs. Furthermore, as the health care system moves toward value-based reimbursement, there will be a greater need to determine whether EHR products provide the functionalities that support quality improvement, clinical quality measures, reporting and related features. Comparison tools can ease the decision-making burden throughout a very complex process.

It is important that the comparison tool marketplace be sufficiently flexible to meet these growing and ever-changing demands. There must also be an understanding in the health care community that improving comparison tools cannot be the only solution towards the safe and efficient provision of health care, since optimal certified health IT use is more complex than selecting the right system for the practice's needs. Optimal EHR use is also dependent on proper end user training, a comprehensive implementation strategy, and a variety of other factors that ensure the safe, efficient use of EHRs.

HHS Quality Programs

ONC Question

- *What, if any, types of information reported by providers as part of their participation in HHS programs would be useful for the EHR Reporting Program (e.g., to inform health IT acquisition, upgrade, or customization decisions)?*

MGMA Response

One of the concerns physician practices have with the current state of EHRs is that vendors have been forced to focus their development efforts on meeting the requirements of federal quality programs such as Meaningful Use (aka Advancing Care information, aka Promoting Interoperability). While vendor focus on these programs has permitted clinicians to meet the measure objectives, improved usability and opportunities for software innovation may have suffered. With this in mind, we urge ONC not to focus this new Reporting Program too heavily on criteria required as part of government Reporting Programs. Vendors that offer 2014 or 2015 Certified EHR Technology are already required to meet the requirements of the Quality Payment Program (QPP) and therefore the Reporting Program need not replicate these same measures. What would be useful would be to have the reporting system offer data on how systems meet the requirements of the QPP and other government quality programs. For example, does the product support direct via EHR, clinical registry, or claims-based reporting of quality measures and if what is the cost differential, if any, between the various options.

As well, in terms of the online patient portal required as part of CEHRT, what are the costs associated with deploying this feature and what functionalities does the portal offer beyond having the patient access their record of submit a secure message. Does the portal, for example, permit the patient to schedule appointments, request medication refills, and access HIPAA and other forms? If so, what the additional costs for these functionalities? These are the types of testable, comparable, and practical criteria that would be helpful for practices to have access to.

Data Reported by Health IT Developers versus End users

ONC Questions

- *How can data be collected without creating or increasing burden on providers?*
- *How can data be collected without creating or increasing burden on providers?*
- *What recommendations do stakeholders have to improve the timeliness of the data so there are not significant lags between its collection and publication?*
- *What types of reporting criteria would be useful to obtain from both developers and end users to inform health IT comparisons? What about these types of reporting criteria makes them particularly amenable to reporting from both the developer and end user perspective?*

MGMA Response

There is a balancing act that the Reporting Program must adhere to. While end user-reported data can clearly assess criteria such as usability, security, interoperability, and other features, if the reporting burden is substantial it may act as a disincentive to report. We concur with ONC that there are areas where it would be useful to obtain both qualitative end user experiences as well as qualitative information from the developers on the same aspect of a particular Reporting Program criterion, such as interoperability. However, receiving all the data to populate the Reporting Program directly from the vendors could taint the results and lessen the chance that practices will want to leverage the data in their purchasing decision. We would argue that a mix of the two approaches would yield the best results.

There are objective criteria where developers, as opposed to end users, should serve as the primary source of information. While such information may provide insights into how well a certified health IT product is performing it will be critical to ensure that the data provided by the develop is accurate and verifiable. One method of ensure the accuracy of data reported by the EHR vendors will be to develop a process of random audits of EHR developer-supplied data reports. Should these audits show the vendor has misrepresenting the facts, the vendor should then be listed on the public reporting site as an entity that has falsified the facts and a description of what the transgression was.

In terms of the end user supplying ONC with data to populate the Reporting Program, the agency should seek to minimize, wherever possible, any administrative burden on physician practice staff participating in this Reporting Program. This can be done, in part, by having the software vendors be required to report objective criteria but also by streamlining the process that end users would use to report their data. We also urge ONC to leverage existing data in EHRs, current certification testing programs, and even external data sources to populate the reporting system, all with an eye to decrease the burden on end users to supply information for the Reporting Program.

The Reporting Program would also benefit by having the ability for the end user to comment on data supplied by the vendor. This will be particularly important when the vendor make claims to certain usability characteristics, support interoperability, security, and other features, and on reporting costs. A "rebuttal" option would not only provide program users with additional details but might discourage vendors from reporting overinflated or inaccurate reviews of their own products.

ONC Question

- *What types of reporting criteria should developers of certified health IT report about their certified health IT products*

MGMA Response

There are a number of reporting criteria that EHR developers could report on their products. We encourage ONC to require vendors to report on:

- The customizability of their software, including custom user interface and the development of clinical templates. However, it will be critical that the Reporting Program allow end users the opportunity to provide first-hand accounts of the vendors' capabilities.
- Service time availability and response times to client inquiries, both emergency and non-emergency.
- Software upgrade schedules.
- Any ONC or other legal sanctions against the company.
- Staff training included in purchase cost and the cost for a practice to purchase additional training.

User-Reported Criteria

ONC Question

- Describe the value, if any, in an EHR Reporting Program function that would display reviews from existing sources or provided a current list with hyperlinks to access them.

MGMA Response

There is some value in providing product reviews from existing (external) sources, but there needs to be significant curating done by ONC and disclaimers included on the Reporting Program website. The challenge with external reviews is that the data is not verifiable and ONC may not be aware of how the data was collected. It should be made clear to all visitors on the Reporting Program website what is ONC-developed data and what is externally-developed data.

ONC Question

- *Which reporting criteria are applicable generally across all providers? What reporting criteria would require customization across different provider types and specialties, including small practices and those in underserved areas?*

MGMA Response

Many of the criteria expected to be included in the Reporting Program would be applicable to all physician practices, regardless of their size or medical specialty. However, there could be a subset of criteria that would be focused on certain types of practices—in particular by medical specialty (i.e., pediatrics, oncology). We encourage ONC to engage directly with medical specialty societies to identify specialty-specific criteria they would consider helpful to include.

ONC Question

- *For what settings (e.g., hospitals, primary care physicians, or specialties) would comparable information on certified health IT be most helpful? If naming several settings, please list in your order of priority.*

MGMA Response

When developing the Reporting Program, the priority should be assisting smaller organizations that have limited resources to devote to the EHR selection process. In particular, primary care practices, rural health centers, small specialty practices, and small rural hospitals should be given top priority.

Other care settings can still take advantage of the Reporting Program, but typically will not have the same level of need for this type of product comparison tool.

ONC Question

- *How helpful are qualitative user reviews (such as 'star ratings' or Likert scales) compared to objective reports (e.g., that a system works as expected with quantifiable measures)? Which specific types of information are better reflected in one of these formats or another?*

MGMA Response

The star or points rating system can be effective-but only if it is a broad enough scale and fully explained to the end user. For example, having a 4-star maximum rating system provides too few options for the rater and very little guidance for the end user. Can the end user of the system effectively discern the difference between a 2-star and a 3-star product rating? Conversely, a rating system out of 100 gives the rater an opportunity to more accurately describe their experience with the product and the end user much better guidance in terms of the product's capabilities.

ONC Question

- *How could HHS encourage clinicians, patients, and other users to share their experiences with certified health IT?*

MGMA Response

We encourage ONC to work with MGMA and other professional trade associations to educate the physician practice community regarding the Reporting Program and the opportunity to provide reviews, comments, and data. Leveraging industry "trusted voices" to encourage physician practices to contribute to the Reporting Program could be an effective approach leading to increased participation. As well, as an encouragement for participating, it should be emphasized that those reporting can remain anonymous for the public portion of the Reporting Program.

ONC Questions

- Discuss the benefits and limitations of requiring users be verified before submitting reviews. What should be required for such verification?
- Which particular reporting mechanisms, if any, should be avoided?

MGMA Response

While anonymous and unverified reviews of products are well established in the marketplace (i.e., Amazon), we do not believe that approach should be adopted for this HIT Reporting Program. We assert that they must be some level of accountability for end user supplying reports on EHR software. At the same time, however, the end user should have the option of limited public exposure. We recommend the following components be included in the end user reporting process:

- Before being permitted to post a comment, review, or supplying data, the submitter should be required to fill out a contact form listing, at a minimum, their name, organization, position in the organization, address, phone number, and email.
- Each submitter seeking to post a comment, review, or supply data would be contacted to establish that they are who they say they are.
- The submitters contact information will not be made public.
- The submitter will be given the option of how much of their information they wish to be included with the public release of their comment, review, or data.

- A minimum amount of the submitters data should be included in the review, comment, or supplied data and made public. This would include the size and specialty of the practice (i.e., "six-physician primary care practice"). This minimum amount of information will be helpful for the end user to relate to the review, comment, or supplied data.

Reporting Program Dissemination and Outreach

MGMA Response
For the Reporting Program to be a success, it will be critical that end users are made aware of this resource. Thus, ONC will need to develop an effective communications/outreach process to ensure that the provider community is made aware of the resource and where to access it. Outreach opportunities could include: (i) working directly with provider organizations such as MGMA with a coordinated message regarding the value of the Reporting Program and instructions on how to access it; (ii) conducting calls and webinars to discuss the Reporting Program; (iii) partnering with the Centers for Medicare & Medicaid Services (CMS) and have CMS leverage its traditional provider communication channels such as open door forums, Medicare Learning Network, and others to inform providers of this new resource; and (iv) working with appropriate safety net provider organizations to educate these providers on the value of the Reporting Program.

Conclusion

We are hopeful that, if implemented appropriately, the Reporting Program could serve as an important resource to assist physician practices during their technology acquisition process. As the same time, the transparency associated with this new tool could lead to innovations in the field of certified health IT usability, interoperability, and security and lead to an improvement in practice experiences with their EHR. With the transition towards assessing and tracking health care quality, there is an increasing need for practices to select EHR software that both meets their unique clinical and administrative needs and allows them to be successful in this new quality reporting and monitoring environment.

We appreciate the opportunity to share our comments regarding the development of the EHR Reporting Program and offer recommendations to help shape the resource content and dissemination process. Should you have any questions, please contact Robert Tennant at rtennant@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders Gilberg, MGA
Senior Vice President, Government Affairs