The Medical Group Management Association (MGMA) is pleased to submit the following comments on the Urban Institute's draft survey supporting the Office of the National Coordinator for Health Information Technology (ONC) Electronic Health Record (EHR) Reporting Program, required under the 2016 Cures Act. While the survey contains a number of very helpful questions, in this comment letter we suggest a number of modifications to existing questions and offer recommendations on additional issues that should be included in the survey that we believe will improve the Reporting Program.

MGMA is the premier association for professionals who lead medical practices. 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 58,000 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 in identifying the most appropriate products that best meets a practice's clinical and administrative needs will simplify this complex purchasing decision. Making the best decision for the practice will also lessen the chance that the practice will be forced to undergo a costly and burdensome "rip and replace" process should their current product not meet the needs of the organization.

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.

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. If implemented effectively, a resource that offers practices the ability to compare and contrast EHRs on the basis of usability, interoperability, patient safety, security, cost and other criteria 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.

Summary of Key Recommendations

- MGMA strongly supports the ONC EHR Reporting Program and believes the public dissemination of practice and EHR vendor survey results will assist medical practices make more informed purchasing decisions.

- Accurate capture of the costs associated with EHR implementation and ongoing maintenance must be included in the survey. We also recommend augmenting the current questions to include costs related to version upgrades, interoperability connections, deployment of online patient portals, and support of APIs.

- The survey should be expanded to include additional questions related to patient safety and HIPAA Privacy and Security requirements. The safety of patients, related to the deployment and use of EHRs, has been a persistent problem for many years. Similarly, protecting the privacy and security of patient information is a top priority for medical practices. The Reporting Program should comprehensively account for the ability of the software to identify and address patient safety and privacy and security issues.

General Comments on the Draft Survey

- MGMA is very supportive of the EHR Reporting Program. It has the potential of providing important information to practices on the performance of EHR software that will assist them during their purchasing phase. However, the Cures Act requiring this program was passed nearly four years ago and we encourage the Institute and ONC to expedite development and deployment of this survey instrument and public release of the results.

- Throughout the survey, the term "*Please share any comments related to your rating of overall satisfaction with implementation that you are willing to make publicly available*" is used. The survey language should make it clear to respondents that the comment will be public, but NOT be attributed to the individual or their organization. We are very concerned that if the respondent and their practice were publicly named, this would serve as a significant deterrent to survey participation. While it is appropriate for ONC to know the identity of the respondent to verify authenticity, the individual and their organization completing the survey should not be publicly released.

- The introduction to the survey states: "We expect that this survey will take approximately 10 to 15 minutes to complete." With the number of questions and sub-questions, the complexity of many of these questions, and the fact that multiple individuals within the organization may be required to answer the questions, we believe this is not an accurate estimation of the time required to complete the questionnaire. Once the final version of the instrument is complete, we recommend testing the survey with multiple end-users and recording the time required to complete the questionnaire prior to including a time estimate in the survey introduction.

- One persistent issue reported by our members has been the cost their organization incurs moving from one version of their EHR software to an upgraded version. This is particularly important when the new version is introduced to support a federal mandate (i.e., an updated diagnostic code set). We would recommend including a question asking respondents their level of satisfaction related to how efficiently a vendor moves from one version of their software to another and any charges associated with that upgrade.

- Practices are increasingly adopting online patient portals as an effective method of communicating with their patients and securely sharing health information. We would recommend incorporating a question into the survey that seeks feedback on the respondent's level of satisfaction with their online patient portal, implementation costs, and ongoing maintenance fees.

- 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 survey questions that focus on the respondent's satisfaction level of this integration, and costs associated with it.

- The Cures Act 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 as meeting the privacy and security criteria. The lack of a focus on these issues in the survey is concerning and we would encourage ONC and the Institute to include additional questions on these issues.

- Practices in 2022 will be expected to support application programming interface (API) standards and we anticipant that some will begin to leverage APIs in 2021. APIs will impact practice workflow as well as the privacy and security of patient information. We would encourage ONC and the Institute to include questions focused on the level of API support by the EHR software vendor, the costs incurred by the practice to offer this capability, and the associated privacy and security features.

MGMA Response to the Specific Draft Survey Questions

Comment on question 2

What type of health IT user best describes you? Choose all that apply. a. Practicing physician b. Practicing other clinician c. Pharmacist d. Health IT or administrative clinician e. Health IT staff (nonclinician) f. Other nonhealth IT administrator (nonclinician) g. Other [please specify]

MGMA response

Due to the complexity of the survey and the fact that the questions focus on both administrative and clinical issues, we anticipate that the practice may be required to identify multiple staff

members to complete the questionnaire. The potential of multiple respondents should be reflected in question 2. We note as well that question 2 should be harmonized with question 24 on the respondent's level of software expertise. We also recommend that an additional category of respondent be included to reflect those non-clinicians (i.e., "g. non-clinician administrative staff") who may be answering some or all of the survey questions.

Comment on question 5.9/5.10

Producing all the reports that are required for my organization's specialty

5.10 Attesting to the Promoting Interoperability Program and the Merit-Based Incentive Payment System (MIPS)

MGMA response

We would recommend the Institute revise these questions as their current wording is misleading and inaccurate. Typically, those medical specialty societies that offer data registries do so on a voluntary basis. Therefore, the question should be worded: *Producing and submitting reports for medical specialty and other private sector data registries."* For question 5.10, as Promoting Interoperability is currently one of the four components of MIPS and practices may have clinicians participating in multiple reporting programs we recommend the wording of the question be revised to be: *Attesting to the Medicaid Promoting Interoperability Program and/or the requirements of the CMS Quality Payment Program, including the Promoting Interoperability component of the Merit-Based Incentive Payment System (MIPS)."*

Comment on Question 7.

How would you rate your satisfaction with the following aspects of [autofill primary product name based on Q1]? a. Very satisfied b. Satisfied c. Neither satisfied nor dissatisfied d. Dissatisfied e. Very dissatisfied f. Don't know or not applicable

The extent to which the certified health IT product 7.1 allows users to be more productive 7.2 has an intuitive workflow 7.3 easily accesses and assimilates data from other products 7.4 produces clinical benefits for the practice 7.5 decreases the time users spend documenting patient care 7.6 enables clinicians to deliver high-quality care 7.7 improves patient safety 7.8 does not disrupt clinician interaction with patients 7.9 easily produces understandable clinical summaries 7.10 provides system alerts that help prevent care delivery errors 7.11 has advantages that outweigh its disadvantages overall 7.12 Please share any comments related to your responses that you are willing to make publicly available. [add box to collect optional free text/unstructured responses that can also be left blank]

MGMA response

We appreciate the Institute's inclusion of several usability factors in Question 7. The public release of these responses will drive purchasing decisions and may force software developers to improve their products. At the same time, we believe the surveying of patient safety is critical and warrants a separate question apart from usability issues.

We urge the Institute to include a stricter focus on the intersection of usability and safety to provide health information technology vendors more specific feedback for the improvement of their EHRs. To provide a more detailed focus on safety, the survey should also collect data on areas known to introduce simultaneous usability challenges and safety risks. The survey should

include the following criteria for responses:

- Enables simple and intuitive entry of patient information;
- Provides uncluttered pick lists for placing medication orders; and
- Provides intuitive visual displays that enhance safety.

The Institute should also consider distinguishing between low- and high-risk functions. For low-risk functions, for example, focusing on their ease of use would help provide information to reduce clinician burden. We recommend the Institute update the survey to request information on whether high-risk functions contribute to safety issues—not just ease of use. For these high-risk functions, the survey should include a 5-point scale from "Very likely" to "Not very likely" in response to this question: "How likely is it for this functionality to risk patient harm?" Examples of high-risk functions for this category include:

- Default values for common orders;
- Evidenced based order sets and charting templates;
- E-prescribing of controlled substances;
- Data entry; and
- Patient reminders/alerts.

Finally, the survey should include an additional open-ended question to seek more in-depth information on perceived safety risks to strengthen the EHR reporting program's comparative information. Specifically, the survey should request information on: "What EHR functions include prominent usability issues that contribute to burden or patient safety errors?"

Comment on question 10

Indicate whether each of the following types of ongoing product support are available for [autofill primary product name based on Q1]. Do not consider support for implementation. Response Options a. Available at no additional cost b. Available for additional cost c. Not available d. Don't know

10.1 24/7 help desk support 10.2 Dedicated client support (e.g., same staff for every contact) 10.3 In-person support 10.4 Online user guides and/or video tutorials 10.5 Live and/or recorded webinars

MGMA response

Practice contracts with software developers often includes product support activities such as help desk access, client support, in-person support, online user guides, and webinars. Our members report, however, that in some contracts these support activities are only available for a limited time, with ongoing access to these activities requiring additional payment. This issue might be more effective broken into two questions-the first asking about the services available in the initial contract and the second focused on services available after any contractual obligations have ceased. If the survey continues with just one question, we recommend that it be revised to reflect the availability of these services and their associated costs after any contractual support for these services has ended.

Comment on question 13

Overall, how would you rate the security and privacy features of [autofill primary product name based on Q1] (e.g., multifactor authentication, role-based access control, 42 CFR Part 2,

HIPAA, etc.)? a. Very satisfied b. Satisfied c. Neither satisfied nor dissatisfied d. Dissatisfied e. Very dissatisfied f. Don't know or not applicable

MGMA response

We are concerned that this broad question is the only one focused on the privacy and security features of the EHR software and the capabilities are all lumped together in one question. Further, the examples provided in the question may be confusing. Stating simply "42 CFR Part 2" does not explain to the respondent what aspect of substance abuse records the question is seeking a response. Listing "HIPAA" as an "example" is similarly confusing as "HIPAA" relates to hundreds of compliance requirements-many not related to EHR software.

We contend that it will be important to differentiate between important privacy and security features. The question should be list of critical privacy and security features, whether the vendor supports these features, and the respondent's level of satisfaction. Features to be considered include:

- Multifactor authentication,
- Role-based access control
- 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 recognized Privacy and Security certification(s) (i.e. EHNAC, HITRUST, SAAS, SOC)
- Having and applying appropriate protocols for workforce members who violate policies and procedures
- Ability to record and examine access and other user activity in information systems that contain or use e-PHI
- Ability to support client use of encryption (i.e., encrypted database features mobile technology)
- Ability to offer the client audit trails and reports configuration
- Ability to permit the client to segment a patient's record to ensure compliance with the self-pay privacy provision

Comment on question 15/16

What was the approximate total cost of implementing [autofill primary product name based on Q1]? Please consider all costs paid to the vendor for implementation, implementation training, travel for an on-site training, etc. Do not consider costs beyond those paid to the vendor (e.g., purchasing computers and tablets, staff hours, workflow redesign). Please provide your best estimate. a. $0–$4,999 b. $5,000–$9,999 c. $10,000–$24,999 d. $25,000–$49,999 e. $50,000–$74,999 f. $75,000–$99,999 g. $100,000–$499,999 h. $500,000–$999,999 i. $1,000,000+ j. Don't know

15.1 Please share any comments related to your response for implementation cost that you are willing to make publicly available. [add box to collect optional free text/unstructured responses that can also be left blank]

16. What is the approximate annual cost to maintain your product,[autofill primary product name], for all users in your organization? Please consider all costs paid to the vendor, including for customization, features and functionalities, and reporting. Do not consider costs beyond those paid to the vendor (e.g., purchasing computers and tablets, staff hours, workflow redesign). Please provide your best estimate. a. $0–$999 b. $1,000–$2,499 c. $2,500–$4,999 d. $5,000–$7,499 e. $7,500–$9,999 f. $10,000–$14,999 g. $15,000–$19,999 h. $20,000–$24,999 i. $25,000–$49,999 j. $50,000–$74,999 k. $75,000–$99,999 l. $100,000+ m. Don't know

16.1 Please share any comments related to your response for annual cost that you are willing to make publicly available. [add box to collect optional free text/unstructured responses that can also be left blank]

MGMA response

We appreciate the Institute including questions on cost as these results will offer information critical to the practice purchasing decision. We support asking respondents to report all implementation-related and ongoing maintenance costs. However, the information collected on the survey must be consistent and usable to the end user. As such, we urge that the existing survey question be revised to reflect the incurred by the practice **per full-time equivalent (FTE) physicians.** The current wording would capture total cost by practice with larger organizations naturally reporting higher costs. Capturing costs per FTE will facilitate a more accurate reporting of software implementation costs. Note that ALL questions in the survey asking about time and cost should reflect per FTE estimations.

We also recommend asking a question comparing the final implementation and maintenance costs related to the actual costs. This could be very illuminating in terms of the business practices employed by the software vendor and would aid the purchasing decision. We would recommend the following: "Regarding software implementation costs, describe your final costs compared to the vendor-supplied estimate (Much lower, lower, same, higher, much higher)" and "Regarding ongoing software maintenance costs, describe your final costs compared to the vendor-supplied estimate (Much lower, lower, same, higher, much higher)."

We also urge the Institute to include a question related to any interoperability "connection" fees incurred by the practice. 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.

Finally, we recommend including a question on whether the EHR software has real-time benefit transaction (RTBT) capability and, if so, what are the associated costs. RTBT software embedded in the EHR permits the clinician to automatically check benefits information, quickly process prior authorizations, establish patient out-of-pocket costs, and identify therapeutic alternatives at the point of care to drive down administrative costs and improve patient care. While vendors such as Surescripts offer this functionality to EHR vendors at no cost, many EHR vendors charge practices for this capability.

Comment on question 19

About how many clinicians work in the practice or organization where you use [autofill primary product name based on Q1]? Include all locations in your organization or health system. a. 1 b. 2–3 c. 4–10 d. 11–50 e. 51–100 f. More than 100

MGMA response

MGMA has been conducting surveys of medical practices for many years. We recommend the following FTE clinician count for this survey:

- o 4 or Fewer
- o 5 to 10
- o 11 to 25
- o 26 to 50

- o 51 to 75
- o 76 to 100
- o 101 to 150
- o 151 or More

Comment on question 20

What best describes the types of services provided at the practice in which you use [autofill primary product name based on Q1]? Select all that apply. a. Primary care, pediatrics b. Primary care, other (e.g., family medicine, internal medicine) c. Behavioral health d. Long-term or postacute care e. Obstetrics and gynecology f. Dental g. Ambulatory surgery h. Other [please specify]

MGMA response

It is unclear why the survey offers such a short list of potential services/specialties. We recommend having a drop-down menu that includes a complete list of services and medical specialties.

Comment on question 23

Approximately what percentage of patients at the practice in which you use [autofill primary product name based on Q1] are uninsured or covered by Medicaid? a. Less than 5% b. 5% to less than 25% c. 25% to less than 50% d. 50% to less than 75% e. More than 75%

MGMA response

It is not clear why this question on the percentage of uninsured/Medicaid patients is included in the survey. Nor is it clear why uninsured patients would be included with Medicaid patients. We would recommend removing this question. If it is deemed imperative to identify the patient base by insurance product, the question should be revised to include patients with commercial insurance coverage, Medicare patients, and self-pay patients (with insurance), along with uninsured and Medicaid patients.

Comment on question 24

How would you rate your proficiency using [autofill primary product name based on Q1]? a. Expert or super user b. Advanced user c. Intermediate user d. Novice user e. Struggling user

MGMA response

Due to the complexity of the survey and the fact that the questions focus on both administrative and clinical issues, we anticipate that the practice may identify multiple staff members to complete the questionnaire. The potential of multiple respondents should be reflected in question 24 or alternatively this question could be moved to the section on usability.

Conclusion

We are hopeful that, if implemented appropriately, the EHR Reporting Program will 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 spur market-driven software innovations that lead directly to improvements in health IT usability, interoperability, patient safety, and security. With the transition towards assessing and tracking health care quality, there is an increasing need for practices to select EHR software that meets their unique clinical and administrative needs. By leveraging the results from an effective survey instrument,

we are hopeful the Reporting Program will help to guide practices during the critical software review stage.

We appreciate the opportunity to share our comments regarding the development of the EHR Reporting Program and specifically on the draft provider survey instrument. Should you have any questions, please contact Robert Tennant at rtennant@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders Gilberg, MGA
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