September 14, 2021

The Honorable Micky Tripathi, MD,
National Coordinator for Health Information Technology
US Department of Health and Human Services
200 Independence Ave. SW
Washington, DC, 20201

Comments submitted at: EHRfeedback@urban.org

Dr. Tripathi:

The American Medical Informatics Association (AMIA) appreciates the opportunity to provide input on the Request for Public Feedback on Draft Developer-Reported Measures for the Electronic Health Record Reporting Program.

AMIA is the professional home for more than 5,500 informatics professionals, representing frontline clinicians, researchers and public health experts who bring meaning to data, manage information and generate new knowledge across the health and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations and public policy across settings and patient populations.

We are thankful for ONC's follow-up to its previous requests for information (RFI) and stakeholder engagement in the form of the draft developer-reported measures. In our 2018 response to an ONC RFI,[1] we strongly recommended that the EHR Reporting Program measure performance to improve Certified EHR Technology (CEHRT) security, interoperability, and usability of in production environments with live patient data, and not simply to provide data for those purchasing the technology for their institutions. Especially when viewed alongside the additional provisions in the CEHRT Conditions of Certification,[2] the EHR Reporting Program should be leveraged to bring transparency to how CEHRT performs in production environments with live patient data.

We are therefore pleased that the proposed draft measures seek to do exactly this, with an emphasis on interoperability. We believe that these measures can act as a post-implementation surveillance ecosystem that will illuminate CEHRT performance used in production and generate product performance data automatically, without users being required to submit reporting criteria. It will

[1] https://amia.org/news-publications/amia-urges-onc-go-beyond-consumer-reports-cures-mandated-ehr-reporting-program
[2] https://www.healthit.gov/topic/certification-ehrs/conditions-maintenance-certification

additionally bring competition and market forces to improve the performance of CEHRT interoperability across the board.

Consistent with this position, we reiterate our recommendation that CEHRT complying with the EHR Reporting Program would also be in compliance with the 42 U.S.C. 19 300jj–11 (c)(5)(D)(v), a subsection of the Conditions of Certification stating that the health IT developer "has successfully tested the real world use of the technology for interoperability (as defined in section 300jj of this title) in the type of setting in which such technology would be marketed." Reporting on these draft measures will not only provide a window into CEHRT performance for purposes of the EHR Reporting Program, but also demonstrate real world use of the technology in the type of setting which the CEHRT is marketed. If the CEHRT preforms satisfactorily on the measures, then it would meet this requirement of the Conditions of Certification. If not, the CEHRT would need to meet this requirement of the Conditions through other means or risk its certification status.

Finally, AMIA broadly supports the proposed measures as written. Below we offer comments on additional areas for consideration for the EHR Reporting Program, specifically with regard to aligning policies and goals with other newly finalized federal requirements.

We hope our comments are helpful as you undertake this important work. Should you have any questions or require additional information, please contact Scott Weinberg at scott@amia.org or 240-479-2134. We thank ONC for the opportunity to comment and look forward to continued dialogue.

Sincerely,

Patricia C. Dykes, PhD, RN, FAAN, FACMI
AMIA President and Chair, AMIA Board of Directors
Program Director Research
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Public Health Information Exchange

We strongly agree with and support ONC's reasoning that "coordination between providers and public health agencies is critical during a pandemic or other public health emergenc[ies]" and similarly believe that the EHR Reporting Program should be leveraged to provide insights into how frequently providers are using their certified health IT to send and receive public health information to and from public health agencies.

However, we recommend elevating the potential future measure, "Submission of data to public health authorities via third-party apps or APIs" to a draft measure for the inaugural year of the EHR Reporting Program. Public health authorities obtain data from health care organizations in four main ways: electronic case reporting, electronic lab reporting, syndromic surveillance and sharing of vaccination data. While public health authorities rely on data from health care providers—as evidenced by the COVID-19 pandemic—major gaps remain in the timeliness and completeness of this data. Providers typically have the data public health agencies need within EHRs, and the technology exists to send the information using automated, standard mechanisms. Nonetheless, not all providers—and in some cases very few—avail themselves of electronic data exchange.

CMS recently took one step to rectify this state of affairs by finalizing a requirement for hospitals participating in the Promoting Interoperability Program to report on all four of the above use cases under its Public Health and Clinical Data Exchange Objective. The EHR Reporting Program has the opportunity to align itself with and complement this CMS policy by requiring a measure that examines the number of EHR installations submitting data to public health authorities. During a public health crisis, it is vital that we have a complete picture of the capabilities of our technology, in addition to providers that take advantage of them.

Potential New Measure Domain: Health IT Safety

CMS additionally finalized new regulations that would require hospitals to attest to having completed an annual self-assessment of their EHR using the ONC-sponsored SAFER Guides. AMIA believes that health IT safety is a responsibility shared among healthcare organizations, clinicians, patients, government stakeholders, and ultimately developers. We note that while promoting safety and safe health IT use was identified as a top stakeholder priority in the Urban Institute's and HealthTech Solutions' April 2020 report,[3] there is no indication from the first set of draft measures that this priority is being considered in the near term.

We urge ONC to prioritize health IT safety reporting at the developer level, as well, especially as it will soon become required of hospitals and – likely – non-hospital providers. While the new CMS requirement is another important step forward, hospitals and providers can only comply with SAFER recommendations if the developers have implemented the attendant feature(s). ONC has several policy opportunities before itself to advance shared responsibility for safer EHRs,[4] and we

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[3] https://www.urban.org/research/publication/what-comparative-information-needed-ehr-reporting-program/view/full_report

[4] Sittig DF, Singh H. Policies to Promote Shared Responsibility for Safer Electronic Health Records. *JAMA.* Published online September 10, 2021. doi:10.1001/jama.2021.13945

see the EHR Reporting Program as only one important vehicle for doing so. We therefore recommend ONC prioritize an EHR Reporting Program measure that measures whether the developer has evaluated its product against SAFER recommendations and whether its EHR can be configured to meet each recommendation.