TEXAS MEDICAL ASSOCIATION

Physicians Caring for Texans

October 17, 2018

Don Rucker, MD
Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
Mary E. Switzer Building, Mail Stop: 7033A
330 C Street SW
Washington, DC 20201

RE: EHR Reporting Program Request for Information

Dear Dr. Rucker,

On behalf of the Texas Medical Association (TMA) and our almost 52,000 physician and medical student members, we appreciate the opportunity to provide feedback on the request for information (RFI) regarding the 21st Century Cures Act Electronic Health Record Reporting Program.

TMA has recognized for years that the greatest impediment to the effective use of health information technology (HIT) is the poor usability of electronic health records (EHRs). EHRs must be modeled to support physician workflow, while increasing office efficiency and more importantly, patient safety. While this RFI has a focus on usability, the documentation requirements for payment and various incentive programs such as the Merit-Based Incentive Payment System (MIPS) have increased the amount of time physicians spend interacting with the EHR, which equates to less time focused on the patient.

Preliminary results from TMA's 2018 HIT survey indicate 85 percent of Texas physicians now use an EHR in their practice, and of those, 36 percent are either very or somewhat dissatisfied with their EHR.

It is important for the Office of the National Coordinator (ONC) to understand that many physicians who are dissatisfied with their EHR are unable to switch to another product due to data portability issues and cost. TMA believes that, like in other marketplaces, usability would skyrocket if physicians could switch EHRs easily by moving their data from one product to another seamlessly. To this end, for years, TMA has advocated for ***universal*** (i.e., all EHR data) use of extensible markup language (XML) or a similar standard (e.g., FHIR) as a way of exchanging health data, as is used in accounting and other industries. Universal common encoding of all data elements would allow physicians to change their EHRs rapidly with very little cost. Data consumed by a receiving EHR could be placed correctly within the new system to give it meaning and make it immediately useful. It is important that physicians have the ability to export and import tagged patient data from one EHR to another, especially when changing vendors. *Unless ONC requires vendors to tag all data fields, allowing complete mapping between disparate systems, this problem will continue to exist.*

Health IT Comparison Resources
TMA is pleased to be listed as one of the 18 sources ONC recognizes as providing a health IT comparison tool. TMA created this tool in 2009, and the goal remains the same today as when it was created: to help TMA members choose the most appropriate EHR for their practice. The tool also was designed with an educational slant to help physicians learn what questions to ask when shopping for an EHR.

The information provided in the comparison tool is based upon self-reported answers submitted by the EHR vendors. It is therefore not opinion-based information. Because of the sensitivity of the cost data, the EHR vendors did not want the information publicly displayed; thus TMA members must log on to the site to access the information. The EHR vendors are selected for participation based upon TMA's analysis of their market share in Texas.

Several formats of the evaluation are available to member physicians:

- The side-by-side product comparison gives a snapshot of the most pertinent EHR features as identified by physicians participating on TMA's ad hoc Committee on HIT. Links are provided giving access to more detailed information about each product.

- Product pricing is available in three tables that compare cost breakdowns for solo-, two-, and 10-physician practices. The pricing grid reflects the costs incurred for three broad categories with detailed information contained within:

    1. Getting started:
        - Software license;
        - Implementation and training;
        - Practice management (interface/additional software);
        - E-prescribing;
        - Technical support;
        - Other required costs, such as hosting fees and interfaces; and
        - Hardware — even if purchased through another vendor.

    2. Optional features:
        - Data conversion;
        - Basic interfaces (lab, radiology, and dictation software);
        - Eligibility verification;
        - Patient portal;
        - Secure messaging;
        - Reporting tools, software, databases;
        - Scanning software;
        - Voice recognition software;
        - E-prescribing of controlled substances;
        - Health information exchange or public health registry connection;
        - Chronic care management tool; and
        - Additional fees for remote locations.

3. Ongoing costs such as annual license, support and any other ongoing fees or costs.

- Detailed individual vendor pages provide an in-depth look at a wide variety of information about the vendor and their product such as:

  – Product and company information;
  – Targeted users;
  – Product functionalities;
  – Cost for solo, two-physician, and 10-physician practices; and
  – Interfaces and updates.

The information gathered has been useful to physicians choosing products, and TMA suggests that if ONC creates a tool, similar detail should be made available to increase the usefulness. If ONC were to create a tool, it should be mandatory for all certified products.

Available resources limited TMA from seeking feedback on and monitoring performance of additional EHR vendors. We do believe it would be helpful if ONC or another nationally trusted entity could foster an Amazon-type feedback system that allows voluntary rating of vendors and comments by users. Some things to consider:

– The comments should be anonymous to the public, but the commenter could be verified by ONC through National Provider Identifiers (NPIs) collected as part of the Centers for Medicare & Medicaid Services EHR incentive program. ONC also could require EHR vendors to provide user lists by NPI. ONC should be able to indicate that the commenter is a verified user.
– The comment should include the date the comment was made.
– The comment should include the vendor and product version.
– The commenter should disclose how long he or she has used the product.
– The comments and ratings should be organized by specialty.

Feedback garnered by users should be voluntary so as to eliminate any reporting burden on physicians. Helping physicians know annual, total cost of ownership for all EHR products also would be helpful as many times physicians are surprised by hidden costs that add up very quickly.

Vendor Complaints
EHR vendors should be required to report the number and severity of customer complaints. The data collected also should include whether or not the issue was resolved satisfactorily. EHR vendors should disclose how many users, by specialty, migrated from a product by year going back five years.

Successful MIPS Participation
ONC should publicly disclose in a user-friendly format how many and the percentage of users, listed by specialty, met the MIPS participation requirements.

Security
EHR vendors should publicly disclose the number and types of security breaches and ransomware attacks where their product has been involved via the Certified EHR Technology (CEHRT) website. This is particularly important for vendors where the vendor supplies the EHR over the internet. The Office of Civil Rights (OCR) publicly discloses breaches by covered entities on its breach portal. With access to similar data, users can assess the security risk and vulnerability of EHR vendors.

Usability and User-Centered Design (UCD)
TMA appreciates that as part of the 2015 certification process, health IT developers must attest that they employed a UCD process and report the results of usability testing on certain technical functions. TMA appreciates ONC making this information publicly available. TMA agrees that inconsistency in the UCD process slightly diminishes the value, but this is a big step forward.

As part of an ONC-grant funded project provided by the Health Information Technology for Economic and Clinical Health (HITECH) Act, The University of Texas Health Science Center at Houston led a four-plus year effort to study EHRs' usability and workflow and propose better ways of designing EHR systems. This was one of the Strategic Health Information Technology Advanced Research Projects, including a study of patient-centered cognitive support, known as SHARPC. The project's primary goal was to address usability, workflow, and cognitive support problems with EHRs. TMA urges ONC to include the SHARPC findings and to seek ways to present UCD results in clear, concise, and easy-to-understand formats that are consistent across all EHR products.

Interoperability
Interoperability remains a challenge for physician practices. As stated above, for years, TMA has advocated for universal use of XML or a similar standard (e.g., FHIR) as a way of exchanging meaningful health data, as is used in accounting and other industries. Universal common encoding of ALL data elements in the EHR would allow physicians to change their EHRs rapidly with very little cost. We are almost upon the 10-year anniversary of the HITECH Act, and interoperability is a major disappointment. Pushing physicians to do something that (1) does not work well, (2) is costly, and (3) puts patient data at risk is not a good model. ONC and others need to support the creation of tagged data that enables the seamless flow of information requiring little to no effort on the end user.

Patient-Safety Reporting
ONC should support a centralized, national repository of HIT patient safety hazards. While health IT was initially promoted as a way to reduce errors and increase patient safety, it actually has introduced new types of errors. When an EHR has a glitch that can cause patient harm, physicians need to be able to report that issue quickly in a workflow-friendly way. For example, reporting tools need to be developed, such as a "green button" within EHRs/other HIT products that captures standardized background system-level information with a single click and sends it to the appropriate reporting body. Federal oversight is needed to monitor and manage EHR patient safety, similar to how the National Transportation Safety Board manages transportation safety. Private organizations such as ECRI Institute, through its Partnership for Health IT Patient Safety, are working in this space through collaborations with other organizations. ONC can work with organizations such as ECRI Institute to make patient safety initiatives a national priority.

TMA appreciates the opportunity to provide feedback on this RFI. Should you have any questions, do not hesitate to contact Shannon Vogel at TMA by calling (512) 370-1411 or emailing shannon.vogel@texmed.org.

Sincerely,

Matthew Murray, MD
Chair, ad hoc Committee on Health Information Technology
Texas Medical Association