TEXAS MEDICAL ASSOCIATION

Physicians Caring for Texans

Sept. 14, 2021

Sarah Rosen Wartell, JD, President
Urban Institute
500 L'Enfant Plaza SW
Washington, DC 20024

Submit to: EHRfeedback@urban.org

RE: Request for Public Feedback on Draft Developer-Reported Measures for the Electronic Health Record Reporting Program

Dear Ms. Wartell:

On behalf of the Texas Medical Association (TMA) and our more than 55,000 physician and medical student members, we thank you for the opportunity to provide input on the electronic health record reporting program as part of the Urban Institute's contract with the Office of the National Coordinator for Health Information Technology (ONC).

TMA believes electronic health records (EHRs) must work as intended because poorly designed software can impose dire, unintended negative consequences on a patient's health and outcomes. It is important that physicians and practice administrators have access to reliable information about certified health information technology to make informed EHR purchasing decisions. Physicians must have the ability to measure the effectiveness of EHRs currently used in their practice, and access to publicly available comparative information is paramount.

TMA cautions ONC to consider at what cost measures be collected. If the developers must incur extra cost, and they most certainly will, that cost will be passed on to the users. Physicians, even with incentive programs, have invested much in technology and in many cases have not received the promised return. Physicians should not bear the financial burden that most certainly will come if all the measures proposed for the EHR Reporting Program are adopted. For far too long, EHR companies have focused efforts on regulatory compliance, which ultimately takes away from research and development to enhance the user experience and the collection of meaningful data.

TMA offers the following input as requested.

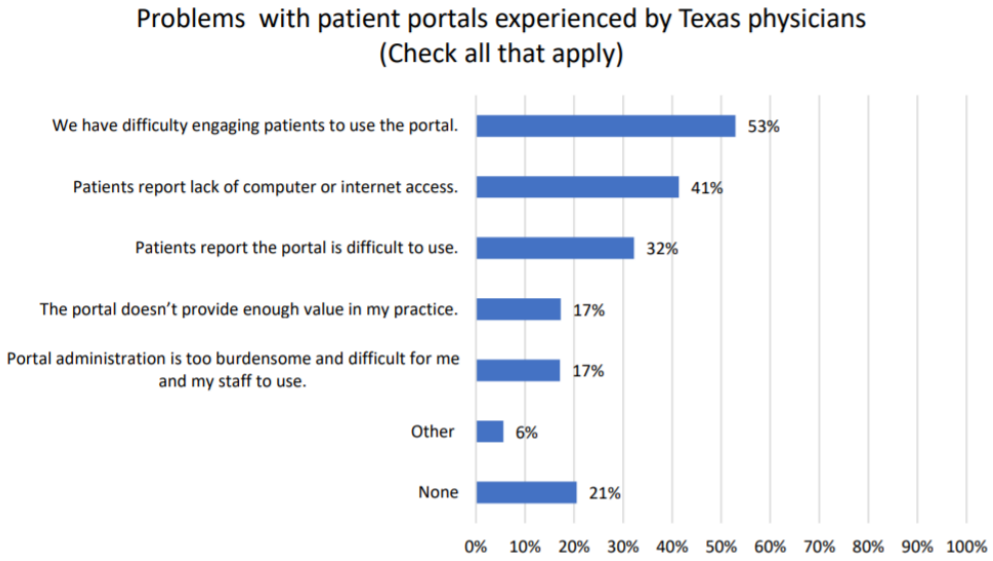
Measurement Domain: Patient Access

Summary
This domain aims to assess the implementation of health IT provisions of the 21st Century Cures Act by

providing insight regarding whether patients are (1) electronically accessing data and (2) taking advantage of third-party applications to do so.

TMA Response
TMA agrees with the aim of the proposed draft measures regarding how patients are accessing their data and to what extent usage is sustained.

In 2020, TMA surveyed Texas physicians about use of various aspects of health information technology and physician-reported issues with the patient portal as identified in this chart:



To meet the needs of a diverse population of patients, TMA asserts that patient portals must be effortless to access, intuitive to use, and easy to understand.

Additionally, it should not require extra effort for information to move from the EHR into the portal. To illustrate some of the burdens associated with portal usage, TMA recently heard from members working to comply with the 21st Century Cures Act by giving patients access to their information immediately upon request. In attempting to put radiology reports on the patient portal, practices are having to concoct an arduous workaround rather than performing a simple, straightforward task. According to the EHR vendor's technical guidance, practices have to take the EHR vendor's default .tif file, which cannot be published to the vendor's portal, and convert it to a .pdf file, which the portal supports. To accomplish this, *for each image*, staff must exit the secure EHR and complete the transformation by printing and then scanning the image. Staff then have to log back into the EHR, upload the .pdf, and publish it to the portal. This repetitive task is an enormous undue burden and expense to the practice and is fraught with safety and security issues. Sadly, the EHR used by these practices is one of the largest ambulatory vendors in the country. EHRs, as part of certification, are required to perform certain functions, but those functions are not required to be performed efficiently.

Further, as part of the certification, EHR vendors must be able to demonstrate portal use efficiency from the perspectives of two user groups:

1. Physicians and medical practice staff must be able to populate the patient portal with designated data with as little effort as possible. This means having a process in place to tag data that should not flow to the patient portal when an information blocking exception applies. Efficiency can be measured through number of clicks and steps required to complete necessary processes to move information to the portal.

2. Patients should have straightforward access to the portal with assurances that the data are secure from unauthorized access. As part of certification, vendors should demonstrate evidence of hosting focus groups with a diverse group of patients to evaluate the usability and value of the patient portal.

Stakeholder feedback was sought particularly about value of data on whether patients accessed their information more than once during the calendar year. If ONC determines patient access measures should be collected, TMA believes measuring the number of patients and the number of visits tied to each patient over a set period will determine patient acceptance and value of portal usage. The information could be segmented by patient age, but ethnicity is not a required measure, and some patients choose not to report it thus making it an unreliable metric. ONC may also consider usage statistics of rural and urban patients to see if there are geographic disparities.

Additional feedback was sought asking:

- What are the appropriate categories for the number of users and reauthorized users?
- Does assessing whether patients accessed their data more than once during the calendar year provide valuable insights beyond looking at access by method?
- What is the appropriate threshold for the number of times a patient should access their data within 12 months to be considered sustained use?
- By which patient characteristics should measures be collected? Would EHR developers have access to data reflecting these characteristics? If so, are the data (e.g. related to race and ethnicity) from EHRs reliable for reporting?

TMA Response
Regarding patient acceptance and use of patient portals, TMA believes an appropriate consideration would be determining if there is a correlation between the number of office visits and number of times the portal is accessed. Some patients do not see their physician every year while other patients may have multiple visits that provide new information to the portal and prompt a patient to access the new information. Regarding patient characteristics, since race and ethnicity are optional, the data points are unreliable.

Furthermore, the data collection for the metrics in the above bulleted list should not be instituted if it is up to the physician or practice staff to collect them. Physicians are already overburdened, and TMA cautions against requiring further administrative work of physicians and their staff. Additionally, this information should not be collected just for the sake of collection. It should be collected only for a specific purpose within a specified time, e.g., for specific research studies and only in instances where the vendor has the authority to extract the information with the physician's permission and in compliance with HIPAA or other state privacy laws. Metric collection must not be burdensome to physicians or technology vendors.

Measurement Domain: Public Health Information Exchange

Summary
This domain seeks to gather vaccination data to provide insights as to how frequently physicians and other clinicians use their certified health IT to send and receive public health information to and from public health agencies.

TMA Response
TMA opposes the collection of vaccination data from EHR vendors to entities other than public health departments. This data should be collected via the state-level public health agencies. There may be state laws restricting how immunization data are collected and shared, and the agencies overseeing the immunization information could inform and provide the necessary data as permitted to their federal counterparts. Additionally, the American Immunization Registry Association may be able to provide introductions to the various state-level registry managers who can also inform ONC about what data can be shared and for what purpose. As for an EHR program, it should be enough to know that a certified EHR can bidirectionally exchange immunization data with all state-level immunization information systems.

Measurement Domain: Clinical Care Information Exchange

Summary
This domain is intended to measure clinical care information exchange and can provide insight into whether users are using certified health IT to view and use data received from external sources and whether and how physician-facing applications are used. The proposed draft measures aim to address the following:

- Are clinical data received via certified health IT being used and viewed?
- Of the total number of unique summary-of-care records received using certified health IT, how many were parsed and integrated and then viewed by end users or clinicians?
- How many clinician-facing applications are registered via certification, and to what extent are these applications used?

TMA Response
TMA seeks insight into how many interfaces various EHR vendors have built to connect their customers to health information exchanges or other data sources. This may provide a glimpse into the associated costs and hassles that create barriers for physicians trying to connect to data sources that would allow them to have access to patient information at the point of care that may impact care decisions. If ONC chooses to collect this data, it should not be burdensome for technology vendors to provide an annual report of connections.

TMA believes it would be helpful to purchasers of certified health IT to know what clinician-facing applications are currently used by EHR vendors being evaluated. This could also be an annual report to ONC with the information populated on the Certified Health IT Product List website.

TMA strongly opposes measurements related to data viewed by the physician. This kind of intrusive behavior violates physician privacy, is government overreach, and should not be adopted.

Potential Future Measures

Summary
Two measures are considered for potential future data collection:

1. Patient access measure related to percentage of patients using write-back functionality on third-party, registered patient-facing applications.
2. Submission of data to public health authorities via third-party applications.

TMA Response
TMA believes a good first step is to evaluate patient-facing third-party applications to see which applications have write-back functionality, which allows the patient's application to automatically update if there is a change of information to the patient's portal. If ONC determines it is a worthwhile metric, that information could be reported by the third-party applications thus reducing burden to the certified technology vendors. This is also true of the public health measures. It may be worthwhile to understand the number of third-party applications providing the service of data submission to public health agencies. This would give insight into the role of third-party applications integrated with EHRs and the predominance of their usage. Again, to reduce burden to physicians and certified technology vendors, the third-party application providers could report this information to ONC.

TMA appreciates the opportunity to provide this important feedback to the Urban Institute. Any questions may be directed to Shannon Vogel, TMA associate vice president for health information technology, by emailing shannon.vogel@texmed.org or calling (512) 370-1411.

Sincerely,

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