

Allscripts, with a platform of clinical and business solutions for ambulatory, acute and post-acute care settings, is relied upon by the largest network of providers – over 180,000 physicians in more than 45,000 different practice locations and 1,500 hospitals. It is through our three decades of experience partnering with and deploying software to this vast network of providers that we can submit informed comments today on the Office of the National Coordinator’s *Proposed Interoperability Standards Measurement Framework*. We appreciate an opportunity to contribute to this important discussion of how to best measure interoperability standards adoption and use, and we welcome any questions or discussion that would be helpful.

## Objective 1

Allscripts knows that establishing open, interoperable, and connected platforms is key to achieving industry goals of ensuring that the patient’s record is available to any healthcare professional seeing them. Factors to be considered for measuring the success of an interoperability model should include the extent to which:

- solutions allow for digital assets to be connected across the community, as well as supporting the extraction, harmonization and analysis of data. When armed with these insights, clinical information, finances and operations can be studied and appropriate actions taken through non-invasive workflows.
- it delivers information not already known about the patient (e.g., information that resides in other systems) to the clinician within their own workflow.
- it creates a single, fully integrated view into the patient’s relevant clinical data in such a way that it is semantically organized, described in appropriate vocabulary, and accessible in the clinician’s preferred format, while also harmonizing the data to avoid overwhelming the clinician with unnecessary or duplicative data.
- the model enables bidirectional data flow across an extensive network of resources, including clinicians, public health agencies, patient safety organization, payers, life sciences companies and other industry innovators.

### Objective 1, Measurement Area A

- It may not be advisable to collect the proposed type of planning information, as it is frequently subject to change, based on a variety of commercial, technical, regulatory, and many other factors. Further, this type of information may represent strategic thinking that is most appropriately communicated as part of the normal vendor/client collaborative process.

### Objective 1, Measurement Area B

- We support the concept of capturing the standards (specific implementation guides and versions) that are provided in support of inter-healthcare organization interoperability. We suggest that capturing this information is best managed by the ONC-ACB as part of certification testing. The capture of information about additional standards not required for certification could be added to that process fairly easily.
- We also note that use of standards goes beyond the general support of an implementation guide to the many options and customizations that occur in the field. A general assessment of standards adoption would fail to capture that critical information.

### Objective 1, Measurement Area C

- The type of information suggested in this objective is actually most frequently owned by the provider, and release of such information would need to be under their authority, not the vendors. We don’t believe that asking a vendor to share the information at the level of detail proposed would be appropriate, and it also offers the opportunity for client information to be misused in a competitive market.

- We suggest that the type of information addressed in this objective could be collected as part of the activities noted in Objective 2 through well-designed measures.

## Objective 2

- The capabilities of a software product may not always be extensively exploited, so Allscripts understands and agrees with the need to differentiate the abilities within the IT product and the extent to which those capabilities are exercised by the providers' configurations.
- We understand that the intent is to determine why providers implement certain functionality and not others. This would be helpful in identifying whether certain incentives put forward by payers (whether government or private sector) align with where consumers see administrative or clinical value in features/standards.
- We note that there may be other factors beyond those noted in ONC's work for why deployed standard are not being used by end users:
  - A client may take an upgrade containing new standards content but roll out the implementation of various components of that upgrade over time.
  - Providers assess the business impact and timing of implementation based on their individually established workflows and behavior, as well as system configurations and the likely disruption that would come from adding new requirements

### Objective 2, Measurement Area A

- Allscripts supports the concept of capturing volume information, but we note that there are likely substantial issues with vendor reporting of this information.
  - Inherently, this concept suggests that a health IT developer has access to data related to their clients' use of interoperability standards included within a particular software version. This is simply not always the case. Further, for those instances in which a vendor does have such access, it would require overt client permission to use such information, or at least a means of source de-identification.
    - We note, too, that for collected data to be useful, it would likely require data aggregation across a client base. With the issue of permission and even the ability to collect it from some clients, that could pose an obstacle.
- While there may be fewer issues with collecting this information directly from providers, we note that issues could remain in terms of the need to collected data as part of measures captured by the software but then aggregated by the measure collecting agency to provide any meaningful perspective. This aggregation may prove to be complex and costly as the aggregation would need to factor both the numerator and denominator information from an extensive group of reporters.
- We note, too, that there may be valuable information available through a direct survey of provider administrators, but survey design would be critical to minimizing undue burden.

### Objective 2, Measurement Area B

- As stated, Allscripts understands the need to capture volume information as a means of demonstrating return on investment for the government's investment in health information technology, but we must note that there may be substantial issues. First, the cost aggregation that would need to occur in order to be able to gain any meaningful perspective, but this would be complex and costly for the measure aggregator, given that the numerators and denominators reported by a very large number of organizations would need to be normalized and calculated.
  - We note, too, that such an effort would require the creation and promulgation of very detailed measures that could accurately capture meaningful data, and those would need to be measures that could be gathered and assessed without significant effort or burdensome cost to the provider. This reflects our earlier point that options and customization choices in the live environment would affect the results of any survey.

- It is also very clear that the volume of transactions may be difficult to measure in non-hosted environments. Allscripts supports both forms of adoption, and our ability to support data collection efforts would be dramatically different for clients using hosted technologies as opposed to an on-premise solution. In the latter instance, interfaces may be point-to-point with no touch to Allscripts during the activity, so tracking this volume would require providers to report directly.

#### Objective 2, Measurement Area C

- As noted previously, we believe there is valuable information that could be collected by direct survey of provider administrators, but we emphasize again that survey design would be key to minimize undue burden. A wise approach would be to conduct targeted research to enable the collection of information regarding the extent of known concerns, though we note that such a survey design would be complex given the need to unearth currently unidentified concerns. We suggest that the following items may warrant capture:
  - Those interoperability features for which providers have performed customization and/or requested vendor enhancements, attempting to elicit the rationale for the modifications. This could be further differentiated by whether vendor enhancements have been provided or not and whether any customizations have provided the desired outcomes.
  - Unimplemented features from within a prioritized list of key interoperability features. For any unimplemented features, elicit rationale for not implementing.

### Questions

#### Question 1

- A voluntary framework is always encouraged, but Allscripts acknowledges that mandating the framework will help the implementation and use of interoperability standards be accurately measured; it would also avoid confirmation bias from over-reporting from participants with strong implementations and underreporting from those with poor implementations. A few notes:
  - Publication of measurement results should be de-identified in terms of the provider, the health IT developer(s) in use, and the product(s) from which the results originated.
  - Use of the data obtained from the measure reporting system should be limited to developing a gauge of interoperability, implementation and use.

#### Question 2

- An annual survey could be an appropriate mechanism for reporting on completed and forthcoming implementations (and versions), but it should be employed only when the data is not already available from data and/or metadata already collected for other programs or purposes (e.g., certification).
  - As noted previously, this information should only be used as a one component of an effort to gauge the adoption and implementation of an interoperability standard.

#### Question 3

- It is clear that data on how / when / how frequently standards are implemented and used would provide a valuable gauge of industry adoption. Our comments provided on the specific Objective Measurement Areas provides more detailed input on much of the proposed framework.

#### Question 4

- In addition to the suggested noted for specific Objective Measurement Areas, it is useful to note that implementation compliance or a lack thereof may be linked to the provider perspective that that standards requiring workflow/data capture frequently offer low clinical value in the care process. It is critical to collect the provider's view on how any standards in question impact care or fail to do so.
- Meaningful collection and aggregation of data depends on an extensive repository for data. Creating and maintain this repository and establishing metadata and procedures to enable meaningful correlation and aggregation of the data would be quite complex.

#### Question 5

- Standards Development Organizations would likely be in an optimal position to identify where widespread customization needs and/or functionality gaps may exist.

#### Question 6

- The publication of measurement results should be de-identified for the provider, the health IT developer(s), and the product(s) from which the results originated to avoid the misuse of the information.
- It's obvious, but we note that any data collection mechanism will need to address HIPAA compliance and other privacy concerns to avoid becoming problematic for patients.
- Any data collection mechanism must consider the performance impact it may have and the associated potential impact on both patient care and different provider workflows.

#### Question 7

- Reporting frequency of any automated measures will be influenced by the frequency of updates to measurement criteria, the version of the measurement criteria which must be used for reporting, the difficulty of implementing new versions of the measurements, and the willingness and ability of end-users to deploy updated versions of the measurement criteria.
  - Consideration should be given to the date by which any new version of the interoperability measurement criteria must be used for reporting. Annual reporting will be less of an issue if sufficient time is permitted to implement the measurement framework and if sufficient time is permitted to implement subsequent updates.
  - The reality is that complexity of deployment of the measurement framework cannot be determined until the measures have been developed.
- Allscripts cautions that it is important to consider the industry impact (headcount and infrastructure investments) required for any proposed data collection/management schema, especially as it impacts provider workflow.

#### Question 8

- Allscripts recommends that only fully mature interoperability standards should be measured (e.g., standards required for certification in support of existing incentive programs). Special focus should be made for those standards which are critical to the objectives of interoperability and which have a positive impact on patient care and outcomes.
- As noted for question 7, given the potential impact of any proposed data collection/ management effort, collection should be limited to data for which a sound business case can be made, weighing overall system cost and impact against expected benefit.

#### Question 9

- Allscripts proposes that a public, open participatory model would be an optimal model for measure development associated with this initiative. It's important that measure stewards be identified and workgroups formed consisting of representatives from health IT development companies, exchange networks, clinical organizations and data holders.

#### Question 10

- It is unlikely that there exists a single mechanism to effectively capture conformance and customization data. Combinations of certification and annual in-the-field testing, surveys, and targeted research all will be required to ultimately result in the desired information gathering.