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via webform submission

Re: Response to the Office of the National Coordinator (ONC) Proposed Interoperability Standards Measurement Framework

To the Office of the National Coordinator,

The New York City Department of Health and Mental Hygiene (DOHMH) appreciates the opportunity to comment on ONC's Proposed Interoperability Standards Measurement Framework. Through its Bureau of the Primary Care Information Project, DOHMH operates NYC REACH, ONC's designated Regional Extension Center for New York City. NYC REACH exists to promote the adoption and meaningful use of Electronic Health Records by providers in New York City, and we have a deep stake in fostering interoperability between the EHRs of the practices that we work with and other practices nationwide. We have been working on this goal for over a decade now, interacting with thousands of providers in New York City during that time. Our commentary below is instructed by the experiences and priorities of the providers we work with. We hope it will prove helpful to you.

Overview

In order to efficiently facilitate the implementation of interoperable, standards-based information technology throughout the healthcare system, ONC will need good information about the standards being adopted now and in the future. Collecting this information will take effort on the part of many parties, particularly vendors and information exchange entities. As ONC implements a Standards Measurement Framework, we recommend that ONC keep in mind that data collection can be burdensome, and make sure that the project of *tracking* interoperability does not interfere with the ultimate goal of *adopting* interoperability. Considering that, we recommend that the Standards Measurement Framework:

1. Leverage ONC's existing data collection mechanisms instead of creating new ones,
2. Concentrate on implementing measures that are well defined, easy to understand, and easy to collect, and
3. Assign primary responsibility of reporting to software vendors and/or HIEs as appropriate, because they have relevant expertise in data collection procedures

Objective 1: Interoperability Standards Implementation
DOHMH agrees with the measures ONC has proposed to implement:

- Standards currently being developed in versions of HIT under development;
- Standards implemented in versions of HIT currently available; and
- Number of users who are using each version of the software.

We agree these measures, once implemented, will provide meaningful guidance as to how interoperable standards are being implemented, and where ONC's intervention is needed to move the adoption of standards along.

ONC will need to collect data on these measures from a wide array of vendors in order for that data to be meaningful. If ONC implements a purely voluntary reporting system, it would invite a low participation rate, especially if any of the measures to be reported are would require substantial effort on the part of the reporter to collect. Vendors may also be reluctant to participate in data collection if they fear that ONC will release their proprietary business information, such as installed base by product, to the public.

Rather than setting up a brand new information collection system, we recommend that ONC leverage the existing CEHRT-certification process to the greatest extent possible. Attaining CEHRT status is a vital requirement for major HIT/HIE vendors. The process already requires a substantial effort on the vendor's part, and the additional data collection proposed here would not appreciably increase that requirement. Specifically, ONC could add requirements to the CEHRT-certification process that the vendor report on:

- the standards it has implemented in the product under review (and each of its discrete subparts),
- the standards it is implementing in under-development versions of the product, and
- the estimated number of customer entities and end-users using each existing version of the product.

In order to avoid vendor reluctance to divulge sensitive business information, we recommend that ONC agree not to publicize the vendor estimates of their customer and end-user numbers without permission of the vendor except in aggregated form. ONC would still be permitted to share aggregated data, such as "the number of inpatient clinical documentation end-users in New York" with access to a certain standard, as long as those numbers were not identifiable to a certain vendor. And while this would not yield an *exact* number of installations or end-users, the estimates yielded would still be sufficient to usefully understand the spread and scale of each vendor's reach.

This proposed process would yield a great deal of information, and impose only a limited burden. By collecting information from all vendors seeking CEHRT-certification, ONC would receive information from all or nearly all major HIT vendors. While this method would not capture vendors not seeking CEHRT-certification, such represent a minority of the market, and ONC could seek to survey them using another mechanism at a later date. The burden on vendors would be relatively small, as the data collection would be a small add-on to an existing process vendors are already participating in.

Objective 2: Use of Standards by End Users

As designed, the Framework's proposed methodology for measuring the actual use of interoperable standards would create a substantial reporting burden. The three measures - the percentages of end users who use given standards, the number of transactions using each standard, and the degree to which the implementation of standards have been modified in real systems - are subject to many different interpretations. There is a risk that the entities being asked to collect data will have difficulty understanding

what they are being asked to do, and even if that can be defined, we anticipate they may have difficulty doing it. We recommend that these measures be initially implemented in a more limited scope, and that they be focused mainly on HIEs, rather than vendors or clinical facilities.

2.a: Standard Used By End User

We have observed that end users often do not know what standard they are using or why; most are using the functionality they have been trained to use in the manner they were trained to use it. As currently defined, the "Standard Used by End User" measure does not distinguish between whether a user finds the functionality useful or that they use the functionality because their vendor enabled it as a default. This measure would not contribute to the understanding of which standards have more ease of use or utility.

The purposes of the "Standard Used by End User" measure can be met by reference to data collected for measure 2.b, "Volume of Transactions by Standard," as explained below. This would eliminate the burden of tracking a new measure, and still provide useful information for what may be used commonly adopted across facility and geography.

2.b: Volume of Transactions by Standard

This measure provides the best indication of which new and existing standards are being used for interoperability, and should be further implemented. We believe that HIEs – and in some cases, HIT vendors which operate their own HIE-equivalents allowing data interchange between their own client facilities - can most easily collect the data for this measure. HIEs act as a hub for data flowing between healthcare facilities, and would generally have access to the transactions proposed to be tracked.

To facilitate HIEs' ability to collect this data, we recommend that ONC add standards to the CEHRT-certification process requiring that EHR messages sent to HIEs should identify the standards used in that message. EHR messages to HIEs should also be required identify the vendor and version of software that originated and responded to the transaction. This would allow the HIE not only to collect the number of transactions using each standard, but the frequency with which different EHRs are participating in interoperability. These numbers, especially when combined with estimates of the number of users on each version of each vendor's software gathered during the CEHRT-certification process, could be used to estimate the degree to which each version of each vendor's CEHRT facilitates sending and receiving interoperable transactions.

A drawback of centralizing data gathering at the HIE level is that messages sent directly between healthcare facilities without the intermediation of an HIE would not be tracked. This omission would include messages sent between members of a federated-model HIE where the HIE itself does not act as a conduit for transactions. Collecting data regarding these transactions not routed through an HIE would require either that ONC collect data directly from thousands of healthcare facilities, or otherwise require that HIT vendors start collecting usage data from their clients, where such collection may be either technically or contractually impracticable.[1] We believe that the initial tracking using existing HIEs would provide a wealth of information, while ONC considers whether a feasible method of collection for non-HIE transactions is possible.

[1] ONC could still make available a channel for any vendor that did have that information to submit it.

2.c: Level of Conformance

We recommend ONC consider a focus group or pilot approach to identify the definition of conformance and customization of standards that are implemented. One approach that ONC may consider is to conduct key informant surveys or interviews with a purposeful sample of facilities by geography, EHR vendor, and connection to HIE to understand the context and taxonomy for why groups or facilities have ‘conformed’ or ‘customized’ accordingly to their environment. Without this information, any proposal of standards in this area would not be based on evidence.

Thank you for the opportunity to comment.

Sincerely,
Sarah Shih
Assistant Commissioner
Primary Care Information Project