October 17, 2018

The Honorable Donald Rucker, MD,
National Coordinator
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St. SW, Floor 7
Washington, DC 20201

Submitted electronically via: http://www.regulations.gov

RE: Request for Information Regarding the 21st Century Cures Act Electronic Health Record Reporting Program

OCHIN appreciates the opportunity to submit the following comments in response to the request to address the Office of the National Coordinator’s (ONC’s) Request for Information (RFI) Regarding the 21st Century Cures Act Electronic Health Record Reporting Program. We appreciate the ONC’s effort to drive interoperability of electronic health records across the nation and appreciate the opportunity to provide comments on how the ONC implements Section 4002 of the 21st Century Cures Act. OCHIN has experience integrating with hundreds of different healthcare providers on a variety of interoperability efforts and the wide variance in standards makes it more difficult to gather and share healthcare data efficiently.

OCHIN is a 501(c)(3) not for profit community-based health information technology (HIT) collaborative based in Portland, Oregon. OCHIN receives support from the U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA), and is an HRSA-designated Health Center-Controlled Network (HCCN). OCHIN’s mission is to pioneer the use of health information technology (HIT) in caring for the medically underserved. As such, OCHIN serves community health centers (CHCs), including Federally Qualified Health Centers (FQHCs), rural and school-based health centers, safety-net providers and public health and correction facilities across the nation. OCHIN’s comments will be through the lens of members we serve.

OCHIN Supports:

- Reducing provider burden by promoting the exchange of healthcare information through national framework’s standards, such as Carequality or Commonwell;

- Continued adoption of 2015 or newer Certified electronic health record technology (CEHRT) that can easily encourage and facilitate data sharing;

- Use national health information exchange (HIE) standards and metrics such as Carequality or Commonwell, regardless of healthcare platform; and
• 42 CFR Part 2 reform to ensure needed data sharing and care coordination to address the opioid crisis.

OCHIN Comments on the RFI Regarding the 21st Century Cures Act EHR Reporting Program

OCHIN urges the ONC to continue to challenge providers and systems to enable national framework standards and reduce variation in health information exchange (HIE) standards thus increasing interoperability and reducing burden for administrators, providers, and developers. Standards OCHIN supports are exemplified in Commonwell, CareEverywhere, and Carequality, three of the frameworks used by OCHIN to exchange medical data across the United States and into some international territory. As of October 2018, OCHIN has exchanged 31 million clinical care documents (CCDs) within the last 12 months, and a total of 76 million total CCD summaries since 2010. OCHIN clinics are exchanging data on the nation’s most vulnerable in the outpatient ambulatory setting. National frameworks for HIE are working and must be allowed to mature.

OCHIN believes the national HIE framework will overcome many of the issues which the 21st Century Cures targeted upon its creation. Requiring all healthcare providers to connect to a single national HIE framework would ensure all records are available upon confirmation of appointment and bring data blocking to extinction. This national framework would similarly overcome the patient matching issue plagued by many local/regional HIE networks.

Existing Data Sources

OCHIN recommends providing both performance and ease of reporting for all of the 2019 Promoting Interoperability measures, across both Medicaid and Medicare programs. To reduce provider burden, all metrics both state and federal need to be aligned. We recommend using existing performance data and not mandating anything that has downstream consequences of putting more reporting burden on providers. Working with state Medicaid agencies, CMS, HRSA, and HITEQ will provide performance data and EHR vendor information and help prevent duplication of data collection efforts which burden clinics and providers.

Data Reported by Health IT Developers Versus End-Users

OCHIN Supports:

Vendors should disclose and define the type of health information exchange used – whether it was a vendor-based connection, a Carequality connection, eHealth Exchange, 360X, direct secure messaging, or broken down by the third party they are transferring it to. This would allow for a better value calculation as opposed to purely volume.

OCHIN believes certified health IT developers should understand the importance of including medical reconciliations done by the previous provider, allergies, and problem lists, and their inclusion into the EHR as well as the need for stringent patient matching standards.
OCHIN suggests specific provider reporting requirements and performance standards. The ONC should provide metric alignment and standardization with an understanding of the needs of the end user. Alignment of standards at a federal level will avoid the need for EHR customization, increasing costs and reducing interoperability. With one set of standards and metrics, EHR products will improve quickly, as time and resources won’t be spent customizing, but instead integrating and expanding to meet the needs of all providers. This in turn allows for more successful safety net clinics, as they can divert their resources directly towards their patients as opposed to purchasing costly customized electronic health records (EHRs) to meet their specific reporting needs.

User-Reported Criteria

OCHIN response to reducing data collection burden:

- To reduce provider burden, avoid allowing state level flexibility and the changing of metrics for specific programs such as Medicaid. Set national standards and ensure they are followed at the state level.
- To reduce provider burden, it would be helpful to expand automated testing, integration with third party devices (such as EKGs and vital devices) as well as incorporation of metadata through APIs. These products can directly integrate data into the EHR to reduce provider burden and increase accuracy, bypassing human error.
- Prior to increasing or changing reporting requirements, OCHIN recommends working with EHR vendor associations to determine how they could help clinics and providers meet reporting requirements without additional burden.

OCHIN suggestions for user reviews:

A more efficient format to gain feedback from users of these products is to not contact them annually with a long questionnaire, but to instead use the small burst method. Either via email or through an app, request feedback on one or two items, and have them be multiple choice with an option to provide comment. This would increase participation and allow for more extensive answers but taking up less time for each contact.

OCHIN response to reporting mechanisms:

To avoid variants in reporting mechanisms, including state level metrics variants, national standards should be set and enforced. Questions should be aligned and streamlined to make them identical across mediums. On the transport level, all reporting should be done electronically through the EHR as to avoid manual manipulation.

Health IT Developer-Reported Criteria

OCHIN response to the CHPL:
OCHIN suggests revising and updating this information for usability. It is unclear how a provider or healthcare user would utilize this information as it is out of date and incomplete. This may be an opportunity for an RFI as to what should be included in this area for better support.

**Security**

OCHIN response to security and privacy:

42 CFR Part 2 must be clarified further for providers, and further standards must be created around this requirement. The ONC and SAMSHA would be the ideal partners to set standards for data security and privacy protections. Providers would greatly benefit from a certification program around 42 CFR Part 2. This would provide a rigid system to ensure vendors are complying with 42 CFR Part 2 requirements and give providers confidence that they are doing so.

**Interoperability**

OCHIN responses around interoperability:

A truly interoperable community is one where providers are sharing patient data and history with other stakeholders. State agencies are significant partners with the OCHIN membership. Bidirectional immunization records, prescription drug monitoring programs (PDMPs), and vital statistics data feeds between agencies without the need for a direct connection into a regional health information exchange organization (HIO) or state designated HIOs are important measures of interoperability. The ease of which these three data streams are integrated in the state level systems without the state level HIO or regional HIO is a measure of interoperability by vendor-based exchange and the national standards. Ideally, this would include total cost of care and Medicaid claims data as well, as this can assist providers to improve the value of care. Access to this information can prevent duplication of services and reduce provider burden by streamlining workflows. Integration of these data streams into the EHR prevents the need to access outside systems for manual integration.

**Other Categories for Consideration**

OCHIN response to data sources for comparison:

Enabling the ordering and viewing of labs is critical. Complete data are needed for accurate assessments of labs, so resulting lab companies must attach discrete result information to all lab results. Discrete normalized results of imaging tests is also vital. Access to complete patient data from other organizations enables the provider to see full patient history, providing a better picture. Instead, such data are held by third party providers such as hospitals, state registries, insurers, or specialists, so open access to these data by providers is vital to improving patient outcomes.

Data on volume of data exchange as well as the quality and completeness of the data being exchanged would be useful to compare performance on these categories across certified health IT products. Similarly, it would be helpful to share statistics on failure to exchange data, including the unavailability of key data, such as that held by insurers, and missing data.
OCHIN response on population data:

To improve the usability of population health data, it must be timely. This data has the potential to be used in the clinical setting to facilitate better patient care and patient outreach, but it is also useful for government health departments when it is available to be utilized early in time to allow specialists to take control of a potential situation.

OCHIN supports allowing providers to choose vendors which apply national standards or enabling national standards through their EHR or onboarding onto regional HIOs. However, HIOs should be directed to connect to the national frameworks, to support further health data exchange. Finally, where HIOs are used as a data repository, they must be required to give access to data placed within the repository to ensure full data sharing.

We appreciate your consideration of our comments. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
VP, Government Affairs and Public Relations