September 13, 2019

Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Submitted electronically via:
bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form

RE: Program Assistance Letter; Document Number: 2019-05; Proposed Uniform Data System Changes for Calendar Year 2020

OCHIN appreciates the opportunity to comment on the Proposed Uniform Data System Changes for Calendar Year 2020. We strongly support HRSA’s efforts to reduce burden and streamline UDS reporting efforts.

OCHIN is a 501(c)(3) not-for-profit community-based health information technology (HIT) collaborative. We are HRSA’s largest Health Center Controlled Network (HCCN) in the country, harnessing the power of data to help our providers improve outcomes and provide better care for the patients they serve across vendor platforms. As you know, we deliver best-in-class electronic health record (EHR) technology to 112 organizations on our hosted Epic platform. We strongly support increasing data analytics to give providers access to the full cost of care.

OCHIN advocates extensively for a reduction in provider burden across many areas, which includes reporting burdens under the Uniform Data System. It is critical that reporting metrics become nationally aligned to reduce the workload of providers and increase transparency, especially those who accept both Medicaid and Medicare. Ideally, this information would be available directly through the EHR to allow for reporting automation, further reducing administrative burden on clinicians.

As an organization that supports providers caring for the safety net population, we are highly supportive of efforts to collect information on social determinants of health (SDH). We applaud HRSA’s efforts to include SDH in the UDS reporting, and we are hopeful that the addition of SDH measures will increase efforts to align data collection efforts, and therefore have a beneficial impact on SDH collection.

OCHIN Specific Comments on the Program Assistance Letter:

A. OCHIN is supportive of the continued alignment to CMS eCQM specifications. To reduce provider burden and improve care coordination and interoperability, it is necessary for agencies to work in cooperation with one another to set national and cross-agency metrics for reporting. To further reduce burden and improve metrics, it is important to recognize that Medical Assistants (MAs) cannot fulfill many provider responsibilities while Registered Nurses (RNs) can, but more MAs are hired than RNs, and this impacts metrics as well as provider and patient experience.
G. OCHIN suggests measuring PrEP using both the diagnosis of HIV and chronic hepatitis B and the treatment. Based on our research as a learning collaborative, we know there is a great probability of missing a high percentage of patients when measuring specific to either the diagnosis or the treatment, therefore the measure should be an “and” not an “or”.

H. OCHIN is highly supportive of capturing SDH, including risks associated with human trafficking and intimate partner violence, and of the rationale HRSA provided. To improve the collection of SDH, it is crucial that national standards for terms and definitions and methods of collection are established. It is also important to note that gathering this sensitive information is difficult and, without proper training, will be unreliable at best. Despite this complexity, this remains a critical piece of data to collect, and we hope that adding this measurement will result in increased training to better communicate with patients who may be experiencing SDH. It is critical to understand how social and medical complexity intersect and how they can be valued. Specifically, high social deprivation areas tend to result in poorer outcomes regardless of social complexity, making it difficult to impact care quality. It is also necessary to address the issue with the lack of investment in community resources. It is possible to hold providers accountable, but when a referral is made to community partners, they are not digitized so there is no ability to close the loop. Once the responsibility of providers in terms of simple data collection or referral for SDH is established, it will be easier to implement a collection method. OCHIN has experience with several projects for SDH, including PRAPARE, ASSESS-DO, ASCEND, and CLINCH-IT.

K. OCHIN suggests separating PDMPs from HIEs, as a PDMP integrated with an HIE is still an external workflow for the provider. Providers check either the PDMP portal or the HIE portal. Both processes occur outside of their normal workflow in the EHR. To improve use of the PDMP and reduce burden on providers, PDMP integration should be prioritized to be as effortless for providers as possible, which translates into putting the access to this data inside the provider workflow in the EHR.

1 https://olis.leg.state.or.us/liz/2017I1/Downloads/CommitteeMeetingDocument/138727
Additional Comments on the Health Center EHR Capabilities and Qualities Recognition:

- OCHIN supports a flexible measurement system, but recommends maintaining or reducing the volume of reported measures by focusing on replacement as opposed to addition. When resources are diverted to impact new measures, overall quality could suffer.
- The questions around SDH fail to inquire whether the screening information is captured in the EHR, which is a crucially important question. Rather, we suggest editing this question to inquire whether SDH is being entered into the EHR by asking whether the information is “all entered into the EHR,” “only positive responses in the EHR,” or “none entered into the EHR.”
- OCHIN is currently working to integrate social service record locators (SSRLs) for our members into our system. As an HCCN supporting multiple communities, EHRs are not capable of supporting multiple SSRLs in one instance. Furthermore, as stated above, where community partners cannot be digitized and are not being funded, there is no way to close the loop which reduces incentives for providers to utilize this resource. It is necessary to ask whether the purpose of this service is to improve outcomes or just understand additional need. Providers must be incentivized to collect this information, knowing there is a potential for outcome improvement, or there will be little to no participation. OCHIN suggests HRSA consider future quality awards related to implementation and utilization of SSRLs.
- Question 12b would also benefit from an option that states the clinic doesn’t use any of the standardized screeners because they screen for a combination of domains that aren’t reflected by any of the tools (i.e., they have their own custom tool, or they only ask about a few prioritized SDH domains).
- We recommend adding questions in Appendix D:
  - How are you currently exchanging data?
    - Connecting to an HIE
    - Connection to a National Framework
    - Both
    - No interoperability
  - Why:
    - Do you currently utilize telehealth or virtual care?
      - No
      - Yes
      - In what capacity:
        - How many CCDAs are you moving?
        - What do you do with the data when it is received?

Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
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