Re: Proposed Electronic Health Record Program Proposed Domains and Metrics

Dear National Coordinator Tripathi:

On behalf of OCHIN, I appreciate the opportunity to provide comment on the Proposed Electronic Health Record Program Proposed Domains and Metrics. OCHIN is a non-profit continuous learning health technology innovation and research network. OCHIN has actively engaged to provide comments and feedback to the Health Information Technology Advisory Committee (HITAC) Electronic Health Record (EHR) Work Group. OCHIN supports the recommendations offered by HITAC on this program, while underscoring global recommendations that would ensure the program includes information on potential differences in performance measures that could reflect inequality.

The OCHIN network includes 137 federally qualified health centers (FQHCs), FQHC lookalikes, rural health centers, public health departments, and other primary care practices vital to underserved communities; these members include over 500 locally controlled community-based health care sites with 21,000 providers in 47 states serving nearly 6 million patients in rural and other underserved communities. In addition to deploying and hosting a full suite of electronic health records (EHR) and practice management solutions for hundreds of clinics nationwide, all providers in the OCHIN network are connected to each other—and to the broader delivery system—through one of the largest and most successful health center-controlled networks (HCCN) in the country. Through the OCHIN network’s data exchange capabilities, we are driving our health care system towards interoperability by connecting community-based health centers to each other, as well as the broader delivery system, to ensure that underserved communities have access to the highest quality health care.

Recommendations:

- Reporting costs and associated administrative changes and programming must be shouldered by developers and not providers. Reporting should not place any additional requirements, including data entry, on providers, as staff burnout is at an all-time high due to COVID-19; thus, thoughtful implementation is required to avoid exacerbating current conditions, particularly among community-based providers.
- Stratification of measure reporting by demographic information (including, but not necessarily limited to, race, ethnicity, sexual orientation and gender identity, ability, and language preference), that will
provide transparency with regard to how the certified health information technology may have design, development, and, possibly, implementation bias that is relevant when assessing functionality and performance among underserved communities.

- **When possible, metrics should be reported at the product level** (e.g., ambulatory, inpatient, or emergency department, EHR product), not at the vendor level, as products from the same developer may have different functionality and performance.
- **Identification of the relevant certification criterion/criteria** associated with each measure as the purpose of these new EHR program is to provide information on a developer’s adherence/performance with regard to the 2015 Edition health IT certification criteria.

OCHIN welcomes the opportunity to provide recommendations and to support ONC’s efforts to increase interoperability and overall usability of certified health information technology.

Sincerely,

Jennifer Stoll  
Executive Vice President  
Government Relations & Public Affairs