



July 6, 2020

Urban Institute
500 L'Enfant Plaza SW
Washington, DC 20024

Re: Request for Public Feedback on Draft Voluntary User-Reported Criteria for the Electronic Health Record Reporting Program

Submitted electronically at EHRfeedback@urban.org

To Whom it May Concern:

The Sequoia Project is pleased to submit these comments on the *Draft Voluntary User-Reported Criteria for the Electronic Health Record Reporting Program*. We recognize the importance of these criteria and the proposed EHR Reporting Program to be administered by the Office of the National Coordinator for Health IT (ONC) and appreciate the provision of a 60-day public feedback period. Our comments focus on criteria related to interoperability and health information exchange.

The Sequoia Project is a non-profit, 501(c)(3) public-private collaborative that advances the interoperability of electronic health information for the public good. The Sequoia Project previously served as a corporate home for several independently governed health IT interoperability initiatives, including the eHealth Exchange health information network and the Carequality interoperability framework. The eHealth Exchange and Carequality now operate under their own non-profit organizations. The Sequoia Project currently supports the RSNA Image Share Validation Program, the Patient Unified Lookup System for Emergencies (PULSE), and the Interoperability Matters cooperative. Lastly, we are honored to have been selected by ONC to be the Recognized Coordinating Entity (RCE) for the Trusted Exchange Framework and Common Agreement (TEFCA).

These comments reflect our experience supporting large-scale, nationwide health information sharing, including active work with several federal government agencies. Through these efforts, we serve as an experienced, transparent, and neutral convener of public and private sector stakeholders to address and resolve practical challenges to interoperability. Our deep experience implementing nationwide health IT interoperability, including our track record of supporting and operationalizing federal government and private sector interoperability initiatives, provide a unique perspective on these draft criteria as they relate to interoperability and health information exchange.

Overall Perspectives

Our detailed comments are in the attached appendix. We also offer the following overall perspectives.

First, we agree strongly with the comments in the April 2020 report (Report) to the ONC by the Urban Institute “What Comparative Information Is Needed for the EHR Reporting Program?” (Report) that the EHR Reporting Program should prioritize criteria that measure the ability to exchange data with other entities and the ability to use exchanged data as key criteria for the Reporting Program. We further agree with the specific comments that reporting criteria should include documentation of a product’s capability to exchange with state-wide, regional, and national networks.


We also agree with comments summarized in the Report on the importance of reporting on security features and standards used and the recognition of the importance and value of the Carequality Technical Trust Policy, Version 2.0.

Finally, we urge Urban Institute and its partners to place a high priority on ensuring that comparisons across products and developers of certified health IT are valid and reliable. In this regard, we point you to the discussion that accompanied your recent [presentation](#) to the HITAC on June 17, 2020. We believe that as much attention needs to be paid to the methodology for data collection and fielding of surveys as on development of the criteria and survey instruments.

Conclusions

We appreciate the opportunity to provide you our comments on the *Draft Voluntary User-Reported Criteria for the Electronic Health Record Reporting Program*. The Sequoia Project stands ready to assist you in any way that we can.

Most respectfully,



Mariann Yeager
CEO, The Sequoia Project

Attachment

Appendix: Selected Detailed Feedback from The Sequoia Project on Draft Voluntary User-Reported Criteria for the Electronic Health Record Reporting Program

Which draft criteria would you prioritize for inclusion in the EHR Reporting Program, and why?

- Interoperability is a very high priority as documented in the April 2020 Report:
 - Support for connectivity with health information networks (HINs) is a very high priority given the need for effective data exchange among clinicians and healthcare organization and for patients' access to their data, especially with an increased regulatory focus on information blocking.
 - Usable connectivity to PDMPs is a priority given the continuing national problem with opioid use and Substance Use Disorder (SUD).
 - Interoperability with other providers and payers is a very high priority as these are widely identified critical use cases; we suggest a much greater focus on use and usefulness of received data vs. ease of use.
- Usability is a very high priority topic as is widely recognized by policy makers, developers and especially the provider community.
- Behavioral health and substance use disorder support are a very high priority and, although related to privacy and security, cut across the other domains as well. We suggest:
 - A focus on product-side support for integration with PDMPs; and
 - Addressing the effectiveness of data segmentation to support 42 CFR Part 2 and for other purposes.
- Security and Privacy are very high priority topics, especially given recent breaches and the need for effective security and privacy assurance for use and exchange of electronic data. We suggest:
 - Splitting out privacy and security, even if these are kept at a high level; they are two distinct domains and would be seen as such by appropriate user respondents.

Which draft criteria should be rephrased, reworded, or removed?

Interoperability

- Question 5: Indicate the level of ease or difficulty completing each of the following tasks using [autofill primary product name based on Q1].
 - Overall, we suggest that these questions should focus less on ease of use and more on the ability to exchange and the usefulness of the received data within the product, including the ability of the product to integrate and display and make use of received data. Focusing only on ease of use would be a major missed opportunity.
 - We suggest adding a question about access to data and the ability to send data beyond the local area or state.
 - We suggest adding a question on product support for accurate patient matching, which was a priority in the Report.

- We suggest adding a question on data reconciliation, which is critical to data use.
- Consistent with comments in the Report, we also suggest adding a question on the ability of the product to usefully connect to national health information networks/and frameworks in addition to the focus in Question 5.4 on “exchanging health information with health information organizations (HIOs) or health information exchanges (HIEs)”.
- 5.5 Electronically exchanging health information with payers (e.g., Medicare, Medicaid, private payers)
 - We suggest splitting out sending data to payers and accessing and using data from payers.
- 5.8 Connecting with your local prescription drug monitoring program (PDMP) through your certified health IT product
 - We suggest rephrasing the question to focus less on connecting and more on use for the intended purpose.
 - We suggest that you ask a question about integration with PDMPs and the ability to link PDMP data to other relevant EHR functionality.
 - As noted above, it is important to recognize that much about EHR connectivity and integration with PDMPs depends on state laws and the policies and technical approaches of specific PDMPs.

Usability

- 7.3 easily accesses and assimilates data from other products
 - We believe that this question is too vague. Is this integration with other practice systems or bringing in data view HIE/interop tools like C-CDA and FHIR APIs?
- 7.9 easily produces understandable clinical summaries
 - The question whether "ease" and “understandable” should be combined. We suggesting focusing on the latter.
- 8.5 Image receipt, access and review (e.g., x-rays, CTs, and MRIs)
 - We suggest adding “access” to the question and not just focusing on "receipt, often images are accessed externally via links.

Privacy and Security

- 13. Overall, how would you rate the security and privacy features of [autofill primary product name based on Q1] (e.g., multifactor authentication, role-based access control, 42 CFR Part 2, HIPAA, etc.)?
 - We suggest splitting out privacy and security and asking if clinicians can record and access patient privacy preferences and consent.
 - We suggest a focus on end user priorities.