



TO: Interoperability Committee
FR: NQF Staff
RE: Post-Comment Call to Discuss Public and NQF Member Comments
DA: July 20, 2017

Purpose of the Call

The Interoperability Committee will meet via conference call on Thursday, July 20, 2017 from 1:00-3:00pm ET. The purpose of this call is to:

- Update Committee on status of project
- Review public comments submitted on draft framework report
- Discuss next steps

Committee Actions

- Review this briefing memo and consider the comments received and the proposed responses to the comments (see Comment Table).
- Be prepared to provide feedback and input on proposed comment responses
- Provide feedback on draft framework report.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: 1.844.261.4156 (*NO CONFERENCE CODE REQUIRED*)

Streaming Audio Online

- Direct your web browser to: <http://nqf.commpartners.com/se/Rd/Mt.aspx?209519>.
- In the "Display Name" field, type in your first and last names and click "Enter Meeting."

Background

The Office of the National Coordinator for Health Information Technology (ONC) developed the Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap as well as national standards as part of its certified electronic health record (EHR) technology, which provided nationwide standards for interoperability, both in the exchange of information and in its use. True interoperability is a significant challenge to healthcare organizations for various reasons, including the lack of a common, standard framework that reconciles the differences in data as well as the varying data types. Additionally, healthcare organizations maintain incompatible products and systems, which are unable to disclose the appropriate data within the organization and with partners in its community. For two systems to be interoperable, they must be able to exchange data in an agreed-upon format according to a standard and subsequently present that data in a way that a user can understand and use.

Throughout this project, NQF will develop a measurement framework and measure concepts that serve as a foundation for addressing the current gaps in the measurement of interoperability. As a first step towards achieving these goals, NQF conducted an environmental scan and key informant interviews, which guided the development of a measurement

framework. NQF also solicited input from a multistakeholder audience, including NQF membership and public stakeholders. Lastly, the Committee developed a set of guiding principles that define the key criteria when considering the measure concepts to guide their development into performance measures.

Comments Received

The Draft Report went out for Public and Member comment from June 1-June 30. During this commenting period, NQF received 113 comments from 14 organizations in the public web page. In order to facilitate discussion, the majority of the comments have been categorized into major topic areas or themes. Although all comments are subject to discussion, we will not necessarily discuss each comment and response on the post-comment call. Instead, we will spend the majority of the time considering the major topics that arose from the comments. Note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion.

We have included all of the comments that we received in the Comment Table. This comment table contains the commenter's name and organization, the comment and proposed response. Please refer to this comment table to view and consider the individual comments received and the proposed responses to each.

Comments and their Disposition

Theme 1-Definition of "interoperability"

Several commenters expressed the importance of using the 21st Century Cures definition of interoperability instead of ONC's Interoperability Roadmap definition. Commenters expressed that the 21st Century Cures definition encompasses the key components of interoperability such as secure exchange and use of electronic health information; complete access, exchange, and use of data; and does not involve data blocking.

Proposed Committee Response: The definition of Interoperability will be updated to match the 21st Century Cures definition.

Committee Action Item: Discuss and finalize Committee Response.

Theme 2-Definition and examples of interoperability-sensitive measures

Several commenters expressed the definition of "interoperability-sensitive measures" to be ambiguous at times and suggested to redefine it clearer, particularly its impact/outcomes to interoperability. Providing examples of interoperability-sensitive measures would illustrate the impact/outcomes clearly.

Proposed Committee Response: Pending Committee Discussion.

Committee Action Item: Discuss the definition and examples of "interoperability-sensitive measures".

Theme 3- Expand beyond EHR focus

Several commenters suggested to expand on how interoperability is more than EHR to EHR, specifically the mention of data captured from medical devices/wearables, clinical trial databases, and multiple database systems.

Proposed Committee Response: While medical devices/wearables are out of the scope of this project, the “Interoperability Is More Than EHR to EHR” section will be updated to include this attribute and the others listed above. Additional work around medical devices and interoperability should be considered.

Committee Action Item: Discuss and finalize Committee Response.

Theme 4-The role of privacy/security in interoperability

Commenters expressed concerns and importance of privacy/security in interoperability. One commenter suggested adding the role of privacy/security in a subdomain or creating a separate subdomain in the report.

Proposed Committee Response: Pending Committee Discussion.

Committee Action Item: Discuss the role of privacy/security of exchange and use of information in interoperability and if it should be included in the framework.

Theme 5-Inclusion of data blocking

Several commenters expressed concerns about data blocking in interoperability. Commenters suggested to provide a clearer definition of data blocking and to mention the aspect it may have in prohibiting interoperability.

Proposed Committee Response: Data blocking was discussed extensively by the Committee. While data blocking is out of scope of the project, the report could benefit from a clearer definition and explanation of the role data blocking plays in interoperability. Additional language will be added to the report.

Committee Action Item: Discuss and finalize Committee Response.

Theme 6-Provide clarification and more in-depth examples on use cases

Several commenters expressed the value of providing examples of use cases in the report. A few commenters suggested identifying the top use cases in interoperability and recommended the use cases be stakeholder specific.

Proposed Committee Response: The Committee has extensively spoken about using use cases to illustrate different aspects of the Framework but ultimately decided that it was not feasible for this work. Additional work around developing use cases or testing the use of the framework should be considered for future work.

Committee Action Item: Discuss and finalize Committee Response.

Theme 7-Alterations to domains/subdomains

Several commenters provided suggestions for changes to the “Usability of Exchanged Electronic Health Information” domain.

- One commenter suggested that “integration with clinical workflow” (accessibility) should be a separate subdomain. Currently it is included within the “relevance” subdomain.
- Another commenter suggested the subdomains for this domain should be “effectiveness”, “efficiency”, and “satisfaction” and provided measure concept ideas.

- Another commenter suggested combining the “relevance” and “comprehensibility” subdomains with the “human use” and computability” subdomains and place them all in the domain “Usability of Exchanged Electronic Health Information,” thus removing “Application of Exchanged Electronic Health Information” as a domain.

Current “Usability” Domain	Proposal #1	Proposal #2	Proposal #3
<ul style="list-style-type: none"> • Relevance • Comprehensibility 	<ul style="list-style-type: none"> • Relevance • Accessibility • Comprehensibility 	<ul style="list-style-type: none"> • Effectiveness • Efficiency • Satisfaction 	<ul style="list-style-type: none"> • Relevance • Comprehensibility • Human Use • Computable

Proposed Committee Response: Pending Committee Discussion.

Committee Action Item: Discuss the suggested domain and subdomain alterations and finalize domains and subdomains.

Theme 8- Additional Measure Concepts

Commenters suggested the following measure concepts should be added:

- Social Capabilities of End Users- increasing the end-user’s ability to influence and negotiate exchange which will benefit the patient
- Use Error Root Causes—Aspects of the user interface design that induce use errors by users when interacting with the system. They are: patient identification error, mode error, data accuracy error, data availability error, interpretation error, recall error, feedback error, and data integrity error.
- Risk Parameters— These are attributes regarding particular use errors, i.e., their severity, frequency, ability to be detected, and complexity. They are: severity, frequency, detectability, and complexity.
- Evaluative Indicators—Indications that users are having problems with the system. These are identified through direct observations of the system in use in situ, or through interviews with users. They are: workarounds, redundancies, burnout, low task completion rate, potential patient safety risk.
- Adverse Events—A description of the outcome of the use error, and standard classification of patient harm. They are: wrong patient action of commission, wrong patient action of omission, wrong treatment action of commission, wrong treatment action of omission, wrong medication, delay of treatment, unintended or improper treatment, substandard care, morbidity, and mortality.
- Interoperability disparities- Identify whether there are gaps in information exchange among different patient and provider populations
- Patient review and use of medical records

Proposed Committee Response: Pending Committee Discussion.

Committee Action Item: Discuss the suggested measure concepts’ additions and determine if additional measure concepts should be added.

Theme 9-Inclusion of Meaningful Use/Advancing Care Information (MU/ACI) Measures

Some commenters suggested that more MU/ACI measures, specifically around patients’ active engagement and information reconciliation, should be included in Appendix B: List of Existing

Measures in the Draft Framework Report. Other commenters suggested the MU/ACI measures that are currently included should be removed because “basing any measure development on the current iteration of these concepts appeared shortsighted and could inadvertently perpetuate interoperability issues.”

Proposed Committee Response: Pending Committee Discussion.

Committee Action Item: Discuss and determine the role MU/ACI measures should play in the Framework.

Theme 10-Inclusion of Language Highlighting Considerations for Future Interoperability Work

Several commenters offered suggestions that were out-of-scope for the current Interoperability Measurement Framework, but could serve as ideas for consideration for future work in this area. In order to assure these commenters that their ideas were reviewed by the Committee, NQF is proposing to add a section to the framework that addresses the following issues:

- Interoperability measure concepts are included that expand beyond just ambulatory and in-patient providers, but also areas such as mental and behavioral health, long-term/post-acute care and home health, among others.
- The Interoperability Measure Framework is expanded to include medical devices, mobile health and other internet-based tools used for health care.
- A testing environment is proposed to assess conformance to interoperability standards,
- The inclusion of specific use cases that demonstrate the application and effectiveness of the Framework.

Proposed Committee Response: Pending Committee Discussion.

Committee Action Item: Discuss and determine whether to include this section in the Final Report and the appropriateness of the issues raised through the comments.