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October 15, 2018

Don Rucker, MD  
National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology  
Attn: EHR Reporting Program Request for Information  
Mary E. Switzer Building  
330 C Street, S.W.  
Washington, DC 20201

*Submitted electronically*

**RE: Request for Information Regarding the 21<sup>st</sup> Century Cures Act Electronic Health Record Reporting Program**

Dear National Coordinator Rucker:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) is pleased to submit comments on the US Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology (ONC) Request for Information (RFI) regarding the 21<sup>st</sup> Century Cures Act Electronic Health Record (EHR) Reporting Program. The mission of APTA is to build a community to advance the physical therapy profession to improve the health of society. Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals across the age span. While physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals improve overall health and prevent the need for otherwise avoidable health care services. Physical therapists' roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

APTA is actively involved in efforts related to interoperability. This includes responding to proposed rules as part of the notice and comment rulemaking process and active education and engagement with physical therapists, the organizations that provide physical therapist services, and the EHRs that support documentation and patient care. Specifically, APTA has provided

comments related to the Common Clinical Data Set (CCDS) and the associated standards; held regularly scheduled meetings with EHR vendors; and developed the [Physical Therapy Outcomes Registry](#). The registry captures relevant data from EHRs and billing information, and transforms this data into meaningful, intuitive, and actionable feedback for providers on the frontline of patient care. It supports quality improvement in clinical practice well beyond the reaches of quality reporting programs such as the Centers for Medicare and Medicaid Services' Merit-Based Incentive Payment System. The focus of physical therapist patient care is improving movement. This includes descriptions of “problems” related to movement and classifications/description of activities and participation. Movement and interactions with others is an important part of health care and must be part of interoperability; unfortunately, this area of standardization has been undervalued and underrepresented.

To this end, APTA recommends that ONC recognize the need to incorporate International Classification of Functioning, Disability and Health (ICF), a classification of health and health-related domains, within certified EHR technology. ICF was officially endorsed by all 191 WHO member states in the 54th World Health Assembly in 2001 (resolution WHA 54.21) as the international standard to describe and measure health and disability. ICF is operationalized through the WHO Disability Assessment Schedule (WHODAS 2.0).<sup>1</sup>

The ICF describes health and health-related domains using standard language; is used by physical therapists, among other rehabilitation professionals; and promotes the delivery of coordinated, collaborative care. Different approaches and technical solutions exist for integrating the ICF in EHRs, such as combining the ICF with other existing standards for EHRs or selecting ICF codes with natural language processing.<sup>2</sup> Adopting ICF terminology within EHR systems could advance the practice of physical therapy and research by enabling data sharing and reuse by EHRs. Moreover, this would allow physical therapists to contribute their unique clinical perspective to other health care providers in a more meaningful fashion.<sup>3</sup> Therefore, APTA strongly recommends that ONC require EHR systems to use ICF as the documentation terminology to represent patient problems in future editions of certified EHR technology. The Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT) and LOINC taxonomy are insufficient to describe patient problems. SNOMED CT does not accurately represent physical therapist practice. Moreover, LOINC terms are a broader grouping of ICF terms. Incorporating ICF into certified EHR technology will help to facilitate communication between health care providers as well as better enable physical therapists and other rehabilitation professionals to better describe an individual's health, function, and disability.

Additionally, APTA recommends that ONC require certified EHRs to be interoperable and able to share information with their professional societies, including the professional society's

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<sup>1</sup> International Classification of functioning, Disability and Health. <http://www.who.int/classifications/icf/en/>. Accessed October 9, 2018.

<sup>2</sup> Martiz R, Aronsky D, Prodinger B. The International Classification of Functioning, Disability and Health (ICF) in Electronic Health Records. A systematic literature review. *Appl Clin Inform.* <https://www.ncbi.nlm.nih.gov/pubmed/28933506>. Accessed October 9, 2018.

<sup>3</sup> Vreeman, DJ, Richoz, C. Possibilities and implications of using the ICF and other vocabulary standards in electronic health records. <https://www.ncbi.nlm.nih.gov/pubmed/23897840>. *Physiother Res Int.* Accessed October 9, 2018.

registry. As payment reform moves from process-oriented performance metrics (eg, checklists) to outcome-oriented performance metrics (eg, how patients feel and function based on their self-report), EHRs need to keep pace. Currently, very few EHRs are able to collect patient-reported outcome (PRO) questionnaires of how patients feel and function. They also lack meaningful ways to display this information to clinicians and patients (eg, graphs of symptoms over time).

Finally, EHRs of the near future need the capability to act on concerning questionnaire responses. This involves electronic workflow for PROs (tracking completed PROs and flagging those that need phone calls about concerning symptoms); email alerts to clinicians for concerning symptoms; and displaying clinical decision support tailored to the symptom reported, health condition, disease stage (eg, cancer stage), and patient characteristics (eg, age). With these EHR capabilities, payers would be able to implement and use PRO-based performance metrics (PRO-PMs) that can be adjusted for patient characteristics (case-mix) and compared across practices to identify high- and low-quality care. Without these capabilities, payment reform toward outcome performance metrics will be stalled and potentially fail.

The integration of health information technologies into the practices of nonphysician providers is equally important in improving the quality of care delivered to patients. In particular, the physical therapy profession has made several strides over the past decade to promote the use of health information technology, and we are currently exploring how to use these tools to advance the delivery of physical therapy and to effectively measure patient outcomes. Moreover, it is vitally important that the adoption of health information technology is approached comprehensively, including valid patient assessment tools, clearly identified health outcomes, interventions based on sound science and evidence, recognition that individuals with the same condition often present differently, and inclusion of a wide range of health care providers in health information technology adoption plans.

Finally, while discussions about health information technology have traditionally centered solely on physicians and hospitals, greater attention should be focused on the “end-game,” which is better performance by the health care provider and improved health outcomes. We strongly urge ONC to expand the scope and focus of its work and prioritize the inclusion of all health care providers across the care continuum.

Thank you for your consideration of our comments, outlined in more detail below.

### **Cross-cutting Topics**

*Existing Data Sources:*

Questions:

- **Please identify any sources of health information technology (Health IT) comparison information that were not in the EHR Compare Report that would be helpful as potential reporting criteria are considered. In addition, please comment on whether any of the sources of health IT comparison information that were available at the time of the EHR Compare Report have changed notably or are no longer available.**

APTA recommends 2 additional sources:

1. Leading Age CAST EHR Selection Matrix
2. KLAS Reports on EHR comparisons

However, neither of these sources address the perspective of the physical therapist in private practice or physical therapists employed in the acute or post-acute care settings. As such, the software is somewhat less valuable to our constituency.

- **What, if any, types of information reported by providers as part of their participation in HHS programs would be useful for the EHR Reporting Program (eg, to inform health IT acquisition, upgrade, or customization decisions)?**

Useful information would include whether the product is certified. Other relevant information is related to the interoperability features. For instance, the Standards Implementation & Testing Environment (SITE) website includes a tool that enables users to upload their consolidated clinical document architecture (C-CDA) and have it “tested” for its interoperability functionality.<sup>4</sup> This functionality would be incredibly valuable to report in a comparison document and might be a significant trigger for other software vendors to meet the requirements to share the C-CDA.

#### *Data Reported by Health IT Developers Versus End Users*

Questions:

- **What types of reporting criteria should developers of certified health IT report about their certified health IT products:**
  - **That would be important to use in identifying trends, assessing interoperability and successful exchange of health care information, and supporting assessment of user experiences?**

As noted above, developers of certified health IT should be required to report their ‘score’ on the C-CDA 1-click scorecard.

- **What types of reporting criteria for health care providers, patients, and other users of certified health IT products would be most useful in making technology acquisition, upgrade, or customization decisions to best support end users’ needs?**

The interoperability functionality would be one of the most important pieces of information.

- **What kinds of user-reported information are health IT acquisition decision makers using now; how are they used in comparing systems; and do they remain relevant today?**

User-reported information continues to remain relevant. However, comparisons without testing or scorecards seem to include more opinion than fact. This is where the “testing”

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<sup>4</sup> HealthIT.gov Consolidated CDA (C-CDA) Sandbox. Accessed October 15, 2018. <https://www.sitenv.org/sandbox-cda>. Accessed October 15, 2018.

of the C-CDA as noted above is a more objective piece of information. If every company scored an A or B on this testing, then interoperability would be greatly enhanced; users could encourage software vendors to meet this requirement or switch vendors.

- **What types of reporting criteria would be useful to obtain from both developers and end users to inform health IT comparisons?**

Multiple types of reporting criteria would be useful; however, it is critical that the government is the source one would use to make this determination.

- **What about these types of reporting criteria makes them particularly amenable to reporting from both the developer and end user perspective?**

They provide public demonstration of functionality with a type of scorecard that is not created by the government.

#### *User-Reported Criteria:*

Although the Cures Act calls for collecting EHR Reporting Program reporting criteria information from providers, patients, and other users, this renders such reviews similar to an Amazon review. Without requiring verification of each individual providing comments, an individual could make comments, positive or negative, using multiple aliases. As such, we recommend that verification of the person making the comments be required. Moreover, a review should only be furnished by the provider or organization that has purchased the EHR, as opposed to a third party such as a clinician or patient who does not utilize the software on a regular basis.

#### Questions:

- **How can data be collected without creating or increasing burden on providers?**

While vendor reporting is a first step, an end user may be unable to set up the software in a manner that allows the user to take advantage of the features that might be available. This could be attributable to 1 of many factors; for example, in post-acute care settings, as well as physical therapy private practices, the primary reason is lack of a dedicated and skilled IT person. This begs the question: If the provider is unable to complete the setup, how can they collect data without increasing burden?

- **What recommendations do stakeholders have to improve the timeliness of the data so there are not significant lags between its collection and publication?**

To improve the timeliness of the data to avoid significant lags between collection and publication, we recommend providing a financial incentive. For example, if a provider shares this kind of information, they would receive an increase in reimbursement, such as 1%, during the next quarter or 6 months.

- **Describe the value, if any, in an EHR Reporting Program function that would display reviews from existing sources or provide a current list with hyperlinks to access them.**

This idea might have value; however, the date of the last information update would need to be required for each hyperlink. There would be no need to read any information that was last updated 18 months ago, since everything would have changed in that timeframe.

- **Discuss the benefits and limitations of requiring users be verified before submitting reviews. What should be required for such verification?**

We strongly recommend requiring users be verified before submitting reviews. If users are not verified, we will likely see “paid reviewers” completing and directing the choice of or update to a software.

- **Which reporting criteria are applicable generally across all providers? What reporting criteria would require customization across different provider types and specialties, including small practices and those in underserved areas?**

This is a difficult question, for while large practices might have a dedicated IT department, smaller practices likely do not. As such, criteria across different provider types and specialties will, by nature, create more burden on smaller or “specialty” providers.

- **For what settings (such as hospitals, primary care physicians, or specialties) would comparable information on certified health IT be most helpful? If naming several settings, please list in your order of priority.**

The challenge is that many, if not most, providers have already chosen an EHR. As such, this comparative information would only be useful in decisions of whether a provider wants to switch their software vendor. This change, however, must take into consideration numerous factors, such as training employees, hardware requirements, and future growth predictions. Such a decision is not made solely by comparing products.

- **How could HHS encourage clinicians, patients, and other users to share their experiences with certified health IT?**

We question what objectives HHS is trying to accomplish. Would HHS encourage clinicians, patients, and other users to share experiences in order to encourage their current software vendor to update their product? Are they sharing to encourage a change in product? Such changes will not occur as a result of comments by patients or clinicians. Rather, certified health IT vendors would need to conduct internal assessments, as internal findings could greatly vary from findings by the general public.

### **Categories for the EHR Reporting Program**

Questions:

- **What categories of reporting criteria are end users most interested in (such as security, usability and user-centered design, interoperability, conformance to certification testing)? Please list by priority. Security: The ONC Health IT Certification Program supports the privacy and security of electronic health**

**information by establishing a detailed set of requirements that health IT developers must meet for their products to be certified to the Privacy and Security certification criteria. Implementation of these capabilities can also help certified health IT users meet certain Health Insurance Portability and Accountability Act (HIPAA) compliance requirements.**

Given that end user has several definitions, clinicians, patients and family members, and payers likely have different priorities when it comes to reporting criteria. For clinicians, usability could be the top priority, followed by security; however, patients may believe security is the top priority, followed by usability.

Consequently, while vendors may attempt to maintain a certified product to meet these needs, it would be at a cost they can manage and profit from. As such, there may be a need to institute separate categories of a certification program. Each category should clearly identify the end user in mind and assign a score for the category. This would allow each end user type to better assess the ability of the software to meet their competing needs.

From the individual physical therapist perspective, all of the above apply. In addition, because most physical therapy private practices tend to be smaller in size, they may not have an IT support team, thus relying on the software vendor to address most of their security issues (in part, believing that a cloud-based software resolves their risk).

- **What reporting criteria could provide information on meaningful differences between products in the ease and effectiveness that they enable end users to meet their security and privacy needs?**

As noted above, smaller clinics might expect that because a software is cloud-based and, especially, is a certified software, that any risk of breach is mitigated. As such, instituting a certification verification that the software is secure would help. In this case, there might be opportunity for the software vendor to have an internal assessment/scorecard/speedometer to identify how secure the software is—in the way the end user (provider) has the system set up.

- **Describe other useful security and privacy features or functions that a certified health IT product may offer beyond those required by HIPAA and the ONC Health IT Certification Program, such as functions related to requirements under 42 CFR part 2. What information about a certified health IT product's security and privacy capabilities and performance have acquisition decision makers used to inform decisions about acquisitions, upgrades, or use to best support end users' needs? How has that information helped inform decision-making? What other information would be useful in comparing certified health IT products on security and privacy (such as compatibility with newer security technologies such as biometrics)?**

Providers often assume that vendors will meet the privacy and security requirements so as to allow them to continue to provide good care to patients. Additional security, while a “nice to do,” is a lower priority versus end user ease of use.

*Usability and User-Centered Design:*

APTA encourages ONC not to regulate the usability features. This is the difference that makes each software more functional and is a key item in the decision-making process. However, ONC should regulate the functionality and allow usability to be the feature that is left to the marketplace. In other words, software should be easy to use to better ensure accurate data entry. Hence, it is worth considering removal of usability from a regulatory assessment, as very few providers will purchase software that has poor usability. Relatedly, usability can be subjective and have different criteria from one end user to another, dependent on the end user skill set.

Questions:

- **How feasible would it be to implement usage-monitoring tools (eg, for time spent on specific tasks)?**

Usage-monitoring tools would slow the functionality of a software product. This might mean the ability could be there, but the reality to measure is not something that is needed.

*Interoperability:*

Questions:

- **Please comment on the usefulness of product integration as a primary means of assessing interoperability (as proposed in the EHR Compare Report).**

Please see above regarding the C-CDA scorecard. Additionally, we urge ONC to consider adopting a requirement that all health care software must be assessed with this kind of scorecard and results shared.

- **Of the data sources described in this RFI, which data sources would be useful for measuring the interoperability performance of certified health IT products? Comment on whether State Medicaid agencies would be able to share detailed attestation-level data for the purpose of developing reports at a more detailed level, such as by health IT product. If so, how would this information be useful to compare performance on interoperability across health IT products?**

We believe state agencies as well as Medicare Advantage plans should be required to post their scores on a C-CDA scorecard.

*Conformance to Certification Testing:*

Question:

- **What additional information about certified health IT’s conformance to the certification testing (beyond what is currently available on the CHPL) would be useful for comparison purposes?**

Score on a C-CDA test (or similar for Fast Healthcare Interoperability Resources (FHIR) functionality) would be useful.

- **What mechanisms or approaches could be considered to obtain such data?**

Test sites could report the results.

- **What barriers might exist for developers and/or end users in reporting on such data?**

The time to upload a document or test could be a barrier.

*Other Categories for Consideration:*

The Cures Act lists other possible categories for the EHR Reporting Program related to certified health IT product performance, including:

- **Accessing and exchanging information and data from and through health information exchanges;**

This is valuable information. However, in the long-term post-acute care space, the health information exchanges have a low return on investment; as such, many providers are choosing not to move forward with a health information exchange (HIE) connection.

- **Accessing and exchanging information and data from medical devices;**

While useful information, it is less practical for smaller clinics.

- **Accessing and exchanging information and data held by federal, state, and local agencies and other applicable entities useful to a health care provider or other applicable user in the furtherance of patient care; and**

Such information would be particularly useful as we move toward incorporating more social determinants of health in caring for individuals.

- **Accessing and exchanging patient generated information.**

This is valuable information. However, this again is a feature that a software provider can offer to set themselves apart from the competition. Hence, we do not believe this should be regulated. Rather, we recommend that ONC identify the base functionality and allow the market to determine the “how.”

## **Conclusion**

APTA thanks ONC for the opportunity to provide comments on the RFI regarding the 21st Century Cures Act EHR Reporting Program. We look forward to working with the agency as it establishes reporting criteria associated with the EHR Reporting Program.

Should you have any questions regarding our comments, please contact Kara Gainer, director of regulatory affairs, at [karagainer@apta.org](mailto:karagainer@apta.org) or 703/706-8547, or Matt Elrod, PT, DPT, lead practice specialist at [mattelrod@apta.org](mailto:mattelrod@apta.org) or 703/706-8596.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Sharon L. Dunn". The signature is written in a cursive, flowing style.

Sharon L. Dunn, PT, PhD  
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy  
President

SLD: krg