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Don Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
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Submitted electronically at: https://www.regulations.Gov/

Dear Dr. Rucker:

Thank you for the opportunity to respond to the request for information related to the 21st Century Cures Act Electronic Health Record Reporting Program.

The Alliance for Nursing Informatics (ANI), cosponsored by AMIA & HIMSS, advances nursing informatics leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations that represents more than 8,000 nurse informaticists and brings together 25 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the more than 3 million nurses in practice today.

The American Nurses Association (ANA) is the premier organization representing the interests of the nation's 4 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of healthcare for all.

Together, ANI and ANA have reviewed the Request for Information and we offer our comments as nursing stakeholders.

ANI and ANA fully endorse the objective to advance health information technology (IT), including improved usability and interoperability. The focus areas included within the 21st Century Cures EHR Reporting Program have a potential for high impact to advance healthcare IT, with broad ranging implications to the health of the US population.

We offer **three overarching recommendations** to the Office of the National Coordinator (ONC) to promote achievement of the 21st Century Cures objectives. Our detailed rationale and specific responses to the questions posed by ONC are included below.

1. **Engage Nurses as Key Stakeholders in the Development of Systems, Measures and Criteria**
2. **Engage Patients and Community Organizations**
3. **Increase Attention on Implementation Processes and Implementation Guides**

Details follow below along with comments to specific questions.

Recommendation 1: Engage Nurses as Key Stakeholders in the Development of Systems, Measures and Criteria

As the largest of the healthcare professions[1] and long recognized as the most honest, ethical and trusted professional[2], nurses play a significant role in advancing a robust ecosystem of health information exchange and interoperability. We are well prepared to actively support the achievement of the 21st Century Cure's Act establishing an interoperable health system that empowers individuals to use their electronic health information to the fullest extent; enables providers and communities to deliver smarter, safer and more efficient care; and promotes innovation at all levels throughout the ecosystem. We recommend that ONC recognize the unique role of nurses in creating and exchanging health data by including nurse researchers and nurse informaticists in advisory groups that develop measures or criteria.

The ANI and the ANA offer our professional nursing expertise on activities necessary to achieve the objectives of the 21st Century Cures Act, including the following:

- Pilot testing of systems and measures
- Ongoing real- and near-real-time testing
- Examination of clinical workflows to ensure systems fit in and support them

[1] Institute of Medicine (US) Roundtable on Evidence-Based Medicine. Leadership Commitments to Improve Value in Healthcare: Finding Common Ground: Workshop Summary. Washington (DC): National Academies Press (US); 2009. 6, Healthcare Professionals. Available from: https://www.ncbi.nlm.nih.gov/books/NBK52843/

[2] Gallup Poll, December, 2017, "Nurses Keep Healthy Lead as Most Honest, Ethical Profession", retrieved from: http://news.gallup.com/poll/224639/nurses-keep-healthy-lead-honest-ethical-profession.aspx

Recommendation 2: Engage patients and community organizations

ANI and ANA emphasize the importance of patient-centered care and engaging the patient and family at all encounters across the care trajectory, including: acute care hospitalization, skilled nursing facility, intermediate care, home under care of an organized home health service organization or hospice, hospice in an institutional facility, swing bed, inpatient rehabilitation facility (IRF), long-term care hospital (LTCH), Medicaid nursing facility, inpatient psychiatric facility, or critical access hospital, among others. Recognizing patients and families as key stakeholders, we recommend that the ONC consider patient-reported data as a valuable source of information. Reiterating our previous comments to the ONC, we recommend alignment with the recommendations in the Institute of Medicine (IOM) Report: Capturing Social and Behavioral Domains and Measures in Electronic Records.[3]

We highly endorse 21st Century Cures Act's acknowledgements of social determinants' role on public health. With this in mind, we encourage that ONC consider community resources for additional sources of data. Some promising examples and lessons learned can be found among Center for Medicare and Medicaid Services (CMS) Innovation programs, including Accountable Health Communities. The ONC may also want to examine ways to engage with organizations involved in various communities (e.g. Meals on Wheels America) to obtain data on community health and social determinants. Additionally, environmental data (e.g. levels of allergens or pollutants) may be important for public health and comparative information. We applaud and encourage all members of the care team and health sciences to participate and contribute to this reporting effort.

We strongly support ONC's considerations of how to encourage clinicians, patients and other users to share their experiences with certified health IT as part of the EHR reporting program. To that end, incentives have proven to be a useful tool, as demonstrated by the rapid adoption of certified EHRs in the Meaningful Use incentive programs. Similarly, ANI and ANA find that incentives would encourage these user groups to share their experiences.

The ANI and ANA emphasize the importance of interoperability across all settings along the care trajectory. In particular, we highlight the importance of Long-Term Care Settings (LTC) in this context. Adoption of certified health IT has been rapid in acute care settings and among office-based primary care providers since the passing of the HITECH Act. However, post-acute care has not been included in incentive programs, and consequently has lagged behind in adoption of EHRs and other certified health IT. Comparable information on certified health IT might therefore be particularly valuable in this setting, as one component of supporting more rapid adoption.

The nursing profession is uniquely prepared with the expertise to bridge care episodes and care providers, examine workflows and recommend practice changes. Additionally, nursing

[3] Institute of Medicine. 2014. Capturing Social and Behavioral Domains in Electronic Health Records. Washington, DC: The National Academies Press. doi: 10.17226/18709

informatics professionals are best poised to engage nursing in areas related to information needs, workflow redesign and decision support.

Recommendation 3: Increase Attention on Implementation Processes and Implementation Guides The 21st Century Cures Act requires the EHR Reporting Program's to address the following five categories: Security; interoperability; usability and user-centered design; conformance to certification testing; and other categories, as appropriate to measure the performance of certified EHR technology. ANA and ANI would also advocate that the reporting criteria that focuses on usability also incorporate safety-related provisions. We are largely supportive of the Safety Assurance Factors for EHR Resilience (SAFER) Guides[4] as one strategy to evaluate high-priority safety functionality that could be submitted to the reporting program. To the extent possible, we encourage the automation of such data collection to reduce clinician burden.

According to a recent study on the SAFER Guides, *"Despite availability of recommendations on how to improve use of EHRs, most recommendations were not fully implemented. New national policy initiatives are needed to stimulate implementation of these best practices."* [5] In addition to national policy initiatives that may potentially assist with resources and oversight to encourage implementation, ANA and ANI would also recommend tailoring the SAFER guides to include more nurse-centric and interdisciplinary cases. We believe the document could evolve into a "living document" such as the ONC Interoperability Standards Advisory. In addition, we would like to suggest efforts that focus on the uptake of implementation guides within organizations to examine the time and resources needed to implement and those that ensure compliance and oversight associated with the guides.

As previously noted, the 21st Century Cures Act requires the EHR Reporting Program's reporting criteria to address the following five categories: Security; interoperability; usability and user-centered design; conformance to certification testing; and other categories, as appropriate to measure the performance of certified EHR technology. Consistent with our previous comments, the ANA and ANI highlight usability and interoperability as key criteria. Usability and user-centered design are vital components to ensure truly meaningful use of health IT without undue burden on clinicians. Similarly, interoperability is imperative for the objectives of 21st Century Cures to be fully realized. We encourage ONC to use established tools and measures, and to align development with ongoing standardization efforts as well as existing Usability and User-Centered Design frameworks. These frameworks should already include necessary

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[4] Office of the National Coordinator for Health Information Technology, "Safety Assurance Factors for EHR Resilience," (2018), https://www.healthit.gov/topic/safety/safer-guides.

[5] Dean F Sittig, Mandana Salimi, Ranjit Aiyagari, Colin Banas, Brian Clay, Kathryn A Gibson, Ashutosh Goel, Robert Hines, Christopher A Longhurst, Vimal Mishra, Anwar M Sirajuddin, Tyler Satterly, Hardeep Singh; Adherence to recommended electronic health record safety practices across eight health care organizations, *Journal of the American Medical Informatics Association*, Volume 25, Issue 7, 1 July 2018, Pages 913–918, https://doi.org/10.1093/jamia/ocy033

components, such as *the ability of implementers to make customization and implementation decisions in a user-centered manner.*

ANA and ANI would also support the following recommendations from The Joint Commission regarding safety actions to consider.[6] These actions may be valuable to identify reporting criteria:

- Engage clinicians in developing the EHR configuration with the goal to limit distractions during the documentation process in order to prevent identification errors.
- Standardize the display of patient identifiers across various systems, from the registration system through to the EHR. Human factors engineers recommend that information be presented consistently and predictably. For example, ordering patient information the same way (i.e., "LAST NAME," "First Name," and "Middle Initial").
- Implement monitoring systems to readily detect identification errors, such as regular inspections for patient identification errors and potential duplicate patient records – highlighting records that contain very similar clinical or demographic information for patients with different names or vice-versa. The National Quality Forum (NQF)-endorsed "retract-and-reorder" algorithm can be used to measure the rate of erroneous orders due to patient ID errors (NQF #2823: Wrong Patient Retract and Reorder).[7]
- Include high-specificity alerts and notifications to facilitate proper identification, such as warning users when they attempt to create a record for a new patient whose first and last names are the same as another patient or attempt to look up a patient and the search returns multiple results.

In addition, we highly endorse the use of transparent assessment and evaluation methods that enable useful comparative information sharing and prevent gamesmanship. This includes transparency on system features that can be or have been disabled or enabled during the reporting period, built-in auditing capabilities and clear implementation guides that minimize room for variability and maximize comparative interpretability.

ANI and ANA appreciate the opportunity to offer our comments to advance health IT to improve usability and interoperability, with broad ranging implications to the health of the US population. We are available and interested in supporting future public responses on these important healthcare issues.

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[6] The Joint Commission. Quick Safety 45: "People, processes, health IT and accurate patient identification", October 2018, https://www.jointcommission.org/assets/1/23/QS_HIT_and_patient_ID_9_25_18_FINAL.pdf.

[7] National Quality Forum (NQF). "Identification and prioritization of HIT patient safety measures: Final report." February 2016.

Sincerely,

Charlotte Weaver, PhD, RN, MSPH, FHIMSS, FAAN
ANI Co-chair
Email: caweaver2011@gmail.com

Mary Beth Mitchell, MSN, RN, BC, CPHIMS
ANI Co-chair
Email: marybethmitchell@texashealth.org

Cheryl A. Peterson, MSN, RN
Vice President for Nursing Programs American Nurses Association
Email: cheryl.peterson@ana.org