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June 3, 2016

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Chief Medical Officer
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

RE: Health IT Playbook Feedback

Dear Dr. Mason,

Thank you for giving us the opportunity to preview your Health IT Playbook. We are pleased that the Office of the National Coordinator for Health Information Technology (ONC) is making the effort and investment to try to assist practicing clinicians in making with what certainly will be a difficult and expensive transition involving health information technology (health IT) over the next few years. After viewing the demonstration and discussing our impressions among ourselves, we would like to offer you our initial reactions and suggestions for further improvements to make this set of tools as useful as possible.

We understand that what we saw was a mockup of what the service is intended to look like and how it is intended to operate once the full product has been developed and deployed. Even so, what we saw did not meet our expectations, which we had discussed prior to the meeting. As a general statement, what we saw was a typical informational website in which content that was developed at different times by different sources for different purposes has been collected into a user interface that organizes the materials by type and source of content rather than by the specific needs and questions that potential users will have when they connect to the site. We imagined ourselves as typical Internal Medicine physicians facing typical challenges regarding a broad range of health IT. When presented with this site, would the initial navigation options presented help us to determine where to begin looking for answers? We came to the immediate conclusion that we would not know where to begin or how to use the site. We recommend that ONC work with a range of target users to develop a list of stories that describe how practices with particular characteristics and questions might approach this site and how they would determine where to find appropriate information to address their questions. If this design task is performed comprehensively, we believe that a better overall design of the site will result.

Following are specific comments, questions and suggestions that we offer in the hope that they will be helpful in addressing more specific issues related to the version of the site that we saw demonstrated. We would be happy to work with you to expand upon and clarify the issues involved.

We have identified three areas involving health IT that will be especially difficult for smaller practices to address:

- Developing and managing an IT infrastructure that meets the ongoing and growing needs of the practice;
- Developing, implementing, and modifying workflows needed to improve care delivery; and
- Managing the escalating demands of public and private third parties for reporting of all sorts, including Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) programs, other quality and registry reporting, and a broad range of public health requirements.

These are broad areas where few useful resources exist and practices are struggling. We do not see any institution in a better place to address these issues than ONC.

As described during the presentation, sources of content include existing materials that are currently available on other ONC sites. We have found that the quality and value of the content on healthit.gov is quite variable. A great deal of the current content has been evaluated by users, and their evaluation scores have been low. **We suggest that candidate content for the playbook undergo a new evaluation process involving target users to ensure that future users are likely to value the content as well. If the initial experiences of early users are not positive, the site may not succeed in its goals.**

There are many non-governmental sources of relevant and high quality content, including clinical societies, health IT vendors, and quality organizations. It would be counterproductive to attempt to recreate high value content available elsewhere. **ONC should seek approval to incorporate and/or link to appropriate third-party content wherever appropriate.**

Will user feedback on the site be made available for us to review? This content would be valuable for all of us who are attempting to deliver appropriate assistance to this population. We have been disappointed by the lack of public disclosure of data from the interactions of Regional Extension Centers (RECs) with practices. We have seen samples of the detailed logs regarding all sorts of interactions and problem resolutions. An important role for ONC is to tell us what is known about the effectiveness of all attempted interventions in this space.

While we understand that the Quality Payment Program (QPP) requirements are not final, we urge ONC to provide as specific measure-by-measure guidance as possible. As we have learned, it is not helpful to tell clinicians *what* they must do to accomplish each measure. We must also provide clinicians with implementable guidance on *how* to organize practice activities to accomplish each measure. It is clear that the vast majority of QPP measures in the quality and

Advancing Care Information (ACI) components will come from the current Physician Quality Reporting System (PQRS) and Electronic Health Record (EHR) Incentive programs. **The playbook should include measure-by-measure guidance on the current measures of the current programs, both to help practices achieve the 2016 requirements and to prepare for 2017 and beyond.**

It is important that the site make it as easy as possible to collect context-sensitive feedback from users. All pages should facilitate feedback and should automatically collect the context including current page and current user activity.

In order to make the site as useful as possible, it has to collect and maintain a full history of previous user actions. A user should always be able to easily tell what has been previously seen or used and what has not. This means that individual user accounts are needed. If the functionality is not permitted by the planned service provider, then another source of service should be found.

ONC should keep in mind that most clinicians, especially those in smaller practices, depend on their EHR vendor to provide them with specific guidance on how to use their systems to achieve the requirements of the various government-mandated programs. The playbook needs to focus on the more general areas regarding practice transformation that are not going to be addressed by EHR vendors, as well as to provide a more comprehensive understanding of the health IT implications of the QPP and its components. Our understanding of the purpose of our meeting last week, and of these comments, is to address perceived needs of practices through the use of an online toolkit. We are concerned that, while likely to be helpful, this response from ONC does not go nearly far enough to address the problems that practices face. The difficulties being encountered by physicians in practice could be better addressed through improvements in the systems that practices must use, rather than focusing on after the fact guidance in how to cope with deficient IT systems.

Small practices need clarity regarding just how ONC intends to fulfill its mission to provide comprehensive assistance as they attempt to move forward with health IT initiatives in their practices.

- Does ONC have authority to set EHR reporting standards as part of continued certification? If so, can it require certified EHR products to perform this function without additional cost to practices using this tool as a report generator?
- Can this playbook tool become a central router of extracted EHR data into registries to promote the "Advancing Care Information" goal of QPP?
- Why can't we have a tool which will actually "do something" instead of just talking about how to do it?   Why can't the tool be modified to extract from the EHR the already-documented data points on advancing health care information, quality, practice improvement activities, and perhaps even cost?

Speaking metaphorically, we would describe the small practice as a drowning man (drowning in data entry, multiple independent regulations from multiple "stakeholders" and now an expectation for reporting.) This drowning man's request for help is being met by ONC not with a life vest but rather with a set of instructions on how one might build a lifeboat while one is drowning. While the instructions seem to be quite detailed, linkable, and provide multiple opportunities for feedback; however, none of that is likely to be of much interest to the drowning man. The Merit-based Incentive Payment System (MIPS) reporting portions of the toolkit do not appear to have been built yet—likely since the rulemaking has not been finalized. This is a blessing and an opportunity since there is still at least half a year before reporting begins. **ONC should focus these toolkit chapters as independent links to extract data from all certified EHR products directly and then forward that information in a format which satisfies the MIPS national reporting requirements automatically.**

We hope that our comments are clear and unambiguous, and that they will be useful to ONC as it moves the playbook toward release. We noted mention of a stakeholder advisory group that ONC plans to stand up to provide ongoing feedback and advice regarding the further development of the playbook. While we have not been invited to participate, we are willing and able to do so. Time is short for you to change direction.

Best wishes for your success in delivering a much-needed resource to meet the needs of our members and other physicians.

Sincerely,
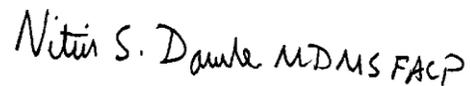
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