

August 29, 2023

Joel Andress, PhD
Division of Quality Measurement
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Andress,

On behalf of our 31 member companies, the HIMSS Electronic Health Record (EHR) Association, seeks to engage in further discussion surrounding our members' concerns with dQM execution. As a national trade association of EHR developers, EHR Association member companies serve the vast majority of hospital, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs and other health IT across the United States.

While we support the use of FHIR and digital quality data capture, we have concerns and questions surrounding the plans to deploy FHIR for quality reporting throughout the industry. Specifically, the timelines for execution are of significant concern. A roadmap or timeline would be helpful in analyzing the feasibility and prioritizing the effort and resources needed for competing initiatives. We offer our ongoing partnership with CMS to help ensure that the future dQM experiences a successful launch and that any major changes required by health IT software can be leveraged for the long term.

We offer the following questions, concerns, and suggestions given our current understanding.

Questions for CMS

- Could CMS provide some direction on their preferred implementation? Will CMS propose to implement a single aggregator or multiple aggregators? Will CMS want the aggregators to also serve as the measure calculators?
- If there are going to be multiple aggregators, what reassurance is there that they will perform the calculations with the same logic interpretations? This is a current concern with disparate measure calculators as exists today.

AdvancedMD	eClinicalWorks	Flatiron Health	MEDITECH, Inc.	Oracle Cerner
Allscripts	Elekta	Foothold Technology	Modernizing Medicine	PointClickCare
Altera Digital Health	eMDs – CompuGroup Medical	Greenway Health	Netsmart	Sevocity
Athenahealth	EndoSoft	Harris Healthcare	Nextech	STI Computer Services
BestNotes	Epic	MatrixCare	NextGen Healthcare	TenEleven Group
CPSI	Experity	MEDHOST	Office Practicum	Varian – A Siemens Healthineers Company
CureMD				

- QI Core, USCDI+, and DEQM all are still very new and may not have all the quality data elements necessary to report. What are CMS's plans for these standards to be properly vetted/tested before it would be required?
- We understand ONC is working on USCDI+ for potential use with dQMs, we know QI Core is being leveraged by CMS for digital quality reporting. These two are complementary, and not mutually exclusive - what are CMS and ONC's plans for alignment? What are the timelines?
- It is our understanding ONC plans to offer certification criteria for dQMs. Would that use tools being developed through USCDI+ or tools CMS has been leveraging?

Concerns and Usability

- The EHR Association has general concerns with the scalability of quality measure data being sent through an API – specifically related to questions surrounding what frequency data would need to be sent.
 - This includes potential opportunities to rectify missing or corrected data as entered by providers after data had been previously sent.
- Quality measurement requires large sums of data to calculate accurately. One major concern includes the overall cost of real-time data transmissions. REST API data calls are costly. We are concerned that utilizing these in real-time for many data elements as required for quality reporting could result in constant data calls. At this level of utilization, the cost for the API will add up quickly, as will the burden to the EHR which is constantly compiling and sending this volume of data.
 - EHR developers cannot be expected to shoulder these costs. We anticipate providers and hospitals paying for real-time transmissions, and at this volume, costs will add up very quickly. This could result in unintended consequences, causing decreased participation in quality reporting data sharing.
- We appreciate that sending data in real time to an aggregator reduces the burden on EHR developers to expend development resources to calculate measures and update reporting tools every year. But, because dQMs receive data from multiple sources – sources that EHRs may not have access to – any calculation tools provided by EHRs could present inaccurate data. Thus, reporting tools would need to come from the measure calculator. What are CMS's plans to give feedback to providers in a timely fashion during the reporting period?
- Provider feedback and quality performance tracking are a concern under a dQM model in which quality data is aggregated and calculated by an outside source. It is imperative that providers in a dQM world receive the same real-time feedback they are used to experiencing with their EHR dashboards. The EHR Association has previously suggested a potential API option to plug connect measure calculator findings to be displayed for providers from their EHR dashboards.

Suggestions for Execution

- The EHR Association recommends a system in which the EHR pushes qualifying data at some specific cadence. Real-time transmission is overly burdensome to systems and the FHIR servers. Pulling data would depend on having it reside in one place; this is not always true though. We believe that the consolidation and mapping would all be in place for that to even be possible. We would be interested in further discussing with CMS the potential requirements for the source of a push or pull transmission, consolidated or not.

Collaboration Opportunities

- How can the EHR Association participate in architecture review or close coordination? There are numerous details to consider in order to efficiently perform data sharing for quality reporting – including the testing processes necessary to understand nuances and address issues that may arise.
- We strongly recommend a pilot FHIR-based eCQM and dQM period with a single measure submission option to start. This will allow EHR developers to collaborate with CMS to help both better understand the implications of large-scale production.

Thank you for your attention to these concerns. We look forward to working with CMS on the evolution of quality reporting.

Sincerely,




David J. Bucciferro
Chair, EHR Association
Foothold Technology

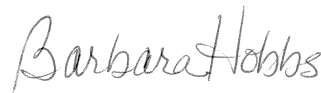


William J. Hayes, M.D., M.B.A.
Vice Chair, EHR Association
CPSI

HIMSS EHR Association Executive Committee



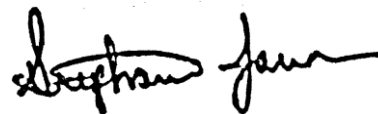
Leigh Burchell
Altera Digital Health



Barbara Hobbs
MEDITECH, Inc.



Cherie Holmes-Henry
NextGen Healthcare



Stephanie Jamison
Greenway Health



Ida Mantashi
Modernizing Medicine



Kayla Thomas
Oracle Cerner

Established in 2004, the Electronic Health Record (EHR) Association is comprised of 31 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families. The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.