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December 13, 2023

Xavier Becerra Secretary U.S. Department of Health and Human Services 200 Independence Avenue SW Washington, DC 20201

RE: All Hazards Hospital Situational Awareness RFI

Dear Secretary Becerra,

On behalf of the 29 member companies of the HIMSS Electronic Health Record (EHR) Association, we appreciate the opportunity to support the Administration for Strategic Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), and the Office of the National Coordinator for Health Information Technology (ONC) in efforts to provide recommendations for a standardized lens into the readiness of, stress on, and resources available in hospitals before, during, and after emergencies.

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. Together, we work to improve the quality and efficiency of care through the adoption and use of innovative, interoperable, and secure health information technology.

The Association has long advocated for standardized data sets, measure definitions, and reporting formats. We support the agencies' efforts to modernize hospitals' emergency preparedness and response. Our specific responses follow.

Sincerely,

David J. Bucciferro Chair, EHR Association Foothold Technology

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

AdvancedMD	CureMD	Flatiron Health	MEDITECH, Inc.	Oracle Health
Allscripts	eClinicalWorks	Foothold Technology	Modernizing Medicine	PointClickCare
Altera Digital Health	Elekta	Greenway Health	Netsmart	Sevocity
Athenahealth	EndoSoft	Harris Healthcare	Nextech	STI Computer Services
BestNotes	Epic	MatrixCare	NextGen Healthcare	Varian – A Siemens
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Established in 2004, the Electronic Health Record (EHR) Association is comprised of 29 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.

Electronic Health Record Association

Response to the Request for Information (RFI): HHS Initiative to Enhance National All Hazards Hospital Situational Awareness

What electronic systems are used to collect the essential elements of information (e.g., electronic health record systems (EHRs), hospital operations systems, etc.)? Who are the primary vendors/developers?

EHRs, particularly those tailored for hospitals, play a pivotal role in sourcing readily accessible data for emergency reporting requests. However, EHRs predominantly furnish data related to medical records, (e.g., patients with particular conditions of interest, bed occupancy, etc.) covering only a portion of the overall emergency reporting requisites. Logistical and staffing-related capacity and availability data, crucial for comprehensive reporting, are typically not available in EHRs. Furthermore, inquiries regarding general preparedness often necessitate subjective and qualitative responses, elements that are not inherently derived from the available dataset. In instances where pertinent data is accessible, various reporting tools are employed to extract and format the information. This process commonly involves the transformation of data into highly variable .csv files, aligning with specific requests.

What is your expectation for federal government situational awareness of hospital status, capacity, stress, etc. before, during, and after a crisis?

The EHR Association recognizes that the adoption of clear definitions, rooted in electronically documented data and utilizing common standards, will enhance the federal government's ability to gain timely and accurate insights into hospital conditions throughout various crisis phases. This, in turn, supports more effective decision-making and resource allocation during critical periods.

Based on our experience during events like the COVID-19 pandemic and other emergencies, the EHR Association strongly advocates for national-level initiatives that foster collaboration among jurisdictions and entities actively seeking this data to establish standardized measures and reporting formats. These must be rooted in clear and unambiguous definitions, include data that is already electronically documented, and utilize a common data standard such as HL7 FHIR. This framework will produce the maximum computable measures and questions, thereby minimizing human effort during emergencies, and allowing valuable time to be redirected where it is most needed.

We are aware that not all systems currently support FHIR-based reporting, and the inherent variability in data definitions, structures, and vocabulary outside of EHRs poses challenges. Nevertheless, the EHR Association proposes initiating this process with well-defined measures and measure reports as a foundational step. This approach provides a starting point for advancing consistency across all relevant data sources.

Please share any potentially relevant clinical and/or situational awareness measures, efforts, and/or definitions that might be helpful to inform this effort (ex. National Emergency Department Overcrowding Scale (NEDOCS) scores, International Organization for Standards (ISO) Health Informatics— Interoperability of public health emergency preparedness and

response information systems, the Situational Awareness Network for Emergencies (SANER) Project, etc.).

We acknowledge the efforts undertaken through the SANER project to establish an initial set of COVID-19 measure definitions using HL7 FHIR across various jurisdictions. The HL7 HELIOS Accelerator Aggregate Data track is progressing this work, but we note that this work is incomplete. The EHR Association recommends expanding this library of computable measures to include those specific to state and local jurisdictions. This expansion is crucial, given the substantial overlap and nuanced differences in measures that are relevant and merit inclusion.

Healthcare providers, operating with reporting obligations spanning all jurisdictional levels, need a holistic approach to address these requirements. Therefore, we emphasize the importance of addressing these reporting needs nationally, not just at the federal level. By incorporating a diverse array of measures that capture both commonalities and jurisdiction-specific nuances, we can ensure a more robust and inclusive foundation for informing and advancing situational awareness efforts during crises.

Decreasing burden is a core goal of this initiative. Please share any promising practices related to data automation and/or other ways to reduce burden of data collection and reporting.

The initiatives spearheaded by the HL7 HELIOS Accelerator present a significant potential to establish standardized definitions and formats. This groundwork facilitates the creation of a national repository of measures of interest, with the added capability of tailoring subsets for specific jurisdictions or emergencies based on demand. This approach has the ability to alleviate the burden on providers by employing predefined measures and reports that can be seamlessly activated or temporarily suspended as emergencies unfold and dissipate, mitigating the need for extensive ramp-up and reporting efforts.

This approach also reduces burden for IT suppliers, providing a common reporting platform that can be universally utilized by clients across diverse jurisdictions. By streamlining reporting processes and incorporating automation, this initiative holds the potential to significantly reduce the strain on providers and enhance efficiency in data collection and reporting efforts.

We recognize data often are sourced from multiple systems. Please share any promising practices in aggregating and assessing data from multiple source systems in a cohesive and standard way.

When data is accessible through a common standard API format, a strategic combination of standardized queries and proprietary reporting mechanisms can be implemented to generate consistent reports. It is important to acknowledge the practicality that not all systems can be expected to deploy FHIR servers in front of their data sources. However, it is reasonable to expect that all sources can adhere to reporting in that common format. This approach opens up opportunities for seamless aggregation, whether at the provider level or across jurisdictions, streamlining the reporting process. Notably, HL7 FHIR connectathons have demonstrated the feasibility and success of such amalgamation practices.

We recognize that some healthcare partners have more advanced data and situational awareness programs while others may have minimal resources. Please share any promising practices for effectively leveraging minimal resources.

Acknowledging the variability in healthcare partners' data and situational awareness programs, the EHR Association proposes that enhanced standardization of measure definitions and reporting formats holds the key. By prioritizing standardization, health IT developers can offer reporting tools that require minimal localized tailoring. This approach benefits a broader spectrum of providers, including those with less advanced programs or limited resources for comprehensive reporting.

Please share any ongoing or anticipated challenges with reporting or collecting data related to hospital capacity, facility status, hospital stress, supply inventory, or other information that is needed to inform hospital emergency preparedness and response.

Based on experiences during the COVID-19 pandemic and other emergency reporting demands, one significant challenge lies in poorly defined measures that are not easily computable. The existence of measures that are similar but not identical further compounds the challenge, hindering the swift deployment of reporting capabilities. For example, when faced with 50 different jurisdictional reporting requirements, all demanding rapid implementation within a specified number of hours, posed a substantial barrier, compelling providers to resort to using spreadsheets for reporting.

To address these challenges and enhance the efficiency of reporting mechanisms, establishing a library of well-defined measures and fostering ongoing collaboration for shared definitions across jurisdictions is crucial. This proactive approach promotes predictability and thus expedites the deployment of reporting mechanisms during emergencies. While we acknowledge that new needs may arise with each new emergency, a well-defined measure library and collaborative efforts alleviate the pressure of creating an extensive set of entirely "new" measures when emergencies occur.