

# Electronic Health Record Reporting Program

## Draft Voluntary User-Reported Criteria

June 2020

This is a draft of potential new criteria to collect from certified health IT users for inclusion in the Electronic Health Record (EHR) Reporting Program. These measures reflect 21st Century Cures Act domains and priority topics identified in the [stakeholder input report](#). Additional information on these topics will also be collected from developers and existing data sources.

These measures are intended to be voluntarily collected directly from users of certified health IT products. **We expect that this survey will take approximately 10 to 15 minutes to complete.**

1. What certified health IT products do you use? *Please select the vendor name, product name, and version used for each certified health IT product you use from the drop boxes below, including your primary EHR and any add-on products.*

*Primary certified health IT product: Select [Vendor name]  
Select [Product name]  
Select [Version]*

*+for additional add-on products, if applicable Select [Vendor name]  
Select [Product name]  
Select [Version]*

**For all questions in this survey, please consider only [autofill primary product name based on Q1 response].**

2. What type of health IT user best describes you? *Choose all that apply.*
  - a. Practicing physician
  - b. Practicing other clinician
  - c. Pharmacist
  - d. Health IT or administrative clinician

**Commented [GD1]:**  
**Comments submitted by Gary Dickinson FHL7**  
• Executive Director, EHR Standards Consulting  
• Co-Chair, HL7 EHR Work Group  
• Co-Facilitator, HL7 Reducing Clinician Burden Project  
• Co-Facilitator, HL7 EHR Interoperability Work Group

[gary.dickinson@ehr-standards.com](mailto:gary.dickinson@ehr-standards.com)  
951-536-7010

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Disclaimer: The source document (on the left side) is a close, but not perfect, rendition of the original. Such are the vicissitudes of modern translation algorithms, in this case .pdf to .docx, yet not dissimilar to frequent anomalies in translation (transformation, transmutation) of health data/record content to/from exchange artifacts in the course of transmission between source and receiving EHR/HIT systems. Anomalies include errors, alteration, omissions and disjunctions in content and related context.

- e. Health IT staff (nonclinician)
- f. Other nonhealth IT administrator (nonclinician)
- g. Other [please specify]

### Overall Satisfaction

3. How would you rate your overall satisfaction with [autofill primary product name based on Q1]?
  - a. Very satisfied
  - b. Satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Dissatisfied
  - e. Very dissatisfied

3.1 Please share any comments related to your rating of overall satisfaction that you are willing to make publicly available.  
[add box to collect optional free text/unstructured responses that can also be left blank]
4. How likely is it that you would recommend [autofill primary product name based on Q1] to a colleague with a practice similar to yours?
 

[0 10 horizontal scale left to right, with 0 (not likely) and 10 (very likely)]

### Interoperability

5. Indicate the level of ease or difficulty completing each of the following tasks using [autofill primary product name based on Q1].
 

Response Options

  - a. Very easy
  - b. Easy
  - c. Neither easy nor difficult
  - d. Difficult
  - e. Very difficult
  - f. Don't know or not applicable (e.g., do not use this function)
  - g. Product does not have this function
  - 5.1 Electronically exchanging health information with clinicians who have a different EHR/health IT product than the one used by organization
  - 5.2 Electronically exchanging health information with clinicians outside my organization
  - 5.3 Electronically exchanging health information with clinicians inside my organization
  - 5.4 Electronically exchanging health information with health information organizations (HIOs) or health information exchanges (HIEs)
  - 5.5 Electronically exchanging health information with payers (e.g., Medicare, Medicaid, private payers)
  - 5.6 Electronically exchanging health information with state registries, including public health
  - 5.7 Electronically exchanging health information with clinical registries
  - 5.8 Connecting with your local prescription drug monitoring program (PDMP) through your certified health IT product

#### Commented [GD2]:

Electronically exchanging information for early detection, monitoring, response and reporting of infectious disease outbreaks?

#### Commented [GD3]:

Items 5.1-5.8: These are quantitative assessments: can you connect or exchange with this or that organization or system? While this may be of interest, there is a more substantive need to understand/assess whether **trusted exchange** is the actual result of these connections. See next comment.

#### Commented [GD4]:

**Trusted Exchange (or not).** Clinicians are routinely confronted with externally-sourced data content that is not concise or relevant, not obviously trustworthy, not timely, not easily rendered in full context, and/or otherwise usable, useful, fit, applicable or action-able to effect immediate uptake in patient care, interventions and decision-making. Key questions absent from this survey – including some which tend to address, ease and remediate clinician burden...

In terms of externally-sourced data, are you able to...

- Establish confidence in its trustworthiness, accuracy and integrity?
- Determine its chronology and timeliness?
- Follow the chain of trust (data journey) from source to use?
- Ensure fidelity to source (source of truth)?
- Ensure what the author saw is equivalent to what the end user (clinician...) sees?
- Ascertain authorship (including author's role and credentials), accountability?
- Ensure immutable binding between authorship and content?
- Ascertain provenance of discrete data elements?
- Ascertain data that has been attested or digitally signed?
- Ensure immutable binding between content and context, including clinical context?
- Track patient-sourced data content?
- Maintain vital linkages and relationships among data components (e.g., between medications, allergies, immunizations, problems, diagnoses, conditions, signs and symptoms, encounters, assessments, clinical decisions, diagnoses, orders, results, diagnostics, interventions, procedures, observations, therapies, care plans, status...)
- Ascertain that data (e.g., a data set) is complete versus known to be incomplete?
- Determine if data has been updated (i.e., corrected or supplemented) from its original content, with persistent record of updates (by whom & when)?
- Determine if data is sourced by an automated instrument or device and subsequently verified (by whom & when), or not
- Establish confidence sufficient to allow data content to be fully integrated into the local health record or instead must it be kept segregated, managed and accessed separately?
- Ensure certainty of identity matching of patients and providers (organizational and individual)?
- Recognize data content that is composed by qualified humans versus algorithmically assembled by software (without human intervention, review or verification)?
- Reduce or eliminate data duplication – same data from multiple sources (often resulting in information overload)?
- Restrict access based on principles of "minimum necessary" and "need to know"?

- 5.9 Producing the reports that are required for my organization or specialty
- 5.10 Attesting to the Promoting Interoperability Program and the Merit-Based Incentive Payment System (MIPS)

- 5.11 Please share any comments related to your responses that you are willing to make publicly available.  
[add box to collect optional free text/unstructured responses that can also be left blank]

**Commented [GD5]:**

- Errors, alterations, omissions and disjunctions in data received (via exchange) can be readily reported and response assured
- Safety risks (related to data exchange) can be readily reported and response assured

**Usability**

- 6. How would you rate the overall usability of [autofill primary product name based on Q1]?
  - a. Very satisfied
  - b. Satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Dissatisfied
  - e. Very dissatisfied

6.1 Please share any comments related to your rating of overall usability that you are willing to make publicly available.  
[add box to collect optional free text/unstructured responses that can also be left blank]

- 7. How would you rate your satisfaction with the following aspects of [autofill primary product name based on Q1]?
  - a. Very satisfied
  - b. Satisfied
  - c. Neither satisfied nor dissatisfied
  - d. Dissatisfied
  - e. Very dissatisfied
  - f. Don't know or not applicable

The extent to which the certified health IT product

- 7.1 allows users to be more productive
- 7.2 has an intuitive workflow
- 7.3 easily accesses and assimilates data from other products
- 7.4 produces clinical benefits for the practice
- 7.5 decreases the time users spend documenting patient care
- 7.6 enables clinicians to deliver high-quality care
- 7.7 improves patient safety
- 7.8 does not disrupt clinician interaction with patients
- 7.9 easily produces understandable clinical summaries
- 7.10 provides system alerts that help prevent care delivery errors
- 7.11 has advantages that outweigh its disadvantages overall

- 7.12 Please share any comments related to your responses that you are willing to make publicly available.  
[add box to collect optional free text/unstructured responses that can also be left blank]

**Commented [GD6]:**  
And/or allows personalization or customization of work flows specific to an individual (clinician or user), department, service or specialty

**Commented [GD7]:**  
See **trusted exchange** comments above.

**Commented [GD8]:**  
Again serving a vital focus on burden reduction...

- Is fit for use, fit for purpose
- Allows efficient navigation and data entry which minimizes clicks and keystrokes, reduces redundancy, avoids deeply nested menus and unwieldy pull-down lists
- Allows tasks to be assigned or routed to others for completion
- Allows alerts and messages to be assigned or routed to others for follow up and resolution
- Is transparent with regard to source of truth
- Is transparent with regard to audit triggers and audit trails
- Is transparent with regard to how decision support, medical logic and artificial intelligence events are detected, triggered and presented, including rules, metrics, algorithms, units and methods of measure
- Is transparent with regard to how homogeneous and heterogeneous EHR/HIT systems and devices are integrated: e.g., showing how disparities in functionality, sequence and data are reconciled/resolved
- Is transparent with regard to how data is integrated between EHR/HIT systems (e.g., data mapping and transformation), showing any potential loss (or corruption) of content, context or meaning, incompatible units and methods of measure, variance in visual presentation
- Is transparent with regard to information copied forward from previous instances (e.g., in notes and observations)
- Has a consistent user interface across all functions, systems and modules, without distracting/interruptive transitions such as multiple sign-ons, disparate user interfaces and disjoint data entry schemes
- Allows software, data and system failures and evident safety risks to be readily reported with assured response
- Allows patient-related events to be presented in chronological sequence, i.e., in the order of actions taken: who did what when where and why
- Allows presentation of historical (past), current (present/now) and prospective (future) events
- Is certified for User Center Design yet still exhibits poor usability behaviors

8. Indicate the ease of use for each of the following features and functionalities in [autofill primary product name based on Q1].

Response Options

- a. Very easy
- b. Easy
- c. Neither easy nor difficult
- d. Difficult
- e. Very difficult
- f. Don't know or not applicable (e.g., do not use this function)
- g. Product does not have this function

- 8.1 Data analytics  
(e.g., produce feedback reports, identify high-risk patients, create data visualizations and graphics)
- 8.2 Default values for common orders  
(e.g., medication order specifics, routine laboratory draw times)
- 8.3 E-prescribing of controlled substances  
(e.g., using e-prescribing for Schedule II V controlled substances)
- 8.4 Evidence-based order sets and charting templates  
(e.g., prepopulated order sets and charts)
- 8.5 Image receipt and review  
(e.g., x-rays, CTs, and MRIs)
- 8.6 Integrated chronic care management tool  
(e.g., care plans, care transitions, coordination with home- and community-based services)
- 8.7 Mobile accessibility  
(e.g., mobile-friendly web interfaces, ease of use on smartphone)
- 8.8 Optical character recognition  
(e.g., ability to encode scanned text and integrate into the product's data files)
- 8.9 Patient reminders  
(e.g., ability to send through patient portal, automated reminder calls)
- 8.10 Remote accessibility  
(i.e., access from home computers and tablets)
- 8.11 Structured templates  
(e.g., prepopulation of templates with patient information or with clinician name and information)
- 8.12 Telemedicine capabilities  
(e.g., virtual visits, video, and/or data collection within health IT product)
- 8.13 User-configured interfaces  
(e.g., screen views, tabs, links, charts, reports, templates, alerts)
- 8.14 Voice recognition/voice-to-text capabilities  
(e.g., voice-activated recording, natural language processing)

8.15 Please share any comments related to your responses that you are willing to make publicly available.  
[add box to collect optional free text/unstructured responses that can also be left blank]

**Commented [GD9]:**

- Locally designed, user-configured and/or personalized:
- Work flows, activity sequences
  - Patient flows
  - Information flows
  - Alerts and reminders, alert/reminder over-rides
  - Alert, notification and message routing, assignment
  - Task assignment and routing
  - Decision support rules and triggers
  - Screen layout, presentation and sequence
  - Data definition: content, context, names, descriptions, units of measure, purpose of capture
  - Data grouping, dataset definition
  - Order verification, routing, fulfillment
  - Resource and deployment management: people, time, locations, equipment, supplies
  - Referral management
  - Infectious disease management, including early detection, monitoring, response and reporting

## Implementation

9. How would you rate your overall satisfaction with the implementation of [autofill primary product name based on Q1]? *Please consider the explanation of the implementation process before it began, training and support for implementation, and whether the process met what was promised. If there were no indicated implementation mark don't know or not applicable*
- Very satisfied
  - Satisfied
  - Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied
  - Don't know or not applicable

9.1 Please share any comments related to your rating of overall satisfaction with implementation that you are willing to make publicly available.  
[add box to collect optional free text/unstructured responses that can also be left blank]

## Health IT Product Support

10. Indicate whether each of the following types of ongoing product support are available for [autofill primary product name based on Q1]. *Do not consider support for implementation.*

### Response Options

- Available at no additional cost
- Available for additional cost
- Not available
- Don't know

- 10.1 24/7 help desk support  
10.2 Dedicated client support (e.g., same staff for every contact)  
10.3 In-person support  
10.4 Online user guides and/or video tutorials  
10.5 Live and/or recorded webinars

11. How would you rate the available support for [autofill primary product name based on Q1]?
- Very satisfied
  - Satisfied
  - Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied
  - Don't know or not applicable

11.1 Please share any comments related to your rating of available support that you are willing to make publicly available.  
[add box to collect optional free text/unstructured responses that can also be left blank]

## Upgrades

12. How would you rate your satisfaction with the following aspects of upgrades and maintenance for [autofill primary product name based on Q1]?
- Very satisfied
  - Satisfied
  - Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied
  - Don't know or not applicable
- 12.1 Overall satisfaction with system upgrades and system maintenance
- 12.2 The downtime or burden associated with upgrades and system maintenance
- 12.3 Notification of upcoming upgrades or maintenance in advance of their implementation
- 12.4 Support for upgrades or maintenance
- 12.5 Please share any comments related to your rating of overall satisfaction with upgrades that you are willing to make publicly available.  
[add box to collect optional free text/unstructured responses that can also be left blank]

## Privacy and Security

13. Overall, how would you rate the security and privacy features of [autofill primary product name based on Q1] (e.g., multifactor authentication, role-based access control, 42 CFR Part 2, HIPAA, etc.)?
- Very satisfied
  - Satisfied
  - Neither satisfied nor dissatisfied
  - Dissatisfied
  - Very dissatisfied
  - Don't know or not applicable
- 13.1 Please share any comments related to your rating of overall satisfaction with privacy and security that you are willing to make publicly available.  
[add box to collect optional free text/unstructured responses that can also be left blank]

## Cost

14. What pricing model(s) does your [autofill primary product name based on Q1] operate on? *Select all that apply.*
- Perpetual license pricing (e.g., on-site EHR deployment)
  - Subscription pricing (e.g., software as a service)
  - Other [specify]
15. What was the approximate total cost of implementing [autofill primary product name based on Q1]? *Please consider all costs paid to the vendor for implementation, implementation training, travel for an on-site training, etc. Do not consider costs beyond those paid to the vendor (e.g., purchasing computers and tablets, staff hours, workflow redesign). Please provide your best estimate.*
- \$0-\$4,999

### Commented [GD10]:

Again stressing clinical efficacy and burden reduction priorities:

- Confidence that software and system upgrades are rigorously tested before being installed in production
- Confidence that locally defined, customized and personalized software and system configurations and settings are preserved and not reset or over-written by upgrades
- Confidence that clinical priorities (including patient safety) are primary and are not being superseded by external and non-clinical demands in provision of software and system upgrades

- b. \$5,000 \$9,999
- c. \$10,000 \$24,999
- d. \$25,000 \$49,999
- e. \$50,000 \$74,999
- f. \$75,000 \$99,999
- g. \$100,000 \$499,999
- h. \$500,000 \$999,999
- i. \$1,000,000+
- j. Don't know

15.1 Please share any comments related to your response for implementation cost that you are willing to make publicly available.

[add box to collect optional free text/unstructured responses that can also be left blank]

16. What is the approximate annual cost to maintain your product, [autofill primary product name], for all users in your organization? *Please consider all costs paid to the vendor, including for customization, features and functionalities, and reporting. Do not consider costs beyond those paid to the vendor (e.g., purchasing computers and tablets, staff hours, workflow redesign).* Please provide your best estimate.

- a. \$0 \$999
- b. \$1,000 \$2,499
- c. \$2,500 \$4,999
- d. \$5,000 \$7,499
- e. \$7,500 \$9,999
- f. \$10,000 \$14,999
- g. \$15,000 \$19,999
- h. \$20,000 \$24,999
- i. \$25,000 \$49,999
- j. \$50,000 \$74,999
- k. \$75,000 \$99,999
- l. \$100,000+
- m. Don't know

16.1 Please share any comments related to your response for annual cost that you are willing to make publicly available.

[add box to collect optional free text/unstructured responses that can also be left blank]

### Contractual Information

17. Does your contract for purchasing [autofill primary product name based on Q1] include a defined cost and or procedure to ease the product sometimes caused an outcome?

- a. Yes
- b. No
- c. Don't know

17.1 Please share any comments related to your response that you are willing to make publicly available.

[add box to collect optional free text/unstructured responses that can also be left blank]

## General Questions on User Characteristics

The following questions are intended to collect information on the characteristics of certified health IT product users. This information will be used to help consumers understand the type of user rating the product.

18. In what setting do you primarily use [autofill primary product name based on Q1]? *Select all that apply.*
- a. Solo or group ambulatory physician practice
  - b. Freestanding clinic or urgent care center
  - c. Community health center (including Federally-Qualified Health Centers and Rural Health Clinics )
  - d. Mental health center
  - e. Independent mental or behavioral health clinician office
  - f. Health system or multihospital system
  - g. Independent hospital
  - h. Ambulatory surgery center
  - i. Imaging center
  - j. Laboratory
  - k. Long-term or postacute care facility
  - l. Pharmacy
  - m. Public health
  - n. School/school-based health center
  - o. Correctional facility
  - p. Other [please specify]
19. About how many clinicians work in the practice or organization where you use [autofill primary product name based on Q1]? *Include all locations in your organization or health system.*
- a. 1
  - b. 2-3
  - c. 4-10
  - d. 11-50
  - e. 51-100
  - f. More than 100
20. What best describes the types of services provided at the practice in which you use [autofill primary product name based on Q1]? *Select all that apply.*
- a. Primary care, pediatrics
  - b. Primary care, other (e.g., family medicine, internal medicine)
  - c. Behavioral health
  - d. Long-term or postacute care
  - e. Obstetrics and gynecology
  - f. Dental
  - g. Ambulatory surgery
  - h. Other [please specify]
21. In what state do you use [autofill primary product name based on Q1]? Select your primary location. [insert drop box]



22. How would you describe the location of the practice in which you use [autofill primary product name based on Q1]?
- Urban
  - Suburban or small metropolitan
  - Rural
23. Approximately what percentage of patients at the practice in which you use [autofill primary product name based on Q1] are uninsured or covered by Medicaid?
- Less than 5%
  - 5% to less than 25%
  - 25% to less than 50%
  - 50% to less than 75%
  - More than 75%
24. How would you rate your proficiency using [autofill primary product name based on Q1]?
- Expert or super user
  - Advanced user
  - Intermediate user
  - Novice user
  - Struggling user

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1800 M Street, N.W.  
Washington, DC 20036  
[www.urban.org](http://www.urban.org)

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