Oct. 17, 2018

Don Rucker, M.D.
National Coordinator
Office of the National Coordinator for Health Information Technology
330 C Street, SW
Floor 7
Washington, DC 20201

Dear Dr. Rucker,

On behalf of the more than 220 children’s hospitals across the country, the Children’s Hospital Association (CHA) appreciates the opportunity to respond to the Request for Information Regarding the 21st Century Cures Act Electronic Health Record (EHR) Reporting Program. We believe that the EHR Reporting Program, as required under 21st Century Cures, can and should be an integral aspect of the nation’s collaborative efforts to develop and deploy health information technologies that will improve health care quality and safety, particularly for children and adolescents.

Although they account for less than 5 percent of hospitals in the United States, children’s hospitals care for almost one-half of children admitted to hospitals. Children’s hospitals are regional centers for children’s health, providing care across large geographic areas. They serve the majority of children with serious illnesses and complex chronic conditions and most children in need of major surgical services. As we noted in our April 11 letter to the ONC,¹ which provided our recommendations for your upcoming pediatric EHR certification guidelines, we hope to continue to partner with the ONC in promoting EHR functions that focus on children’s health and improve pediatric clinical care; care coordination; information exchange between patients, families and providers, among providers, and with local, state, and federal agencies; and the overall quality of health care for children and their families. It is absolutely critical that the EHRs used by pediatric health care providers, including children’s hospitals, meet those goals and the unique needs of their child patients.

To ensure that pediatric EHRs are available to – and suitable for – pediatric clinicians, it is vital that pediatric-specific reporting criteria is included in the new Reporting Program. In our April 11 letter, we highlighted the small, but critically important, subset of health information technology (HIT) issues unique to pediatric hospital care and noted aspects of the 2015 AHRQ Model EHR Format and Enhancement Recommendations that need to be modified and augmented to address those issues. We look forward to the release of the voluntary pediatric EHR guidelines in the coming months as an important step in the advancement of pediatric HIT and health care, and we urge the ONC to incorporate those pediatric-specific components into the new Reporting Program. By doing so, vendors that sell products to pediatric providers will be held accountable to a specific set of criteria that will help assure that those providers – and families – are using technologies that are appropriate for the full spectrum of pediatric care.

Furthermore, we strongly encourage the ONC to use the Reporting Program to focus on oversight and monitoring of vendor adoption of the new pediatric EHR guidelines and the usability and safety of new and modified products on the market. The surveillance capabilities afforded to the ONC as a result of this new program will provide clinicians and families with greater confidence that their pediatric EHRs are advancing, rather than compromising, high quality and safe care.

¹ See Children’s Hospital Association letter to Donald Rucker, April 11, 2018.

Champions for Children’s Health
At the same time, we are concerned about the potential administrative and resource burden of additional reporting requirements, and respectfully remind the ONC that information on EHR use and functionality is already collected via a variety of public and private mechanisms. To the greatest degree possible, the ONC should leverage existing data in current EHR testing and reporting programs and in artifacts from EHR developers on their processes. These existing mechanisms should serve as the cornerstone to reporting on systems usability, rather than mandating additional, and possibly redundant, reporting from end-user clinicians.

Specific aspects of pediatric EHR usability that warrant oversight through the new Reporting Program and other existing mechanisms include:

- **Patient documentation** – The Reporting Program should allow for a review of EHR documentation capabilities. Pediatric EHRs should include a standard patient identifier methodology to match patients with their family/guardian(s) without being reliant on a social security number. They should also capture parents'/guardians’ legal names and other relevant demographic data, including telephone number, e-mail address and gender, as well as socioeconomic/social history items related to school and living situations. Furthermore, the Reporting Program should assess whether the EHR platform allows providers to clearly flag children with special health care needs or complex medical conditions; proactively identify and notify families and the child’s provider when the child will soon need an immunization; and interface with state immunization and other key clinical registries. In addition, the Reporting Program must be able to assess whether EHR systems are designed to assure confidentiality for the older child patient.

- **Decision support tools and functionality** – The Reporting Program must be able to assess whether workflows in pediatric systems accurately and appropriately capture and utilize pediatric-specific metrics and data through the use of standardized screens, etc. For example, pediatric EHRs should always require a child’s weight to be entered into the record to ensure proper medication dosing; include condition-specific growth charts and vital signs as a standard component; and offer decision support tools for basic well-child/preventive care and primary care management for children with special health care needs or other chronic conditions. In addition, the Reporting Program should be able to assess whether the technology includes standard pediatric developmental benchmark screens to monitor a child’s growth and development. System functionality should also be assessed for its capability to streamline proxy access for parents/guardians to their child’s electronic record and adapt to meet confidentiality concerns of adolescents and in instances of complex or difficult family situations.

- **Medication management** – It is imperative that the ONC use the Reporting Program to monitor the effectiveness of pediatric EHRs in allowing for easy calculations of weight-based dosing for children, as well as chronological age or gestational age dosing for highly vulnerable premature infants. Pediatric EHR systems must be able to calculate dose and volume for both individual and cumulative dosages and should be able to facilitate safe prescribing for liquid medications of varying concentrations, the routine use of multiple products to achieve the intended dose, and dose tapers or increases. ONC reporting measures should also be able to assess whether the pediatric EHR has the capability to manage and monitor nutritional supplementation for infants and children. In addition, appropriate confidentiality markers must be available in pediatric EHR systems to allow medications to be easily flagged “confidential” for adolescents.

- **Data sharing requirements/capabilities** – The Reporting Program should be able to assess how well the EHR shares data with other pediatric and community providers, as well as with state and federal clinical registries and quality programs. In particular, pediatric EHRs should have mechanisms for quick and streamlined reporting of
pediatric quality measures and of care of children with special health care needs or other specific conditions/syndromes, including complex medical conditions, to relevant entities.

We applaud the ONC for its effort to gather input from stakeholders on the types of measures and criteria that would be most useful to both clinicians and vendors in the new Reporting Program and urge you to continue this open process throughout the measures development, piloting and implementation process. For example, the public release of EHR reports should include the scoring methodologies and processes that were used to compile the information.

Furthermore, the Reporting Program should not be static, particularly in the area of pediatrics, which is less advanced than for adults and may require practitioner/provider customization given the specialization of the field. Therefore, ongoing reporting of usability should be required throughout the lifetime of the EHR. Data on post-implementation pediatric EHR usability that is collected through the Reporting Program can, and should, be used to drive further industry standards and policy decisions.

In conclusion, we are pleased that the ONC is moving forward with the development of a Reporting Program that can support the growth and development of pediatric EHRs that meet the usability and safety needs of clinicians and their child patients. The Reporting Program, with its potential to monitor industry innovations that will support optimum pediatric clinical care and public health and quality reporting and improvements, can be a critical mechanism to advance technological improvements. We look forward to working with you to ensure that the Reporting Program appropriately addresses the unique nature of pediatric care and EHR use. Please contact Jan Kaplan at 202-753-5384 with any questions.

Sincerely,

M. James Kaufman, PhD
Vice President, Public Policy