

## ONC Standards & Certification Criteria NPRM Comments

### Meaningful Use Objectives

#### Public Health

IE WG recommends more specific definitions for the key parameters of the public health requirements to assure rapid momentum in electronic reporting to public health.

- Specifically define “successful ongoing submission”
  - An example would be 10% of all qualifying transactions increasing 10 percentage points per year over Stage 2 to a maximum of 50%
- The goal is to accommodate: 1) possible delay between the time an EH or EP offers to begin ongoing submission and the time that data/message/transport testing (“on-boarding”) is complete. This delay may occur both due to PH on-boarding capacity and the quality-testing and refinement often needed; and 2) the disruptions to ongoing transmission that might be due to either sender, receiver or intermediaries. Specify transport requirements for public health transactions, aligned with transport requirements specified for electronic transmission care summaries for transitions. Grandfather existing transport approaches and apply new transport requirements only on new or replacement interfaces.
- Support policy of a single standard for public health transactions (uniformly use HL7 2.5.1 rather than permitting the 2.3.1/2.5.1 choice offered in Stage 1), however, recommend grandfathering those EPs and EHs who: 1) implemented 2.3.1 to achieve Stage 1 objective; 2) went beyond the single test and maintained submission to public health during the Stage 1 period; 3) are reporting to a public health department that is accepting 2.3.1 messages, and 4) are utilizing the same EHR technology that was used for their Stage 1 attestation.
- The Workgroup recognizes that local variation in the application of a national Implementation Guide is often needed (due to local law or practice) but should not increase the risk to EPs and EHs of failing to be able to comply with MU. Further consideration of how local variation may be defined, limited and communicated in with ample advance notice to all impacted EPs and EHs is advised.
  - Additional specificity is needed around the criteria by which providers can apply for exclusions; this should include cases where the public health agency/registry does not support ONC recognized transport, ONC recognized standards, implementation guides and vocabulary standards, or goes materially beyond the requirements of the implementation guide
  - We note that the CDC has begun a process to guide development of local implementation guides that are flexible to local needs but still conform to HL7 2.5.1 and CDC implementation guides. An example for immunization transactions can be found here: <http://www.cdc.gov/vaccines/programs/iis/stds/downloads/hl7-IG-Template.docx>.

## Health IT Policy Committee (HITPC) Comments on ONC Standards & Certification Criteria NPRMs

### Certification and Adoption Workgroup

#### Definition of Certified EHR Technology

- ONC add a Voluntary Base EHR certification specification to test integration of Base modules with respect to security, safety, and usability.
- ONC add a voluntary Security integration certification specification to test integration of Base, Core, or Menu modules with security module contained in Base EHR.

#### Safety Enhanced Design

- Require documentation of evidence that user centered design principles were employed throughout product development.
- Require use of standard quality criteria for software development captured in documentation.
- Support need for an ability to generate a file for reporting EHR safety events to the PSO. However, care needed to not further complicate UI and workflow.

#### Clinical Decision Support

- The change to "Clinical Decision Support Intervention" vs. "rule" is a good one providing a wider, more robust definition that doesn't focus on technical implementation.
- Requiring this relatively early InfoButton standard as the "go to" standard is premature.
- Propose requiring a broader certification criteria such as 5 examples of decision support and at least one set of decision support software build tools (rules engine, InfoButton, expert system builder).

#### Other Health Care Settings

- Care Summary Exchange. Reduce the time and cost for ineligible providers to acquire, implement and use HIT to exchange information with other providers using standard-based care summaries (C-CDA) to coordinate care.
- Voluntary setting of specific criteria. Voluntary certification with ONC criteria and process, especially for modular certification.

#### Accounting of Disclosures

- There is benefit in keeping the "optional" certification criterion language so long as HHS and OCR have not identified a long-term plan for addressing what the AOD report should entail.

#### Disability Status

- Dual emphasis on improving care and tracking disparities of access and outcomes.
- Include in Stage 3 Meaningful Use, as formal nomenclature and coding are still in preliminary phases.
- Include sexual orientation and gender identity in Stage 3 Meaningful Use.

#### Data Portability

- It is not likely that the Consolidated CDA could electronically provide a sufficient amount of a patient's health history, especially for complex, long hospital stays, and probably not for complex patients w/ chronic disease.
- Standards required for items such as; Flow charts, ancillary care (therapists) notes, dietary, ventilator settings, and many other detailed clinical information.
- Batch export of multiple patient records represents a privacy risk.

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### EHR Technology Price Transparency

- EHR pricing is complex. There are many factors that affect total cost of ownership (TCO). Although we recognize potential value of EHR price transparency, without a full cost model, pricing information is anything but transparent.
- We recommend that ONC does not include this as part of its final rule.