April 28, 2014

Dr. Karen DeSalvo, National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

RE: Request for Public Comment on Voluntary 2015 Edition Electronic Health Record (EHR) Certification

Dear Dr. DeSalvo:

We are submitting comments on behalf of the Home Care Technology Association of America (HCTAA), an affiliate of the National Association for Home Care & Hospice (NAHC).

HCTAA was established in 2005 to amplify the voice of the home and hospice care profession and to support initiatives that encourage the use of technologies to improve person-centric longitudinal care coordination in the home. HCTAA believes that home care and hospice providers that are properly equipped with advance technological solutions will serve a central role in the delivery of healthcare to persons at home by ensuring quality, efficiency, and cost effective coordinated care. Our purpose in submitting these comments is to provide the Office of the National Coordinator for Health Information Technology (ONC) with stakeholder feedback on the alignment of standards that will be required to support the interoperable exchange of health information, more robust data patient profiles during care transitions, improved care coordination, longitudinal care planning and improved patient assessments in the home health care and hospice settings.

Providers engaged in the delivery of care in the home, including home health and hospice agencies, represent a significant component of the health care delivery system. There are approximately 33,000 home health care providers delivering care to approximately 12 million individuals each year because of acute illness, long-term health conditions, permanent disability, or terminal illness. In most cases, the delivery of quality home health care and hospice services is very dependent upon the collaboration and exchange of health information across the continuum of care with physician practices and hospitals. Therefore, we believe it is imperative that ONC consider home health care and hospice providers as vital partners to obtain the overarching goal of interoperable health information exchange across the continuum of care.

HCTAA has been engaged with the S&I Framework Longitudinal Coordination of Care (LCC) Work Group (WG) since its inception in December 2011 and recognizes the important role that it undertakes to advance standards of health information exchange for the Long Term Post-Acute Care (LTPAC) community of...
providers. These community led efforts have focused on establishing standards for the interoperability of health information in the areas of care transitions, patient assessments and the longitudinal care plan in complement to the Meaningful Use Program.

We fully support and have participated in the development of the S&I LCC WG comments to the HIT Policy Committee’s Request for Comment regarding the stage 3 definition of meaningful use of electronic health records (EHRs). We are especially grateful for the inclusion of SGRP 303 regarding the need for meaningful care transitions and SGRP 304 regarding the need for an interoperable care plan expressed in their recommendations and hope that ONC will consider these vital standards as essential for the support of interoperable health information exchange and for the development voluntary 2015 EHR Certification Program. As a stakeholder organization, we support the LCC’s recommendations that the care plan should be considered for meaningful use stage 3 and not for future stages and hope to advance needed components of care transitions and the care plan in the development of a 2015 Edition Electronic Health Record (EHR) Certification Program to support the business case for electronic health information exchange with Long-term Post-acute Care (LTPAC) providers.

We also advocate for higher standards of use of the summary care record between doctors, hospitals and LTPAC providers and for the U.S. Department of Health and Human Services to establish matrix to track summary care record exchanges amongst all providers and also to examine the adoption of electronic health records by providers that are outside the Meaningful Use Incentive Program. We very much appreciate the work of the office of the Assistant Secretary for Planning and Evaluation (ASPE) to study and report, EHR Payment Incentives for Providers Ineligible for Payment Incentives and Other Funding Study, and advocate for incentives as a component of a voluntary certification program to advance the adoption and use of electronic health records by home care and hospice providers.

We also have been engaged with the Health IT Policy Committee’s Certification and Adoption Work Group in their consideration of a voluntary EHR program for LTPAC and behavioral health providers and consider the development of a voluntary 2015 Edition Electronic Health Record (EHR) Certification Program an important step forward toward establishing interoperable health information exchange. We agree that the establishment of an ONC voluntary certification program could provide value to home care and hospice providers who want to understand the functions that would be supported by Certified EHR products. Home care and hospice providers would receive the most value by having established levels of functionality for a “certified EHR” for the purpose of product selection and by thorough alignment with standards that support security and the use and reuse of health data through exchange efforts with those providers incentivized through the Meaningful Use Incentive Program and with other providers in the care continuum.

Lastly, we are a proponent of standards that are developed around the care plan will enable home care and hospice providers and physician and mid-level practitioner to maintain advanced levels of care coordination. Home health care providers, leveraging a robust information exchange around core business processes, will enable value-based care and support the delivery of cost-effective health care services in the home setting. Standards of information exchange that support improved care transitions and care plans by LTPAC providers will also be of benefit to hospital readmission efforts, primary care doctors, chronic disease and population management efforts, longitudinal care coordination, and in new care delivery models.
Request for Public Comment on Voluntary 2015 Edition Electronic Health Record (EHR) Certification

Thank your for your kind consideration of these comments and our sincere wishes for a renewed effort to promote the adoption and use of health information technology across the continuum of care.

Sincerely,

Karen Utterback, MSN, RN

HCTAA Chair

Richard D. Brennan, Jr., M.A.

HCTAA Executive Director
§ 170.315(b)(1) (Transitions of care)

**MU Objective**
The EP, EH, or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.

**2015 Edition EHR Certification Criteria**

1. **Transitions of care.**
   1. Send and receive via edge protocol. EHR technology must be able to electronically:
      - Send transitions of care/referral summaries through a method that conforms to the standard specified at §170.202(e) and that leads to such summaries being processed by a service that has implemented the standard specified in §170.202(a); and
      - Receive transitions of care/referral summaries through a method that conforms to the standard specified at §170.202(e) from a service that has implemented the standard specified in §170.202(a).
   2. Receiving accuracy. EHR technology must meet or exceed the standard specified at §170.212(a)
   3. Display.
      - (A) EHR technology must be able to electronically display in human readable format the data included in transition of care/referral summaries received and formatted according to any of the following standards (and applicable implementation specifications) specified in: §170.205(a)(1) through (4).
      - (B) Section views. Extract and allow for individual display each additional section or sections (and the accompanying document header information) that were included in a transition of care/referral summary received and formatted in accordance with the standard adopted at §170.205(a)(3).
   4. Create. 
      - (A) Enable a user to electronically create a transition of care/referral summary formatted according to the standard adopted at §170.205(a)(4) that includes, at a minimum, the Common MU Data Set and the following data expressed, where applicable, according to the specified standard(s):
         1. **Encounter diagnoses.** The standard specified in §170.207(i) or, at a minimum, the version of the standard specified §170.207(a)(3);
         2. **Immunizations.** The standard specified in §170.207(e)(2);
         3. **Cognitive status;**
         4. **Functional status;**
         5. **Ambulatory setting only.** The reason for referral; and referring or transitioning provider’s name and office contact information;
         6. **Inpatient setting only.** Discharge instructions; and
         7. **Unique Device Identifier(s) for a patient’s implantable device(s).**
      - (B) Patient matching data quality. EHR technology must be capable of creating a transition of care/referral summary that includes the following data and, where applicable, represent such data according to the additional constraints specified below:
         1. **Data.** first name, last name, middle name (or middle initial in cases where only it exists/is used), suffix, date of birth, place of birth, maiden name, current address, historical address, phone number, and sex.
         2. **Constraint.** Represent last/family name according to the CAQH Phase II Core 258: Eligibility and Benefits 270/271 Normalizing Patient Last Name Rule version 2.1.0.
         3. **Constraint.** Represent suffix according to the CAQH Phase II Core 258: Eligibility and Benefits 270/271 Normalizing Patient Last Name Rule version 2.1.0 (JR, SR, I, II, III, IV, V, RN, MD, PhD, ESQ). If no suffix exists, the field should be entered as null.
         4. **Constraint.** Represent the year, month and date of birth are required fields while hour, minute and second should be optional fields. If hour, minute and second are provided then either time zone offset should be included unless place of birth (city, region, country) is provided; in latter local time is assumed. If date of birth is unknown, the field should be marked as null.
         5. **Constraint.** Represent current and historical address information, including the street address, city, state, zip code, according to the United States Postal Service format;
§ 170.315(b)(1) (Transitions of care)

(6) Constraint. Represent phone number (home, business, cell) in the ITU format specified in ITU-T E.123 and ITU-T E.164. If multiple phone numbers are present, all should be included.

(7) Constraint. Represent sex according to the HL7 Version 3 ValueSet for Administrative Gender.

Public Comment Field: HCTAA considers the support of the transition of care (ToC) standard as one of two core standards – the other being the longitudinal care plan – that would most effectively encourage the interoperable exchange of health information across the care continuum. HCTAA supports the work of the S&I Framework Longitudinal Coordination of Care (LCC) Workgroup and Health Level Seven (HL7) to refine the Consolidated CDA to incorporate a more robust and meaningful summary care record from acute care to post-acute care providers.

Therefore, we are encouraged by ONC’s efforts to incorporate ToC standards in both 2014 and 2015 Editions to elevate their use by eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) who transition patients to another setting or provider of care. We believe that providing updates to the Consolidated CDA as proposed for the 2015 Edition certification criteria (ToC, VDT, Clinical Summary, Data Portability) is an important step forward in refining the ToC standard.

However, a primary concern of the LTPAC provider community is that the summary care record is not being transmitted to post-acute care providers, such as home health agencies, frequently enough to justify the business case for compatibility of the standard by home health agencies. Therefore, we believe that an emphasis must be made on the need to support a ToC standard that is both widely utilized by EPs, EHs, and CAHs, and also useful to the recipient providers. We believe that there is a need for better data on instances of use of the ToC standard and encourage HHS and ONC to continue to collect data on instances when EPs, EHs, and CAHs provide summary care records to LTPAC providers.

B. Provisions of the Proposed Rule Affecting the ONC HIT Certification Program

Non-MU EHR Technology Certification

Preamble FR Citation: 79 FR 10918

Specific questions in preamble? Yes
HCTAA has been an active stakeholder and engaged with the ONC during the development of a proposed voluntary EHR certification program. We have also provided comments to the Health IT Policy Committee and to its designated Certification and Adoption Workgroup, and submitted written comments as part of the workgroup’s December 12, 2013 virtual hearing. Please refer to the following link for more details.
http://www.healthit.gov/facas/sites/faca/files/121213_Brennan_Utterback_HCTA_Testimony.pdf In the testimony, we describe our recommendations for the development of a voluntary certification program for home care and hospice technologies. We also discussed the need to support the business case for the adoption of certified electronic health records (EHRs) and also the exchange of health information along with other factors that could and should be considered when establishing such a program for LTPAC providers. These comments form the foundation of our comments on ONC’s proposed on non-MU EHR technology certification, and our recommendations are included below:

We do support the proposal to establish a “non-MU EHR Module” based on many of the reasons that ONC has put fourth in this proposed program. We believe that separate module definitions could coexist to meet the needs of both MU and non-MU EHR technologies. We have also worked successfully with the Certification Commission for Health Information Technology (CCHIT) that functioned as both a ONC-ACB and also private certifying body on the 2011 LTPAC EHR certification program, and believe that that this effort could be replicated on a larger scale with the assistance and support from ONC. In this program, vendors informed CCHIT that they wanted to attest to the LTPAC Add-on either in combination with their MU attestation or a-la-carte.

HCTAA provides the following synopsis of our recommendations to the Certification and Adoption Workgroup categorized under the Five Factor Framework:

- Advancing a National Priority or Legislative Mandate
  - Support Outcome and Assessment Information Set (OASIC-C) reporting requirements

- Align with Existing Federal/State Programs
  - Aligns and meets minimum qualifications for certified EHR technologies for use in states and new models of care (e.g. ACO, Medical Home etc.)

- Utilize the Existing Technology Pipeline
  - Supports current functionality of home care EHR products
  - Supports the care transition and home health plan of care data standards; 483 measures identified for the IMPACT project and certified by HL7
  - Follows a staged approach to certification so that vendor development work can be managed and mapped to the trajectory of available standards
  - Responsive to changes and updates to standards determined viable for care coordination and interoperability
  - Identify MU transmission and transport standards that can be supported in home care EHR products and enable the interoperable exchange of health information as well as provide standards of exchange through the HIE and RHIO networks
  - Identify MU functional requirements from the 2014 ONC Certification Criterion that will also be supported in MU3 could be supported in home care EHR products that provide for a basic level of security (e.g. 45 CFR §170.314(d)(1) Authentication, Access Control, and Authorization; 45 CFR §170.314(d)(2) Auditable Events and Tamper-Resistance; 45 CFR §170.314(d)(3) Audit Report(s); 45 CFR §170.314(d)(4) Amendments; 45 CFR §170.314(d)(5) Automatic Log-Off; 45 CFR §170.314(d)(6) Emergency Access; 45 CFR §170.314(d)(7) End-User Device Encryption; 45 CFR §170.314(d)(8) Integrity; and 45 CFR §170.314(d)(9) Optional – Accounting of Disclosures) and interoperability (e.g. 45 CFR §170.314(b)(1), 45 CFR §170.314(b)(2) Transitions of Care; 45 CFR

- **Build on Existing Stakeholder Support**
  - Both home care providers and their EHR vendor partners perceive HIT standards as valuable to support the electronic exchange of health information and as a necessary improvement the home care delivery model.
  - Hospice providers and their EHR vendor partners also perceive HIT standards as valuable to support the electronic exchange of health information and would benefit from a EHR certification program specifically designed for its unique care delivery model.
  - Standards used in Meaningful Use such as Consolidated Clinical Document Architecture (CCDA), SNOMED, LOINC and RxNorm should be supported within home care EHR products to help obtain greater parity in the exchange of information.
  - There would also be value in an ONC EHR Certification program that meets federal and state requirements for the use of certified EHR technologies.

- ** Appropriately balances the Cost and Benefits of a Certification Program**
  - Reductions in margins and the proposed rate rebasing in Medicare Home Health Services will continue to diminish the ability of home health agencies to acquire and use EHRs and other technologies such as telehealth and remote patient monitoring.
  - A certified EHR product would have to provide home health agencies with a real and immediate return on investment to support their core business functions as well as support data exchange opportunities with hospitals and physicians.
  - A program could provide the infrastructure needed for new payment methodologies for home care services which could be coupled to the use of a subset of measures needed to measure value and quality improvements.
  - The cost of certification compliance should be considered so that it is not a significant factor in driving up the cost of EHR technologies for home care and hospice providers.
  - Grant and incentives could be considered to support the adoption and use of certified EHR technologies and also support measures that enable care coordination (e.g. 45 CFR §170.314(b)(1), 45 CFR §170.314(b)(2) Transitions of Care; 45 CFR §170.314(b)(4) Clinical Information Reconciliation) to gain participation in a certification program and in HIEs.
  - Testing for a certification program should be validated by a “trusted” third party.
### Certification Packages for EHR Modules

| Preamble FR Citation: 79 FR 10921 | Specific questions in preamble? | Yes |

**Public Comment Field:**

HCTAA supports the development of “Certification Packages” for EHR Modules, particularly the development of a core care coordination package that would require an EHR Module to be certified to, at a minimum, the proposed 2015 Edition EHR certification criteria at § 170.315(b)(1) (Transitions of care); and § 170.315(b)(2) (Clinical information reconciliation and incorporation).

Care Coordination Package Transmit—Applicability Statement for Secure Health Transport: As reflected in HCTAA’s comments to the Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition proposed rule, the home health care EMR vendor community is mixed on their view of transport standards and the use of DIRECT for the purposes of delivering home health data. Some vendors have stated that they believe that the transport standards in DIRECT will be easier and cheaper to implement, will ensure a more effective set of expectation between providers and vendors, will allow for better communication and also keep costs lower. Since most vendors are using SMTP, SecureMIME and X509, most medium to large category vendors believe that they are well positioned. However, there are some smaller category vendors that are not supporting these transport standards (e.g. XDM) and are leery of the additional cost to support these additional methods. One vendor advocated that ONC prescribe an abstract layer for transport standards and leave the transport protocols to be defined at the local health information exchange (HIE) level to ensure multiple protocols for data exchange. Home health care and hospice providers also advocate for a transport standard that would bridge the gaps in connectivity between incentivized and non-incentivized EMR technology architectures to keep the cost of information exchange low. Therefore, we advocate for greater flexibility in the selection of transport standards that support the transition of care.

Patient Engagement Package – HCTAA believes that patients play an important role in managing their own health and health care. We understand the need to provide patients and caregivers with health information and supports the inclusion of the VDT capability in the 2015 Edition for EPs, EHs, and CAHs. However, we are not confident that including EHR module capability as a certification package will be a good test case for the program and our providers also haven’t had the benefit to also study the patient demand for their data which would be a prerequisite for a patient engagement certification package to ultimately be successful. We are focused on the need to encourage the exchange of health information at the provider level and would propose that the program be built on the care coordination package at this time, especially since the development of the care plan standard is lagging and will need to be bolstered in 2017 Edition.

### Certification of Other Types of HIT and for Other Health Care Settings

| Preamble FR Citation: 79 FR 10929 | Specific questions in preamble? | No |
Public Comment Field: HCTAA has expressed its support of an ONC HIT Certification Program focusing on EHR certification for the long-term and post-acute care (LTPAC). We believe that this should be prioritized over new certification programs for other types of HIT, including HIEs, HISPs, and laboratory technology.

HCTAA also supports the addition of new structural elements to the Consolidated CDA such as: new document sections and data entry templates for care plan; referral notes; transfer Summaries; new sections for goals; health concerns; health status evaluation/outcomes; mental status; nutrition; physical findings of skin and new organizers (e.g. wound observation).