MEDITECH

May 11, 2023

Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW
Washington, DC 20416

Dear Dr. Tripathi,

On behalf of Medical Information Technology, Inc. (MEDITECH), I am pleased to comment on the 2023 Standards Version Advancement Process (SVAP).

We support the ONC's continued efforts to advance standards through the SVAP program. We however have concerns regarding the stance on previously approved SVAP standards as outlined in the 2022 SVAP Fact Sheet. ONC states that:

"A version of an adopted standard approved for use during an SVAP cycle remains available for certification until a newer SVAP version of that standard is approved." Later stating, "No new certifications can be made to the replaced SVAP version once the newer version goes into effect in the Certification Program."

This causes a problem for developers as the development cycle is often longer than one year, especially since many EHR vendors have multiple product lines that need to be updated. We ask that ONC modify this position to allow for the developers to certify to the most recent standards version and continue to allow the previous SVAP standards version. Essentially providing two SVAP cycles versions as a certification option. Currently, SVAP only permits a single version to be available at a time. This is restrictive to developers who have long development timelines, multiple products to develop and demonstrate conformance, and customer deployment considerations. By making this small change to allow the newest and the previous version developers are able to complete work in a version and have it certified/conformance tested through SVAP.

170.204(a)(2) Web Content Accessibility Guidelines (WCAG) 2.2

MEDITECH conditionally supports the adoption of this standard. Currently WCAG 2.2 is in draft status. We do not believe that ONC should adopt WCAG 2.2 until it has been finalized. Further, we do believe that ONC should continue to allow certification to WCAG 2.1 should WCAG 2.2 be finalized. Developers who are working on WCAG 2.1 in 2023 would not anticipate WCAG 2.2 to be announced under SVAP since it is only in Draft status. Adding flexibility of allowing a previous SVAP version to continue to be available allows developers the opportunity to execute on their project plans and timelines without undue burden. By removing the WCAG 2.1 version developers will not be able to deploy their work and will need to instead continue to develop to WCAG 2.2 so that they can SVAP and deploy. Again we stress the importance of

adopting flexibility by allowing advancement to the two most recently approved SVAP standards and we do not believe WCAG 2.2 should be finalized unless it is in a final status with W3C.

170.205(h)(3)- HL7 CDA R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA 1)

We support the adoption of this standard. We believe that representing 170.205(h)(2) and 170.205(h)(3) separately is not appropriate as these are really 2 components of the same standard. These should be combined to reflect the inherent connection between these two standards. It is not appropriate to advance one standard without the other as the CMS implementation guide advances together annually.

170.205(h)(3) - CMS Implementation Guide for Quality Reporting Document Architecture: Category I
170.205(k)(3) - CMS Implementation Guide for Quality Reporting Document Architecture: Category III

MEDITECH supports the adoption of the updated 2023 CMS Implementation Guides for Quality Reporting. We recommend CMS automatically approve this standard with each SVAP cycle since it is required for Quality Reporting in CMS programs. Vendors will update to the new IG regardless of ONC approved standards to allow our customers to attest successfully.

170.213 - United States Core Data for Interoperability USCDIv3

We support the inclusion of USCDI version 3 but only if adopted along with the associated FHIR US Core 6.0.0 (170.215(a)(2) and C-CDA Companion Guide (R4). These are necessary specifications for supporting the data for the relevant criteria. We understand that FHIR US Core 6.0.0 was not finalized as of the time of this drafting of SVAP and so was not included. However, it is necessary to install the dependent standards together and so they must both be adopted.

Clarifications and Questions

We do want to again express how important it is to allow for multiple versions of a standard to continue to be offered for SVAP. It is extraordinarily challenging to complete SVAP work for multiple EHR products under the current model when previous SVAP versions are removed after a single year. Allowing more flexibility and offering 2 versions would make advancing under SVAP more attainable.

We also wanted to request clarification on what flexibility is available for vendors to advance certain aspects of the new standards such as new data elements or fields but not the entire newer version. We believe that this should be acceptable so long as it does not introduce non-conformity with the currently used certified version.

Thank you for your time and consideration. We look forward to the approval of the 2023 SVAP.