



Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

August 6, 2014

Karen DeSalvo, MD
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. DeSalvo:

This letter presents the recommendations of the Health IT Policy Committee (“Policy Committee”) as approved on March 11, 2014 and on June 10, 2014. These recommendations are a result of the analysis completed by the Certification and Adoption Workgroup (C/A WG) with input from the Health IT Policy Committee (HITPC).

A. Background

Although close to 40% of Medicare beneficiaries discharged from hospitals are transferred to post-acute care settings (e.g., rehabilitation hospitals and skilled nursing facilities), long term and post-acute care (LTPAC) settings often are not able to exchange data with hospitals effectively.¹ Improved interoperability across settings—whether meaningful use (MU) or non-MU settings – will enable better patient care, improved provider workflow, and enhance data availability.

In addition to the complexities and challenges for LTPAC, individual LTPAC patients often have co-occurring physical health conditions such as asthma, diabetes, high blood pressure, and cardiovascular disease, which require care by a variety of providers.

In the behavioral health (BH) setting, the need for health IT is paramount as well.

Approximately 26% of American adults suffer from a diagnosable behavioral health condition in a given year.² Despite the complexity of their needs and the array of services they require, most individuals with both physical and behavioral health conditions receive their care in a fragmented system with little to no coordination across providers. Often this affects the quality of care patients receive and may result in higher costs.

¹ Expanded Post-Acute Care Episode Analytic File (“Longitudinal Project”). April 2011 – Final Report.

<http://aspe.hhs.gov/health/reports/2011/pacexpanded/index.shtml#ch1>

² Centers for Disease Control and Prevention. Public Health Action Plan to Integrate Mental Health Promotion and Mental Illness Prevention with Chronic Disease Prevention, 2011–2015. Atlanta: U.S. Department of Health and Human Services; 2011.



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In the fall of 2013, ONC asked the Policy Committee to examine the extension of the certification program to include functionalities that would benefit settings not covered by the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Specifically, ONC charged the HITPC to:

- Recommend a process for prioritizing health IT capabilities for voluntary EHR certification that would improve interoperability across a greater number of care settings
- Ensure that recommendations take into account previously adopted ONC certification criteria and standards and identify the key health IT capabilities needed in care settings by providers who are ineligible to receive EHR incentive payments under the HITECH Act

The charge included a scope of work divided into two distinct steps:

- Step 1: Recommend a process (a set of factors) that could be used to identify and prioritize whether any suggested voluntary certification program should be adopted and would aid the health IT needs of “ineligible” providers
- Step 2: Recommend a specific application of this process for EHRs used in long-term/post-acute care (LTPAC) and behavioral health (BH) settings

B. C/A WG Consideration of the Charge

Over the course of almost a year, the C/A WG has examined certification for non-MU settings. The workgroup met 17 times, held 2 hearings, organized a listening session, solicited written comment on draft proposals, presented before the full Policy Committee three times, and worked with the Privacy & Security Tiger Team and the Quality Measure Workgroup on consent management and quality measurement options, respectively. In addition, the workgroup heard from a wide variety of stakeholders through public comment and through presentations to the workgroup—including clinicians, providers, vendors, regulators, quality improvement experts, health information exchange organizations and patient/ caregiver advocates.

The final recommendations, which were approved through voice vote by the Policy Committee on June 10 2014, focus on the interoperability of data and identify the core data areas for which interoperability is key—transitions of care information and privacy & security protocols. The recommendations also highlight setting specific criteria that would be helpful to the specific settings of LTPAC and BH, as well as note criteria that might prove helpful to a variety of care settings. Inherent in the Policy Committee’s recommendation is the belief that



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information exchanged as part of a transition of care should be standardized regardless of the care setting and should be exchanged in line with privacy and security standards. The Policy Committee also believes that the criteria developed for new certification programs should align with the criteria developed for the MU Program and support a modular approach enabling adoption of certification criteria to meet specific functional needs. Please note that all the certification programs, in and of themselves, are voluntary. However, certification criteria may be part of a broader program and required by that program. The recommendations of the Policy Committee are listed below.

C. Summary of Recommendations (complete recommendations are located in Attachments)

1. Step 1 of the Charge: Develop A Process for Evaluating Any New Certification Program

HITPC recommends that in considering whether to pursue any new certification initiative, ONC should consider the below Five Factor Framework, which balances the benefit of health IT certification against the various costs that might be incurred by the same. The Five Factor Framework asks whether the proposed certification initiative would:

1. **Advance a National Priority or Legislative Mandate:** Is there a compelling reason, such as a National Quality Strategy Priority, that the proposed ONC certification program would advance?
2. **Align with Existing Federal/State Programs:** Would the proposed ONC certification program align with federal/state programs?
3. **Utilize the existing technology pipeline:** Are there industry-developed health IT standards and/or functionalities in existence that would support the proposed ONC certification program?
4. **Build on existing stakeholder support:** Does stakeholder buy-in exist to support the proposed ONC certification program?
5. **Appropriately balance the costs and benefits of a certification program:** Is certification the best available option? Considerations should include financial and non-financial costs and benefits.



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2. Step 2 of the Charge: Certification Criteria for LTPAC and BH Settings

Recognizing the heterogeneity of settings, variation in scope of practice, and the differences in workflow within and across settings, the C/A WG organized certification criteria for LTPAC and BH settings into three categories. The first category of “All Providers” refers to certification criteria that the workgroup identified as being applicable to all provider types (e.g., hospitals, primary care, specialists, LTPAC and BH), the “LTPAC /BH Setting Specific” category refers to criteria relevant to the named care settings, and the “Some Providers” category references criteria that may be relevant to certain LTPAC or BH providers, depending on the scope and needs of the practice.

1. The following certification criteria are relevant to all providers:

- Transition of care: LTPAC and BH providers should adopt health IT that is certified by ONC for transitions of care. Beginning with the criteria in the 2014 Edition, transitions of care certification criteria for LTPAC and BH settings should align with the transition of care certification criteria for the EHR Incentive Programs. HITPC notes that all settings—including settings outside of MU such as LTPAC and BH—should use the same transitions of care certification criteria and standards to promote interoperability and improved care coordination.
- Privacy and Security: LTPAC and BH providers should adopt health IT that is certified by ONC for privacy and security. Beginning with the criteria in the 2014 Edition, privacy and security certification criteria for LTPAC and BH settings should align with the privacy and security certification criteria for the EHR Incentive Programs. HITPC notes that all settings—including settings outside of MU such as LTPAC and BH—should use the same privacy and security certification criteria and standards to ensure that all systems have the same core set of protections within their systems.
- In addition to the above recommendations, the Policy Committee’s Privacy and Security Tiger Team made additional recommendations regarding data segmentation which are relevant to the certification program and are included as attachments to this letter.



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2. The following certification criteria are relevant to LTPAC and BH providers:

- **LTPAC Patient Assessments**: Support the use of ONC specified HIT standards for the CMS-mandated patient assessments (for example, the MDS for nursing facilities and OASIS for home health agencies) that are required in these care settings. This will enable reuse of the data for clinical and administrative purposes. ONC should partner with CMS to align the standards to support re-use and exchange of the information in these assessments. A certification criterion was not recommended at this time because of additional standards and workflow work needed to support the interoperable exchange of patient assessment data with other provider types.
- **BH Patients Assessments**: Future work was recommended to identify standards which could support BH patient assessments by identifying the most useful data elements from existing assessments. Unlike for LTPAC, standardized assessments are not in place to be used uniformly. There are also state-specific assessments, adding to the variability.
- **Trend Tracking**: 1) Track national trends in LTPAC and BH health IT adoption, including use by functionality and by certification criteria; and 2) Utilize EHR adoption definitions consistent with those used in other ONC/CMS initiatives. Such tracking would provide baseline data and enable monitoring of EHR adoption and use among LTPAC and BH providers.

3. Other Considerations

The workgroup also reviewed a broader range of ONC certification criteria that were categorized as “Relevant to Some Providers” (e.g., clinical reconciliation, CPOE, clinical decision support, labs, imaging, patient engagement). It was determined that these additional functionalities may be of value to some care settings depending on care delivery needs and scope of practice. However, because of the broad range of LTPAC and BH provider types with differing needs, the workgroup concluded that these criteria should be evaluated independently by each setting. The workgroup also noted that there may be programmatic reasons at the federal or state level for adopting certification functionality in this category.

Finally, the C/A WG requested that the HITPC Quality Measurement Workgroup examine opportunities for LTPAC and BH EHR certification related to quality measurement. While there



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are no final recommendations in quality measurement at this time, the draft recommendations of the Quality Measures Workgroup could serve as a foundation for future exploratory work.

We appreciate the opportunity to provide these recommendations to inform the development of ONC's new certification initiative. We concur that the modular, voluntary approach to certification will not only support provider access to the functionality they need from their EHRs but also will improve interoperability as health information travels with the individual across care settings.

Sincerely yours,

/s/

Paul Tang
Vice Chair, HIT Policy Committee

Attachments:

- Recommendations from the Privacy and Security Tiger Team related to Data Segmentation for Privacy
- HITPC Recommendations on Health IT Certification for LTPAC and BH Settings (with references to certification criteria)