

April 1, 2015

Karen B. DeSalvo, MD, MPH, MSc

National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology (ONC)
Department of Health & Human Services (HHS)
Attention: 2015 Edition EHR Standards & Certification Criteria Proposed Rule
Hubert H. Humphrey Building, Suite 729D
200 Independence Avenue, SW
Washington, DC, 20201

RE: Connecting Health and Care for the Nation – A Shared Nationwide Interoperability Roadmap v1.0

Dear Dr. DeSalvo,

On behalf of the 158,000 American Dental Association (ADA) members, we write to thank you for the opportunity to comment on the Office of the National Coordinator for Health Information Technology (ONC) Nationwide Interoperability Roadmap Draft Version 1.0. It was released on January 30, 2015 to identify critical actions that should be taken by key stakeholders to help advance interoperability of electronic health records over the next decade.

We have confidence in our members' ability to deliver safe and effective quality dental care and rely on our strong commitment to the development and use of voluntary consensus standards for dentistry. The ADA is a national and international leader in the development of consensus standards and guidelines for materials, instruments, equipment, digital devices, and health information technology software impacting the safety and health of the public and the practice of dentistry. The ADA, as the only American National Standards Institute (ANSI) accredited Standards Development Organization (SDO) for dentistry, should be recognized by ONC as the authoritative voice for the dental profession to provide pertinent dental implementation specifications that can be widely tested and then adopted by the HHS Secretary for use in the future.

The ADA is actively engaged in the development and maintenance of vocabularies critical both for clinical health information exchange and for the population of data in the electronic health record. For example, the ADA's Code on Dental Procedures and Nomenclature (CDT), is a vocabulary that is a named HIPAA standard for use in electronic administrative transactions for dental claims. The ADA's leadership role with regard to standards was also recognized by the HIPAA legislation naming the ADA as an entity to be consulted when the HHS Secretary is considering adoption of a new or modified HIPAA administrative simplification standard. The ADA is the only professional association so named. The ADA

also developed a subset of the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) called the Systematized Nomenclature of Dentistry (SNODENT), which is being proposed as an ANSI approved American National Standard (ANSI/ADA Standard No.2000 for a Systematized Nomenclature of Dentistry). As with informatics standards, the ADA is also renowned as a leader in dental product certification.

We are committed to improving the nation's oral health through public education and through legislative advocacy to strengthen funding for dental services provided through public health programs. As the authoritative voice for dentistry, our response offers the following comments regarding **Connecting Health and Care for the Nation – A Shared Nationwide Interoperability Roadmap v1.0**:

General Comments

We applaud and commend the ONC efforts in drafting a comprehensive Interoperability Plan. The scope and participating stakeholders are clearly identified. We would recommend detailed specifics and a plan about the roles of each of the stakeholders (agencies) and, coordination between them in achieving goals and objectives and ultimately avoid duplicate activities.

The Interoperability Plan provides various strategies within each objective. We notice that some of these strategies are not specific enough and do not include the stakeholders responsible for achieving the goals. We recommend that ONC identify specific objectives that define strategies. A more appropriate proposal would be to develop milestones that are time-dependent, achievable, with precise targets for assessing progress. Moreover, all metrics in the Plan should be based on scientific evidence and case studies.

The Plan should anticipate where financial incentives would come from to create the business imperative for interoperability. Rather than impose upon health plans and purchasers to provide financial incentives or require the provider adoption of certified interoperable systems, we believe that market forces and value-based models of care will naturally drive the use case and need for interoperability without additional oversight.

We support a broad vision to incorporate innovations in technology within health care delivery so consumers can share information across multiple electronic platforms with health providers. Central to this vision are payment models that encourage providers to integrate data and adopt shared health IT models.

Page 37 - Supportive Business, Clinical, Cultural and Regulatory Environments – Federal Health IT Strategic Plan 2015 – 2020.

Comment 1. ADA shares the view that interoperability of electronic health records holds great promise as a research tool. We understand that ONC in the future plans to address other aspects critical to the learning health system stakeholders such as technology adoption, data quality, documentation and data entry, usability and workflow.

We strongly encourage ONC throughout the implementation of the interoperability road map to keep in mind the utility and promise of big data observational research. Specifically, as dental scientists, we recognize the methodological challenges associated with the proper curation and application of these powerful assets. Thus, practical guidance from the Department of Health and Human Services and others on best practice in clinical data capture, structure, and curation for the highest data quality could be prospectively incorporated into dental information technologies of the future.

Page 74 – Certification and Testing to Support Adoption and Optimization of Health IT Products - Federal Health IT Strategic Plan 2015 – 2020.

Comment 2. ADA agrees that certification and testing are both necessary to assess whether health IT meets certain technical requirements, including conformance to technical standards necessary for interoperability. We recommend that the certification criteria includes specifications that clearly ensure that disparate products that receive certification are indeed interoperable.

The expanded utilization of EHR by the medical community and the current movement towards a comprehensive electronic medical record emphasizes the need for electronic dental records (EDR) to be included as part of any interoperability plan. Dentistry is increasingly involved in the delivery of patient care in complex multidisciplinary cases. For example, a patient about to undergo cancer chemotherapy may require a diagnostic consultation with a cardiologist to rule out treatment modifications due to a heart condition and with a general practice dentist to rule out care for dental conditions that may complicate the cancer care or result in an adverse outcome if untreated.

In the short-term, interoperability needs to be prioritized to support data portability from one product to another. We believe that EHRs/EDRs certification should be very clear and define interoperability compliance for at least the basic data elements of medications, allergies and lab results.

The ONC is urged to look to the Workgroup for Electronic Data Interchange (WEDI) accreditation program for practice management systems as a model. We suggest that transport mechanisms must be developed that either normalize the Direct- and query-based exchange or support element-based exchange using FHIR or similar hybrids. In the medium to long term, we suggest that the Plan include a clear, consistent, and federally funded process for testing all ONC and CMS standards before they are adopted. Whether the dental components of the EHRs are run as an EHR Module or as one component of an integrated Complete EHR, we firmly believe that the required unique dental content should be fully included in the overall EHRs implementation solution.

Page 77 – Core Technical Standards and Functions – Federal Health IT Strategic Plan 2015 – 2020.

Comment 3. ADA applauds and supports the ONC efforts to highlight the importance of technical standards for a common clinical data set – the improved standards will establish a good foundation for interoperability that can be further expanded in the future. We recommend the inclusion of standardized clinical terminology in common clinical data sets. We believe that there are several benefits to the standardized documentation of dental diagnoses such as use of a standard language in the documentation of patient care, professional education, support of evidence based research, documentation of the relationships between diagnoses and treatment (procedure codes), reporting of quality measures, patient communication and finally and most importantly the ability of data sharing between disparate entities during the coordination of patient care.

Comment 4: Core Technical Standards and Functions. We support ONC’s vision that the industry converge and agrees on the use of the same content and vocabulary standards to satisfy each specific interoperability purpose. We recommend that ONC coordinates its efforts with other agencies to fully assess how the common clinical data set is being leveraged by the specialties before considering the addition of other standards or requirements for EHRs. The Meaningful Use Stage 2 final rules defined SNOMED CT as the qualified terminology for the exchange of the encounter diagnosis and procedures (SNOMED CT or ICD-10-CM). The original Meaningful Use Stage 2 Final Rule had several critical deficiencies with regard to dentistry and its needs. The Final Rule omitted the needs for dental clinical terminology standards along with the CDT procedure codes, necessary for reporting dental services in the certification criteria.

The HITSC Vocabulary Task Force fully endorsed adoption of CDT for certified EHR technology (CEHRT) and Meaningful Use. Currently, CDT is part of the Transition Vocabularies that are referenced by certification criteria adopted in the 2014 Edition Standards and Certification Criteria final rule (ICD-9, ICD10, CDT, HCPCS are also part of this group).

ADA would like to reiterate the need for a standardized vocabulary for the dentistry for use in the electronic dental systems. As stated previously, the ADA developed a subset of the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) called the Systematized Nomenclature of Dentistry (SNODENT). SNODENT is a clinical terminology that was designed for use in the electronic health and dental records environment and is being proposed as an ANSI approved American National Standard (ANSI/ADA Standard No.2000 for a Systematized Nomenclature of Dentistry). As an official subset of SNOMED CT, SNODENT is a standard terminology that may be used in connection with implementation of the Interoperability Plan. SNODENT enables the provision of a platform-independent, language-independent, cross-cultural, oral health care record. SNODENT allows precise and highly detailed recording of oral health information.

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We appreciate the opportunity to comment on the Federal Health IT Strategic Plan 2015 – 2020 and look forward to working with you in the near future.

If there are questions concerning these comments, please contact Dr. Frank Kyle in the ADA Washington, DC Government and Public Affairs Office at 202-789-5175 or by e-mail at kylef@ada.org.

Sincerely,

Handwritten signature of Maxine Feinberg in cursive script.

Maxine Feinberg, D.D.S.
President

Handwritten signature of Kathleen T. O'Loughlin in cursive script.

Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director and Chief Operating Officer