



National Association for the Support of Long Term Care

November 6, 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)  
Hubert H. Humphrey Building, Suite 729D  
200 Independence Avenue, SW  
Washington, DC, 20201

*Submitted electronically Via HealthIT.Gov*

*RE: Draft 2016 Interoperability Standards Advisory*

Dear Dr. DeSalvo:

The National Association for the Support of Long Term Care (NASL) appreciates the opportunity to offer the following comments on the *Draft 2016 Interoperability Standards Advisory*.

NASL is a national trade association representing both vendors of health information technology (IT) with full clinical and point-of-care IT systems and providers of care for the long term and post-acute care (LTPAC) sector. Our IT vendor companies serve the majority of LTPAC providers and our other members deliver a range of assisted living, skilled nursing and ancillary care and services, such as speech language pathology; physical, occupational and respiratory therapy; portable imaging; clinical laboratory and pharmacy services. NASL also is a founding member of the Long Term & Post-Acute Care Health Information Technology (LTPAC HIT) Collaborative, which formed in 2005 to advance health IT issues by encouraging coordination among provider organizations, policymakers, vendors, payers and other stakeholders. NASL and its membership are strong advocates for health IT and electronic health record (EHR) adoption. We are proud to note that our members are involved in Health Information Exchange (HIE) Challenge Grants and NASL members have developed products that have been certified and are listed on ONC's Certified Health IT Product List (CHPL).

Along with the comments below, which NASL submits on behalf of our membership, we wish to call your attention to comments that NASL assisted in preparing and that are submitted by the Long Term & Post-Acute Care (LTPAC) Health IT Collaborative.

## General Comments

NASL appreciates the U.S. Department for Health & Human Services (HHS) and the Office of the National Coordinator for Health Information Technology (ONC) for its leadership in coordinating the national health IT strategy.

We echo the comments submitted by the LTPAC Health IT Collaborative regarding the user-friendly formatting of the *Draft 2016 Interoperability Standards Advisory*. We also agree that the explanation found in the *2015 Advisory* – that it is a tool designed “to prompt focused industry dialogue on areas where disagreement exists regarding the best available standards” and a means for providing “clarity, consistency, and predictability for the public” as to what ONC considers the “best available” standards and implementation specifications for clinical health IT – is important language for inclusion in the *2016 Advisory* as well.

We also request that ONC clarify how the adoption level measures, which appear alongside each of the interoperability standards, are calculated. We understand that the *2016 Advisory* has its roots in the Meaningful Use Program. Because Meaningful Use incentive payments have affected the adoption and use of health IT, we believe it is important to note that discrepancies between incentivized and non-incentivized providers exist.

NASL appreciates the inclusion of “Section I-F: Functional Status/Disability” in the *Advisory’s* list of best available vocabulary, codes sets and terminology standards, and joins ONC in recognizing that measurement of functional status will be increasingly important as we move toward full implementation of the *IMPACT Act*. CMS recently released its final rule that identifies functional status as one of four key quality process measures as required under the *IMPACT Act* with reporting by post-acute providers beginning by October 2016.

Multiple clinicians (*e.g.*, physical therapists, occupational therapists, speech-language pathologists, nurses and other clinicians) assess and treat patients’ functional abilities, each using discipline-specific nomenclature to describe a patient’s condition and functional abilities. NASL and our colleagues at the American Health Care Association worked to develop two patient functional change outcome measures, which were endorsed by the National Quality Forum (NQF) and represent the only nationally recognized standard measures for assessing improvement in self-care and mobility outcomes for patients admitted from a hospital to a skilled nursing facility for therapy services. We would encourage ONC to work with NASL, the therapy disciplines and other stakeholder groups in considering resources for describing and measuring health and disability.

We also note that CMS is mandated by the *IMPACT Act* to utilize standardized patient assessment data among four post-acute care settings. As this is implemented, data regarding patients collected from these four care settings will be standardized so that comparison can occur across settings. CMS/ONC will be releasing the CARE (Continuity, Assessment, Record and Evaluation) Item Data

Element Library to inform this category of data. Content/vocabulary and exchange standards (and related tools) have been developed in the LTPAC sector to support the exchange and reuse of assessment data to support coordination and transitions of care. We encourage ONC to work with NASL and other stakeholders in building on those efforts to further available content and exchange standards.

Finally, as standards and technologies continue to evolve, and as technology becomes more integral to federal health policy, we ask that ONC and other federal agencies be mindful of how federal policymaking affects both innovation and business operations. We reiterate our previous comments and invite ONC to consider tapping into the considerable expertise that LTPAC providers and vendors have with regard to coordination of care and longitudinal care as we transition away from the confines of setting-specific models and toward a more collaborative, patient-and-family-centric approach to healthcare delivery. NASL stands ready to work with ONC and HHS to support all the ways that health IT can improve care quality for those in our care.

Sincerely,

A handwritten signature in black ink that reads "Cynthia Morton". The signature is written in a cursive style with a large initial "C".

Cynthia Morton, MPA  
Executive Vice President