

The 2015 Edition final rule, published by the Office of the National Coordinator for Health Information Technology (ONC), updates the ONC Health IT Certification Program to continue to support the EHR Incentive Programs and to make it more open and accessible to other types of health IT and settings beyond the EHR Incentive Programs, such as long-term and post-acute care (LTPAC), behavioral health, and pediatric settings. These modifications also are designed to support use of the ONC Health IT Certification Program by other HHS programs and by private entities and associations.

The 2015 Edition final rule is a critical step forward in addressing health disparities and to achieving the overarching goals of better care, smarter spending, and healthier people. The 2015 Edition final rule includes certification criteria that support the capture of patient health information with more granularity that can help providers identify opportunities for care improvement for the patient populations that they serve. Additionally, it contains functionality to support: the standardized exchange of sensitive health information; filtering of clinical quality measure data to identify health disparities; and the capture of health information from patients.

Below, we have highlighted several of these criteria. We encourage stakeholders to review all available criteria to determine the criteria that best suit their needs.

- **Granular capture of race and ethnicity** – This criterion requires that a Health IT Module be able to record, change, and access a patient’s race and ethnicity according to both the OMB and the CDC Race and Ethnicity data standards. The CDC Race and Ethnicity standards include over 900 concepts for representing race and ethnicity. The structured, granular recording of race and ethnicity can both improve patient care and support health disparity reduction. The criterion also requires a Health IT Module to be able to record multiple races and/or ethnicities for a patient.

- **Social, psychological and behavioral data** – This certification criterion enables a user to record, change, and access a patient’s social, psychological, and behavioral information,
including patient data on financial resource strain, education, stress, depression, physical activity, alcohol use, social connection and isolation, and exposure to violence (i.e., intimate partner violence). These data have use cases beyond the EHR Incentive Programs, including supporting the precision medicine initiative and delivery system reform. This criterion also supports the ONC Interoperability Roadmap, which calls for the incorporation of increased information into the health care process for care coordination and a more complete view of health, including social supports and community resources.

- **Sexual orientation/gender identity (SOGI)** – When a patient chooses to self-identify their sexual orientation and/or gender identity, a Health IT Module certified to the “demographics” certification criterion could support the capture of this information using vocabulary standards.

- **Exchange of sensitive health information: Data Segmentation for Privacy (DS4P)** – The DS4P standard allows for the exchange of sensitive health information (e.g., behavioral health, substance abuse, and genetic information), in accordance with federal and state privacy laws, for improved coordination and efficiency of care across the continuum. A Health IT Module will have to support document-level tagging to be certified to the adopted certification criteria. This supports our goal of ensuring that there is a glide path to increasing options to safeguard patient data.

This standard addresses health disparities by supporting the needs of patients in particularly vulnerable populations (e.g., such as teenagers, victims of intimate partner violence, and patients with behavioral health or substance abuse conditions) whose data, may by law, require additional privacy protections. With DS4P, those privacy protections can be reflected in the data itself, allowing it to be used electronically; previously, this data was kept out of the electronic data and therefore may have been unavailable for patient care for these vulnerable populations.
The two certification criteria that incorporate the DS4P standard are:

- **DS4P send** – This criterion enables a user to create a summary record formatted in accordance with the DS4P standard that is document-level tagged as restricted and subject to restrictions on redisclosure.

- **DS4P receive** – This criterion enables a user to receive a summary record that has been tagged with document-level tags using the DS4P standard. Additionally, a user will be allowed to sequester the document from other documents received and view the restricted document.

- **Filtering of clinical quality measures (CQMs)** – This functionality will allow a provider to make a query for eCQM results using one or a combination of data captured by the certified health IT for quality improvement and quality reporting purposes. It can also aid in the identification of health disparities, enable care quality improvement, and support providers in delivering more effective care to their patient populations. This certification criterion requires a Health IT Module to be able to record data (according to specified standards, where applicable) and filter CQM results at both patient and aggregate levels. These filters include, but are not limited to, practice site address, patient age, patient sex, and patient problem list.

- **Patient health information capture** – This certification criterion supports addressing health disparities in populations that are less likely to execute healthcare planning documents or provide health information to providers. This criterion allows health IT developers to develop innovative and efficient ways to support provider acceptance of health information from patients. A Health IT Module certified to this certification criterion will enable a user to identify, record, and access information directly and electronically shared by a patient (or authorized representative).

- **Accessibility of health IT** – This criterion increases transparency around the application of user-centered design standards for accessibility to health IT and the compliance of health IT with accessibility laws. This transparency will benefit health care providers, consumers, and other stakeholders and could lead to improved usability for health care providers with disabilities and health care outcomes for patients with disabilities.