Home Care Technology Association of America

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December 12, 2013

Mr. Larry Wolf, Co-Chair, Kindred Healthcare

Mr. Marc Probst, Co-Chair, Intermountain Healthcare

HIT Policy Committee Certification/Adoption Workgroup

Office of the National Coordinator for Health Information Technology

Hubert H. Humphrey Building

200 Independence Avenue, SW

Washington, DC 20201

RE: Voluntary Long-Term Post-Acute Care (LTPAC) Electronic Health Record (EHR) Certification Program

Dear Mr. Wolf and Mr. Probst:

On behalf of the National Association for Home Care & Hospice (NAHC) and its affiliated Home Care Technology Association of America (HCTAA), we are writing to you to provide public comments for your consideration as you develop recommendations to the HIT Policy Committee for a voluntary LTPAC Electronic Health Record (EHR) Certification program.

We appreciate this opportunity to provide comments to the Certification/Adoption Workgroup with regard to the consideration of a voluntary certification program and hope that these constructive comments along with previous comments that NAHC/HCTAA have submitted to the Office of the National Coordinator (RIN 0991-AB82 – Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, May 7, 2012) factor into your consideration.

We thought it would be appropriate to provide you with background on the adoption and certification of electronic health records in home care and hospice so that you can understand the progress that we have made to date.

<u>Adoption of Electronic Health Records in Home Care:</u>

Use of electric health records by home care providers is unique, in that, our adoption rates before the establishment of the Health Information Technology for Economic and Clinical Health (HITECH) Act far

exceeded other providers. For example, in 2007, 43% of US home health agencies reported use of an EMR system[1]. A more recent survey[2] conducted by a consulting firm provides additional insight into more recent trends in the home health setting. More than 58% of agencies surveyed in that report had EMR in place. Therefore, home care because of its unique care coordinated service delivery model has maintained considerably higher adoption rates then both providers included in LTPAC settings and also by physicians. Because a certification program for LTPAC didn't exist prior to 2010 we feel that adoption has been driven by strong business drivers and not because of certification. In fact, the correlation between certification and adoption has yet to be determined.

History of Certification of Electronic Health Records in Home Care:

Home care providers have also sought to maintain parody with the standards adopted for use in the Meaningful Use (MU) EHR Incentive program by establishing our own private 2011 LTPAC EHR certification program with the Certification Commission for Health Information Technology (CCHIT). However, this certification is not equivalent to the ONC-ATCB program that CCHIT maintains with ONC. In addition to the CCHIT (LTPAC) 2011 EHR certification program, companies may also choose to test against any or all of the separate ONC-ACTB 2011/2012 criteria and receive a modular LTPAC certification but this designation has also not generated enough support to provide viable certified products for use in home care. Unfortunately, of the number of EMR vendors that provide products to home health providers only a few have sought certification in either program. As stated in our May 2012 comments, the largest challenge in keeping the home care CCHIT EHR certification program viable will be keeping the alignment of standards of information exchange congruent so that products can be re-certified under uniform "new editions" to remain interoperable with EHR products certified by ONC. Currently, there are no plans to update the 2011 LTPAC EHR certification program and this work is awaiting any action by the HIT Policy Committee and ONC. Lastly, hospice providers, who were not included in the development of the 2011 LTPAC EHR certification program, will need their own certified EHR products that are unique to their service delivery model.

Mandates for the Use of Certified Electronic Health Records:

Although the ONC EHR Incentive program is not available to home health care or hospice providers there has been some "creep" of standards and EHR certification requirements from the MU EHR Incentive program that may affect the conditions of participation of home health providers. Currently, mandates for the use of certified EHR technologies are being tied to both programs established by the Affordable Care Act (ACA) and through conditions of participation in the states (e.g. Minnesota's 2015 Interoperable Electronic Health Record Mandate). For example, in Ohio, the conditions for participation for providers in their Health Home Program require the acquisition and use of an electronic health record (EHR) product certified by the ONC, demonstrated use of certified EHR products to support all health home services, and also a requirement for provider participation in their statewide health information exchange (HIE). Minnesota's EHR requirements mandate that all health care providers adopt and use a "certified EHR or a qualified EHR." This mandate references the need for ONC certification per HITECH for the qualification of a "certified EHR."

[1] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2995658/?tool=pubmed

[2] Philips National Study on the future of technology and telehealth in home care, 2008. http://dms.dartmouth.edu/nhtp/pdf/phillips_home_care.pdf (accessed May 2010).

Since home health agencies are not eligible professionals under ONC EHR Incentive program they would fall under the "qualified EHR" requirements which contain fairly robust functionality and transmission requirements (e.g. support clinical decision support, physician order entry (CPOE), capture and query information relevant to health care quality, and exchange electronic health information with and integrate information [send and receive] from other sources). Unfortunately, because these requirements were mandated for use by all providers they are too extensive and might not currently be supported in all settings. However, these minimum EHR standards would have to be met to deliver home care in the state by January 1, 2015 even though there will be no third party certification of these products available for home health care or EHR standards developed for LTPAC available in coordination with this mandate that contains a thoughtful analysis of what functions and standards should be supported. For further information their guidance is available http://www.health.state.mn.us/e-health/hitimp/2015mandateguidance.pdf.

There is also a need to address this discontinuity between the functionality selected for core EHR requirements. ONC should address the need to aggregate "certified EHR" mandates and ensure that the development of a new LTPAC certification program would meet both federal and state standards for certified EHRs. Meeting regulatory requirements for the use of certified EHR technology could also encourage the exchange of health information by "non-incentivized" providers. One positive outcome from the proposed development of a voluntary EHR certification for home care could be that upward pressure for the use of certified technologies could also be addressed. However, mandates for the use of "certified EHRs" by health care providers will remain untenable if the states and other programs developed for use by the ACA continue to establish EHR requirements that are fragmented. Therefore, if a "core EHR standard" is developed then this standard should meet requirements for "certified EHR" technologies for the purpose of conditions of participation as a health care provider and also for participation in new models of care (e.g. ACOs, Medical Homes, etc.).

Alignment with Meaningful Use Functionality and Standards:

The standards that could support the development of a "core EHR standard" in home health (e.g. Consolidated CDA architecture) could better align home care EHR products with 2014 ONC Certification Criterion that will also be supported in MU3. However, further analysis of the functionality of home health products would have to be taken into consideration for the development of an updated certification program that would support the core business drivers for the adoption and use of EHRs. Without the analysis of the necessity or congruency of home care EHR product functionality, it is a concern that a "core EHR standard" might be too impracticable and also add unnecessarily to the cost of EHR products in order to meet the demands of certification. This analysis of home health care data requirements should include not only the functional requirements but also consider the value of supporting transmission standards and other standards (e.g. SNOMED, LOINC, RxNorm etc.) to support interoperable health information exchange. Any relevant standard supported in Meaningful Use that would be relevant to the practice of home care could be considered for the development of a core standard but there are standard of practice in home health that should also be supported by Meaningful Use standards. Also, there is also cost associated with the support of these standards that could be mitigated.

We also advocate that ONC consider a more aggressive approach with eligible professionals and hospitals to support the exchange of the summary care record in Meaningful Use. There is a concern that the

requirements for the electronic exchange of summary care record by hospitals and eligible professionals with outside providers is too conservative in the 2014 EHR Criterion (e.g. only 10% of summary care records required to be sent electronically) for Stage 2 Meaningful Use to support the extension of the standard to LTPAC providers. The concern is that use the summary of care record during the transition of care has not penetrated the scope of practice of hospitals and home health agencies to support the business case for home care providers to support this standard as a core function of their EHRs. The functionality to be able to receive the CCD, to reuse relevant data for the completion of their OASIC-C reporting requirements and for the development of the care plan is a complex undertaking to support in home care but would be necessary to improve acute and post-acute care transfers of patients. There is also concern that standards for the electronic transmission of the care plan that are in development through HL7 could be used by home care providers, such as the Home Care Plan of Care (HH-POC) standard, but will not be supported in Meaningful Use as the Care Plan standard by physicians. Therefore, there is a need to increase support of common standards, such as a more dynamic care plan standard, that could be considered for MU3 implementation by ONC given the decision to delay the implementation of stage 3 a year has been made.

Both care transitions and the plan of care are core business processes that would benefit from an electronic exchange between home health care and other providers (e.g. including hospitals and physicians). However, these standards need to be supported on both sides of the EHR equation. If these standards are not supported then a primary opportunity for an exchange of health information between home care agencies, hospitals and physicians will not be leveraged and a core business driver for the adoption of EHRs will be diminished. Therefore, the use of electronic standards in Meaningful Use and by providers across the spectrum of care need to be cross matched for the development of a voluntary certification program.

<u>Recommendations for the Development of a Voluntary Certification Program for Home Care and Hospice:</u>

We agree that the establishment of an ONC voluntary certification program could provide value to home care providers. Value could be derived by establishing level of functionality for a "certified EHR" for the purpose of product selection and by establishing alignment with standards that support security and the interoperable exchange of health information with other providers. Although, we are not confident that a LTPAC EHR certification program alone will completely meet these overarching goals. To provide the most value to home care providers, a voluntary certification program needs to meet a number of factors—especially economic factors and regulatory barriers—in order to be successful. We provide the following synopsis of our recommendations for your consideration categorized under the *Five Factor Framework*:

- *Advancing a National Priority or Legislative Mandate*
    - Support Outcome and Assessment Information Set (OASIC-C) reporting requirements
- *Align with Existing Federal/State Programs*
    - Aligns and meets minimum qualifications for certified EHR technologies for use in states and new models of care (e.g. ACO, Medical Home etc.)
- *Utilize the Existing Technology Pipeline*
    - Supports current functionality of home care EHR products
    - Supports the care transition and home health plan of care data standards; 483 measures identified for the IMPACT project and certified by HL7

- Follows a staged approach to certification so that vendor development work can be managed and mapped to the trajectory of available standards
- Responsive to changes and updates to standards determined viable for care coordination and interoperability
- Identify MU transmission and transport standards that can be supported in home care EHR products and enable the interoperable exchange of health information as well as provide standards of exchange through the HIE and RHIO networks
- Identify MU functional requirements from the 2014 ONC Certification Criterion that will also be supported in MU3 could be supported in home care EHR products that provide for a basic level of security (e.g. 45 CFR §170.314(d)(1) Authentication, Access Control, and Authorization; 45 CFR §170.314(d)(2) Auditable Events and Tamper-Resistance; 45 CFR §170.314(d)(3) Audit Report(s); 45 CFR §170.314(d)(4) Amendments; 45 CFR §170.314(d)(5) Automatic Log-Off; 45 CFR §170.314(d)(6) Emergency Access; 45 CFR §170.314(d)(7) End-User Device Encryption; 45 CFR §170.314(d)(8) Integrity; and 45 CFR §170.314(d)(9) Optional – Accounting of Disclosures) and interoperability (e.g. 45 CFR §170.314(b)(1), 45 CFR §170.314(b)(2) Transitions of Care; 45 CFR §170.314(b)(4) Clinical Information Reconciliation; 45 CFR §170.314(b)(5) Incorporate Laboratory Tests and Values/Results; 45 CFR §170.314 (b)(7) Data Portability; 45 CFR §170.314(c)(1)-(3) Clinical Quality Measures; 45 CFR §170.314(e)(1) View, Download, and Transmit to 3rd Party; and 45 CFR §170.314(e)(2) Clinical Summaries).

- *Build on Existing Stakeholder Support*
  - Both home care providers and their EHR vendor partners perceive HIT standards as valuable to support the electronic exchange of health information and as a necessary improvement the home care delivery model
  - Hospice providers and their EHR vendor partners also perceive HIT standards as valuable to support the electronic exchange of health information and would benefit from a EHR certification program specifically designed for its unique care delivery model
  - Standards used in Meaningful Use such as Consolidated Clinical Document Architecture (CCDA), SNOMED, LOINC and RxNorm should be supported within home care EHR products to help obtain greater parity in the exchange of information
  - There would also be value in an ONC EHR Certification program the meets federal and state requirements for the use of certified EHR technologies
- *Appropriately balances the Cost and Benefits of a Certification Program*
  - Reductions in margins and the proposed rate rebasing in Medicare Home Health Services will continue to diminish the ability of home health agencies to acquire and use EHRs and other technologies such as telehealth and remote patient monitoring
  - A certified EHR product would have to provide home health agencies with an real and immediate return on investment to support their core business functions as well as support data exchange opportunities with hospitals and physicians
  - A program could provide the infrastructure needed for new payment methodologies for home care services which could be coupled to the use of a subset of measures needed to measure value and quality improvements
  - The cost of certification compliance should be considered so that it is not a significant factor in driving up the cost of EHR technologies for home care and hospice providers

- Grant and incentives could be considered to support the adoption and use of certified EHR technologies and also support measures that enable care coordination (e.g. 45 CFR §170.314(b)(1), 45 CFR §170.314(b)(2) Transitions of Care; 45 CFR §170.314 (b)(4) Clinical Information Reconciliation) to gain participation in a certification program and in HIEs
- Testing for a certification program should be validated by a "trusted" third party

We appreciate your time and attention to these comments.

Sincerely,

/signed/

Karen Utterback, McKesson Corporation

HCTAA Chair

Respectfully,

/signed/

Richard D. Brennan, Jr., M.A.

HCTAA Executive Director