



## **Written Testimony**

### **HIT Policy Committee Certification & Adoption Workgroup**

**Submitted January 8, 2014**

The Federation of American Hospitals (“FAH”) is the national representative of investor-owned or managed community hospitals and health systems throughout the United States. Our members include teaching and non-teaching hospitals in urban and rural America, including inpatient rehabilitation (“IRF”), long-term acute care (“LTACH”), and cancer and psychiatric hospitals.

On behalf of our member hospitals, we welcome the opportunity to submit feedback to the HIT Policy Committee’s Certification and Adoption Workgroup on the document titled “Certification Guidance for EHR Technology Developers Serving Health Care Providers Ineligible for Medicare and Medicaid EHR Incentive Payments.” While we understand the Workgroup has been discussing the range of Long-Term and Post-Acute (“LTPAC”) providers, our comments are based on discussions with our IRF and LTACH members.

### **General Comments**

The FAH has long supported the adoption of interoperable health information technology as a tool to improve the quality, safety and efficiency of health care delivered to all patients. We believe strongly that interoperable EHR technology can be the conduit for making the right information available at the right point during a patient’s episode of care, whether in the Emergency Department or upon admission to a post-acute facility. Interoperable EHR technology also can facilitate greater access to critical information for non-clinicians, empowering patients (and their caregivers) to assume a more active role in their healthcare. Broadly, we support the need to establish standards to enable the exchange of information among all EHR users.

The FAH has been, and continues to be, a strong supporter of the HITECH law. Within the context of the EHR Incentive Programs, we support certification to ensure that EHR products brought to market have the technical capabilities to meet both the data collection and data exchange requirements of Meaningful Use. However, as to certification of products for non-incentivized providers, we strongly encourage the Workgroup to consider the following principles:

### ***Remain Voluntary***

LTPAC providers are critical partners in the healthcare continuum and we appreciate the ONC's efforts to assess how the current HITECH certification program could be leveraged to better serve the technology needs of these providers. Our non-incentivized member hospitals believe strongly, to avoid significantly increasing the costs and complexity of EHR adoption that any application of certification to their products only should occur within the context of the established HITECH certification program and must remain voluntary. For non-incentivized hospitals adopting EHR technology through commercial vendors, there is the belief that some value already is being derived from the current certification program.

We urge the Workgroup also to consider non-incentivized providers with self-developed health IT systems. Within these provider organizations it is extremely resource intensive to make system changes without vendor support and there is little financial incentive to replace long-standing systems.

### ***Start Narrow & Build***

We support the stated intent of the guidance to “serve as a building block for federal agencies and stakeholders to use as they work with different communities to achieve interoperable electronic health information exchange.” We believe the narrow focus of certification to enable information exchange that complies with privacy and security requirements is appropriate at this stage for this subset of providers.

Any efforts to expand certification to EHR products for non-incentivized providers should start small, stay focused, and include a thorough evaluation component. It is critical that the ONC develop a thorough feedback loop with LTPAC providers and vendors on their experience with certification. Once there is feedback about what is producing value for LTPAC EHR users and vendors, it is important to build on what's working in a targeted way.

In general, we believe it is critical to avoid requirements that could inadvertently attempt to micro-manage electronic functionality within the four walls of facilities that may serve unique patient populations with unique technology needs. There certainly are concepts within the Meaningful Use framework for eligible providers, such as the “Base EHR,” that could be useful to LTPAC providers for direction-setting and planning, but again we caution against an overly complex approach to voluntary certification for these providers.

### ***Establish Value Proposition for Certification & Consider Other Challenges***

Non-incentivized providers essentially have been pulled into the HITECH framework without the benefit of being eligible to receive incentive payments. In addition, they are being pulled into a market where the presence of incentive funds has significantly increased the cost of EHR adoption. In general, consideration must be given to the value proposition of introducing certification for non-incentivized providers and the impact this could have on the cost and complexity of adoption.

We also encourage the Workgroup to consider other technology challenges facing non-incentivized providers. Like their short stay acute-care partners, most LTPAC providers now are subject to quality reporting requirements enacted as part of the Affordable Care Act. The LTACH and IRF Quality Reporting Programs are in the beginning phases but undoubtedly will expand over time. As these programs expand, it is important to strike a balance between the desire to have consistent measures across care settings to drive alignment and the need for measures that ultimately respect the differences in these settings and the patients they serve.

Our non-incentivized member hospitals believe that quality reporting through EHRs has the potential to reduce burden on providers, improve the quality of the data, and improve access to quality information within institutions. Yet, they too struggle with measures that are not well-specified or derived as part of the care process. Moving forward, building well-specified, fully tested, valid eMeasures for all providers that support quality improvement because they can be collected as part of delivering care should be a primary goal of HHS and measure developers.

### ***Consider Capacity of Certifying Bodies & Vendors***

Currently, there is little incentive for vendors to develop EHR technology outside of the Meaningful Use framework and essentially no incentive for certification bodies to certify anything other than Meaningful Use criteria. We encourage the Workgroup to consider the bandwidth of the current certifying bodies and whether there is capacity in the program to expand certification to additional products. Similarly, we know based on feedback from eligible hospitals that certification to the “2014 Edition” Criteria and software upgrades for Stage 2 Meaningful Use have been a significant hurdle for vendors. Vendor capacity to achieve certification for additional products also must be considered.

This concept of capacity also is important as the Workgroup continues to discuss the prospect of developing “setting-specific” criteria to include in a voluntary certification program for the full range of LTPAC providers. A more focused approach, given bandwidth limitations, could be to begin with development of criteria that are more uniform across LTPAC settings, such as those that address federally mandated clinical assessments.

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We encourage the Workgroup to begin with a focused approach to voluntary certification for LTPAC providers and build on what works. We appreciate the opportunity to share our feedback and look forward to working closely with the Workgroup moving forward as it considers the EHR certification and adoption needs of all providers.