| Complete EHR Definition |
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| MU Objective N/A |
| Preamble FR Citation: 79 FR 10917 | Specific questions in preamble? *Yes* |
| Public Comment Field:  |

| Non-MU EHR Technology Certification  |
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| Preamble FR Citation: 79 FR 10918 | Specific questions in preamble? *Yes* |
| Public Comment Field: It is important to be clear about what is a MU vs. non-MU module.We support the optionality embedded in the requirements that MU and non-MU modules must be certified to either the § 170.315(g)(3) (Safety-enhanced design) and/or (g)(4) (Quality system management). This optionality should be retained.We believe that the ONC CHPL should make it very clear to users which modules are MU and which are non-MU EHR modules.We defer to the C/A WG members who are vendors to comment on the regulatory burden assumptions related to EHR technology developers having to meet the automated numerator and automated measure calculation certification criteria to obtain certification and the burden for small EHR technology developers that design EHR technology for non-MU purposes and settings.At this time, we do not believe it is possible comment on the cost impact of technology on health care providers using EHR technology for non-MU purposes and settings. Generally, we believe that removing the automated numerator and automated measure calculation certification criteria could simplify the technology, simplify the user experience, and reduce cost.Yes, EHR technology developers should inform ONC-ACBs as to the type of EHR Module certification they seek (i.e., MU or non-MU). The CHPL should clearly indicate (by check box, for example) whether the module is MU or non-MU certified. In response to the last question, at this time we think it would be premature to indicate and list the availability of MU EHR modules for use beyond MU purposes.  |

| ONC Certification Mark (§ 170.523(k)(1)) |
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| Preamble FR Citation: 79 FR 10921 | Specific questions in preamble? *No* |
| Public Comment Field:  |

| Certification Packages for EHR Modules |
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| Preamble FR Citation: 79 FR 10921 | Specific questions in preamble? *Yes* |
| Public Comment Field:  |
| Public Comment Field: EHRs are a type of HIT. We recommend against using the name “HIT modules” as a category. Instead, we recommend using the following as a category name: “Non-EHR HIT Module” to differentiate these modules from EHR modules. Further, we recommend that when ONC establishes a certification program/criteria for Non-EHR HIT modules that ONC would name the particular program (e.g., the HISP Certification Module). As a technical comment, this section is entitled, “Specific Types of Health Care Settings.” However, neither “Children’s EHR Format” nor “Practice Transformation” represents a particular setting. Perhaps a more appropriate and encompassing way to refer to the certification activities described in this section would be “Extending HIT Certification Programs and Capabilities to Other Settings and Activities.” We support the initial focus on LTPAC and BH providers/ settings. Additional settings/services for which certification may be appropriate in the future include: lab, pharmacy, and ambulance systems; and patient generated data systems; and other emerging technologies to accelerate HIE and support quality of care (e.g., telehealth, medical device data, etc.) As a technical comment, we recommend adding and emphasizing the following text: “To fully support comprehensive care across the service delivery continuum, including primary and specialty care toward the aim of better care…” The intent is to make it clear that we are focused on care across the continuum, not just on care provided by physicians.We recommend that the following text be added and emphasized: “… that focuses on advanced care coordination features to allow for the creation and exchange of a care plan by an interdisciplinary team (including the patient), and/or integrate a patient’s care plan into visit screens and other screens such that the patient…” The intent is to stress the importance of the care plan. |