

## A. Voluntary EHR Certification - General Questions

### Appropriateness of the Proposed Certification Criteria

#### Stakeholder Questions

- (1) Do the proposed certification criteria appropriately address the needs of LTPAC/BH settings?
- (2) Is there additional EHR functionality missing from our proposals that should be considered?

**Public Comment Field:** I think the proposed criteria are a very good start.

### Overall Approach to Certification

#### Stakeholder Questions

- (1) Is the modular format helpful in addressing the needs of the diverse provider types included in the LTPAC/BH settings? Note: The modular format would allow a vendor to certify to modules that cover specific provider needs, such as a Transitions of Care Module or a Labs Module.
- (2) Are the standards associated with the proposed certification criteria mature?

**Public Comment Field:** I think there would be no difference for LTPAC/BH providers from medical providers regarding modularity. These standards appear to be getting more mature as time goes on.

## B. Proposed Voluntary Certification Criteria for All Providers

\* The All Providers category refers to certification criteria the workgroup has identified as being applicable to all provider types (e.g., hospitals, primary care, specialists, LTPAC and BH). Please note that unless otherwise noted all references are sections of Title 42 of the Code of Federal Regulations.

### Transitions of Care

**The recommendations on Transitions of Care have been approved by the HITPC. Your feedback is requested to better understand effective ways to encourage implementation and adoption of the recommendation.**

#### Final EHR Certification Criteria

- (1) Support the ability to receive, display, incorporate, create and transmit summary care records with a common data set in accordance with the Consolidated Clinical Document Architecture (CCDA) standard and using ONC specified transport specifications. The Certification Criteria are the same as the MU Certification Criteria (currently the 2014 Edition) and will remain aligned as those criteria are updated over time.

**Note: Though not addressed in the above criteria, the Certification and Adoption workgroup also would be interested in learning about your experiences testing the [emerging HL7 Transitions of Care and Care Planning Standards](#) if you are currently using the standard. Access to the standard requires the creation of a HL7 account.**

#### Reference

- (1) Transitions of care: §170.314(b)(1) - receive, display, and incorporate transition of care/referral summaries; and §170.314(b)(2) – create and transmit transition of care/referral summaries.

**Public Comment Field:** Our community is currently testing the exchange of CCDs. We are finding that many existing EMRs are having trouble with consuming outside CCDs. Our community feels very strongly that this capability is key, and we are disappointed that existing EMRs are not more functional.

## Privacy and Security

The recommendations on Privacy and Security have been approved by the HITPC. Your feedback is requested to better understand effective ways to encourage implementation and adoption of the recommendation.

### Final EHR Certification Criteria

- (1) Authentication, Access Control, and Authorization
- (2) Auditable Events and Tamper-Resistance
- (3) Audit Report(s)
- (4) Amendments
- (5) Automatic Log-Off
- (6) Emergency Access
- (7) End-User Device Encryption
- (8) Integrity
- (9) Optional: Accounting of Disclosures

### References

- (1)-(9) Privacy and security - § 170.314(d)(1) - § 170.314(d)(8)

**Public Comment Field:** Having firm standards would be great. Accounting for disclosures would be very useful too. Just having the option may make providers take it more seriously, since inadvertent disclosures are inevitable.

## Data Segmentation / Consent Management

### Proposed Voluntary EHR Certification Criteria

The Certification and Adoption Workgroup requested that the HITPC Privacy and Security Tiger Team examine and provide recommendations to the HITPC regarding data segmentation for privacy (DS4P) voluntary certification criteria for ALL providers.

- The Privacy and Security Tiger Team provided an update on this criteria at the [May 6th HITPC meeting](#) and further discussion is planned for the [May 12th](#) and [May 27th](#) Privacy and Security Tiger Team call.
- The Privacy and Security Tiger Team plans to provide their final recommendations on this **voluntary** certification criteria at the [June HITPC Meeting](#).
- There will be an opportunity for public comment during each of the meetings/calls.

All comments on the criteria will be transferred to the Privacy and Security Tiger Team for their consideration.

**General Public Comment Field:** It is very important for behavioral health-care providers to be able to mark every individual document as requiring specific consent or not. Having the ability to mark an entire chart private is usually the only option, if there is even one, but this is a huge barrier to care coordination. Consent in opt-in states is very close to that required by substance abuse legislation, is document-level consent should be applied to all providers.

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Provider Level of Effort Comments:

Developer Level of Effort Comments:

Standards Maturity Public Comments:

## C. Proposed Certification Criteria for LTPAC Providers Only

### LTPAC Patient Assessments

#### Proposed EHR Certification Criteria

- (1) Support the ability to create, maintain, and transmit (in accordance with CMS requirements) assessment instruments and data sets for LTPAC: MDS 3.0 (Nursing Homes), OASIS-C (Home Health), IRF-PAI (Inpatient Rehabilitation Facility), CARE subset (for Long Term Care Hospital), and a Hospice Item Set.
- (2) Support the use of accepted vocabulary standards to enable the reuse of assessment data for various clinical purposes and administrative purposes.
- (3) Support the ability of the provider or a designated third party to create and exchange interoperable LTPAC Assessment Summary CDA documents

#### Proposed for Future Work

- (1) CMS should harmonize federal content and format for patient assessments with ONC specified EHR standards (e.g., consistent standards on demographics).
- (2) CMS should make a data element library publically available and link content to nationally accepted standards.

**Data Portability**

**Proposed EHR Certification Criteria**

- (1) Data portability. Support the ability to electronically create a set of export summaries on all patients, formatted in accordance with the CCDA.

**Reference:**

- (1) Data portability - § 170.314(b)(7)

**General Public Comment Field:**

In our experience, many EMRs cannot consume CCDs now. This functionality seems to have been an afterthought, or testing was not performed. CCDs must be fixed before CDAs can be attempted.

**Provider Level of Effort Comments:**

**Developer Level of Effort Comments:**

**Standards Maturity Public Comments:**