

Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT



Certification & Adoption Workgroup Recommendations on LTPAC/BH EHR Certification

Larry Wolf, chair

Marc Probst, co-chair

March 11, 2014

Certification and Adoption Workgroup



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Member	Organization
Marc Probst, Co-Chair	Intermountain Healthcare
Larry Wolf, Co-Chair	Kindred Healthcare
Joan Ash	Oregon Health & Science University
John Derr	Golden Living, LLC
Carl Dvorak	Epic Systems Corporation
Paul Egberman	Businessman/Entrepreneur
Joseph Heyman	Whittier IPA
George Hripcsak	Columbia University
Stanley Huff	Intermountain Healthcare
Elizabeth Johnson	Tenet Healthcare Corporation
Charles Kennedy	Aetna
Michael Lardiere	National Council for Community Behavioral Healthcare
Donald Rucker	Siemens Corp.
Paul Tang	Palo Alto Medical Foundation
Micky Tripathi	MA eHealth Collaborative
Maureen Boyle, ex officio	Substance Abuse and Mental Health Services Administration (SAMHSA)
Jennie Harvell, ex officio	Office of the Assistant Secretary for Planning and Evaluation (ASPE)



- Recommend a process for prioritizing health IT capabilities for EHR certification that would improve interoperability across a greater number of care settings
- Recommendations shall take into account previously adopted ONC certification criteria and standards and identify the key health IT capabilities needed in care settings by providers who are ineligible to receive EHR incentive payments under the HITECH Act



Complete



Step 1: Draft a process that could be used to identify and prioritize certification criteria for health IT that is used by providers outside of the Meaningful Use Program and for which an ONC certification program would be helpful.

Complete



Step 2: Recommend a specific application of this process for EHRs used in long-term/post-acute care (LTPAC) and behavioral health (BH) settings.



- Recommendation for Step 1 of Charge:
Five Factor Framework
- Health IT Landscape for the LTPAC and BH
Settings
- Certification Criteria Principles
- Recommendation for Step 2 of Charge:
Criteria for LTPAC and BH EHR Certification



Recommendation for Step 1: The Five Factor Framework

Step One Recommendation: Five Factor Framework



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When evaluating whether to establish a new certification program, ONC should consider whether the proposed certification program would:



- **Advance a National Priority or Legislative Mandate:** Is there a compelling reason, such as a National Quality Strategy Priority, that the proposed ONC certification program would advance?




- **Align with Existing Federal/State Programs:** Would the proposed ONC certification program align with federal/state programs?



- **Utilize the existing technology pipeline:** Are there industry-developed health IT standards and/or functionalities in existence that would support the proposed ONC certification program?



- **Build on existing stakeholder support:** Does stakeholder buy-in exist to support the proposed ONC certification program?



- **Appropriately balance the costs and benefits of a certification program:** Is certification the best available option? Considerations should include financial and non-financial costs and benefits.

5 Factor Framework

Application to LTPAC and BH



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LTPAC

Behavioral Health

Advance a National Priority or Legislative Mandate

- National Quality Strategy:
 - ✓ Safer care
 - ✓ Communication and coordination of care.
 - ✓ Affordable, quality care
- Health Care Improvement

- National Quality Strategy
- National Behavioral Health Quality Framework
- Health Care Improvement

Align with Existing Federal/State Programs

- ACOs
- Bundled payment models
- State Innovations Models (SIM)
- Hospital Readmission Reduction Program
- PCMH etc.

- Standardized screening and assessment tools
- Foundation for using the EHR transport standards for federal and state reporting
- Quality measurement program standards

Utilize the existing technology pipeline

- Use of existing certification processes
- Use of existing and emerging standards
- Re-use of and alignment with current MU certification criteria
- Private sector efforts regarding LTPAC EHR functional requirements and certification have not been updated and are not aligned with requirements in the 2014 Edition
- Private sector efforts typically do not identify specific HIT standards in their conformance criteria

- Use of existing certification processes
- Use of existing and emerging standards
- Re-use of and alignment with current MU certification criteria
- Private sector efforts regarding BH EHR functional requirements and certification have not been updated and are not aligned with requirements in the 2014 ONC Ed.
- Private sector efforts typically do not identify specific HIT standards in their conformance criteria

5 Factor Framework

Application to LTPAC and BH, con't.



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LTPAC

Behavioral Health

Build on Existing Stakeholder Support

In response to the HHS Request for Information (RFI) on Accelerating HIE, LTPAC stakeholders supported:

- Aligning the HIT/HIE infrastructure across the care continuum
- Extending the HIT/HIE infrastructure to include standards needed in LTPAC

In response to the HHS Request for Information (RFI) on Accelerating HIE, BH stakeholders expressed strong support for:

- An EHR certification program for BH
- Developing standards to address compliance with federal and state privacy requirements including 42 CFR Part 2

Appropriately balance the costs and benefits of a certification program

- Number of EHR products that support needed standards and functionality could increase
- Number of EHR products available to support interoperable HIE across the continuum could increase
- Integrity of the system and of privacy and security data could be ensured
- Could reduce provider uncertainty and confusion regarding EHR acquisition decisions
- Burden on vendors and providers
- Limited funding

- Number of EHR products that support needed standards and functionality could increase
- Number of EHR products available to support interoperable HIE across the continuum could increase
- Integrity of the system and privacy and security data could be ensured
- Could reduce provider uncertainty and confusion regarding EHR acquisition decisions
- Burden on vendors and providers
- Limited funding



Current State: Health IT Landscape for the LTPAC and BH Settings

EHR Adoption Rates for LTPAC Providers



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EHR Adoption Rates for LTPAC Providers		
LTPAC Provider Type	Use an EHR?	Adoption Rates of Uncertified EHRs (functionality covered by these systems varies widely)
Long-Term & Post-Acute Care		
Home Health Agencies (HHAs)	Yes	43% ^a
Hospice	Yes	43% ^a
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)		Unknown
Long-Term Care Hospitals (LTCHs)	Yes	6% ^b
Nursing Homes (SNFs/NFs)	Yes	43% ^c
Inpatient Rehabilitation Facilities/Units	Yes	4% ^b

LTPAC Providers



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A mix of inpatient (including specialty hospitals) and home and community-based providers who provide care for short or long durations, as part of interdisciplinary teams. Team members may be co-located or remote.

Inpatient Providers	Home/Community-Based Providers
Nursing homes (SNF/NF)	-Home health agencies (HHA)
Long-term care hospitals (LTCHs)	-Other Home and Community-Based (HCBS) Providers
Inpatient rehabilitation facilities (IRFs)	(Note: Not included in Other Provider Study)
Intermediate care facilities for persons with intellectual disabilities (ICF/IID)	
Hospice providers	



- ***ONC 2011 certification:***
 - A total of 11 products, from 9 vendors, have been certified to the ONC 2011 criteria
 - 3 products, from 3 vendors, were certified for the ambulatory practice setting
 - 8 products, from 8 vendors, were certified for the in-patient practice setting
 - 3 products, from 2 vendors, have been certified as “Complete EHRs”
 - 8 products, from 7 vendors, have been certified as “Modular EHRs”



- ***ONC 2014 certification:***

- A total of 8 products, from 3 vendors, are certified to ONC 2014 criteria
 - 4 products, from 2 vendors, are certified for the ambulatory practice setting
 - 4 products, from 2 vendors, are certified for the in-patient practice setting
 - 2 products, from 1 vendor, are certified as “Complete EHRs”
 - 6 products, from 3 vendors, are certified as “Modular EHRs”
 - 1 product is certified on the 2014 ONC Ed. Modules: Authentication/Access Control/Authorization; Automatic log-off; Emergency access; Integrity; and Quality Management System
 - 1 product is certified on the 2014 ONC Ed. Modules: CPOE; Medication List; Medication Allergy List; Automated Numerator Record; Safety-Enhanced Design; and Quality Management System
 - 4 other products (offered by 1 vendor) are certified on between 13 – 39 Modules from the 2014 ONC Ed.

EHR Adoption Rates for Behavioral Health Providers



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EHR Adoption Rates for BH Providers		
Behavioral Health Provider Type	Use an EHR?	Adoption Rates of Uncertified EHRs (functionality covered by these systems varies widely)
Behavioral Health		
Clinical Social Workers	Yes	Unknown
Community Mental Health Centers	Yes	21% adopted some form of EHRs at all sites, 65% adopted some form of EHRs at some sites, 2% report adopting a base EHR that can meet Meaningful Used
Psychiatric Hospitals/Units	Yes	2% ^b
Clinical Psychologists	Yes	Unknown
Residential Treatment Centers (Mental Health and/or Substance Abuse)	Yes	Unknown



- Eligible providers:
 - Psychiatrists
 - Psychiatric nurse practitioners (only under Medicaid)
- Ineligible providers:

Inpatient	Ambulatory
<ul style="list-style-type: none">▪ Psychiatric hospital/unit (including substance abuse)▪ Residential treatment centers for mental health and/or substance abuse	<ul style="list-style-type: none">▪ Clinical psychologist▪ Clinical social worker▪ Licensed therapists and counselors▪ Community mental health center▪ Opioid treatment programs▪ Marriage and Family Therapists▪ Substance use counselors



Panel 1: Clinical Perspective

- Shelly Spiro, Pharmacy HIT Collaborative
- Steve Handler, University of Pittsburgh
- Brian Yeaman, NRHS Findlay Family Medicine
- Nimalie Stone, CDC

Panel 2: Clinical Perspective

- Terry O'Malley, Partners HealthCare
- Laura Tubbs, Southwest LTC Management Services
- Lauri Harris, Avalon Healthcare

Panel 3: Provider Perspective

- Lisa Harvey McPherson, Eastern Maine Homecare
- Steve Chies, Benedictine Health System
- Scott Ranson, Brookdale Living
- Terry Leonard, Life Care Centers of America

Panel 4: Vendor Perspective

- John Damgaard, MDI Achieve
- Doc DeVore, Answers on Demand
- Karen Utterback, McKesson
- Cheryl Hertel, Cerner

Panel 5: Regulatory / Quality Improvement Perspective

- Karen Tritz, CMS
- Stella Mandl, CMS
- Crystal Kallem, Lantana Group
- Darrell Shreve, Aging Services of Minnesota

Panel 6: Patient and Caregiver Perspective

- Leslie Kelly Hall, Healthwise
- Sandy Atkins, Partners in Care Foundation
- Joanne Lynn, Altarum

Panel 1: Patient Perspective

- *Dr. Daniel Fisher, Mental Health America*

Panel 2: BH Provider Perspective

- *Dr. Lori Simon, American Psychiatric Association*
- *Dr. Stacey Larson, American Psychological Association*
- *Roger D. Smith, Amer. Assoc. for Marriage & Family Tx*
- *Michael Alonso, Seneca Family of Agencies*

Panel 3: BH Provider Perspective cont.

- *Paul McLaughlin, American Association for the Treatment of Opioid Dependence*
- *Dr. Richard Rosenthal, American Academy of Addiction Psychiatry*
- *Dr. David Gastfriend, American Society of Addiction Medicine*
- *Mohini Venkatesh, National Council for Behavioral Health*

Panel 4: Vendor Perspective

- *Melinda Wagner, Cerner*
- *Kevin Scalia, NetSmart Technologies, Inc.*
- *Paul LeBeau, SMART Management, Inc.*
- *Dr. Katherine Peres, Synergistic Office Solutions, Inc.*
- *Joe Viger, Software and Technology Vendors' Association*

Panel 5: HIE Perspective

- *Wende Baker, Electronic Behavioral Health Information Network (eBHIN)*
- *Dr. Laura Mccrary, Kansas Health Information Network (KHIN)*
- *Charlie Hewitt, Rhode Island Quality Institute (RIQI)*

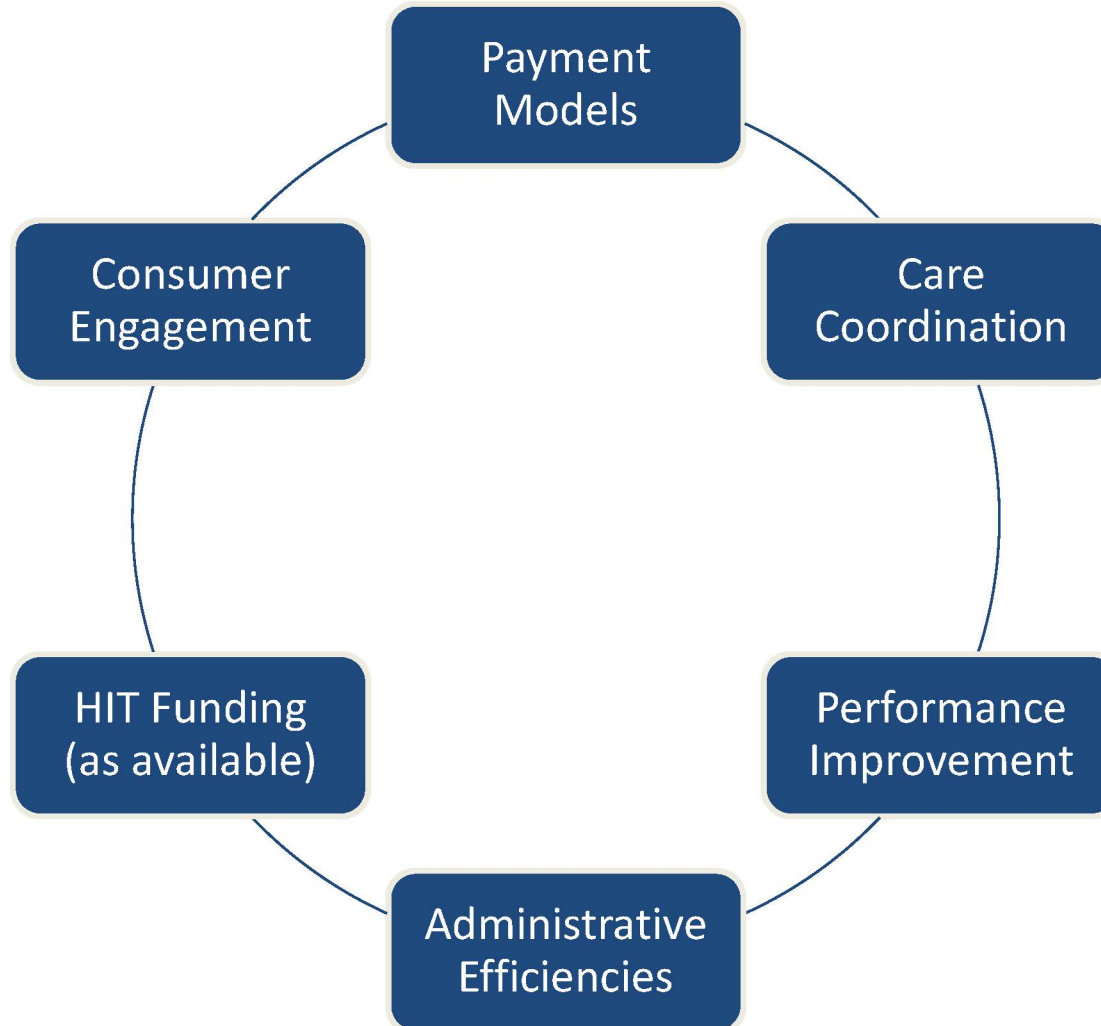
Panel 6: Regulatory / Quality Improvement Perspective

- *David Lloyd, MTM Services*
- *Justin Harding, National Association of State Mental Health Program Directors*
- *Rick Harwood, National Association of State Alcohol & Drug Abuse Directors*
- *Tim Knettlar, National Research Institute*

What is Driving LTPAC and BH Adoption of Health IT



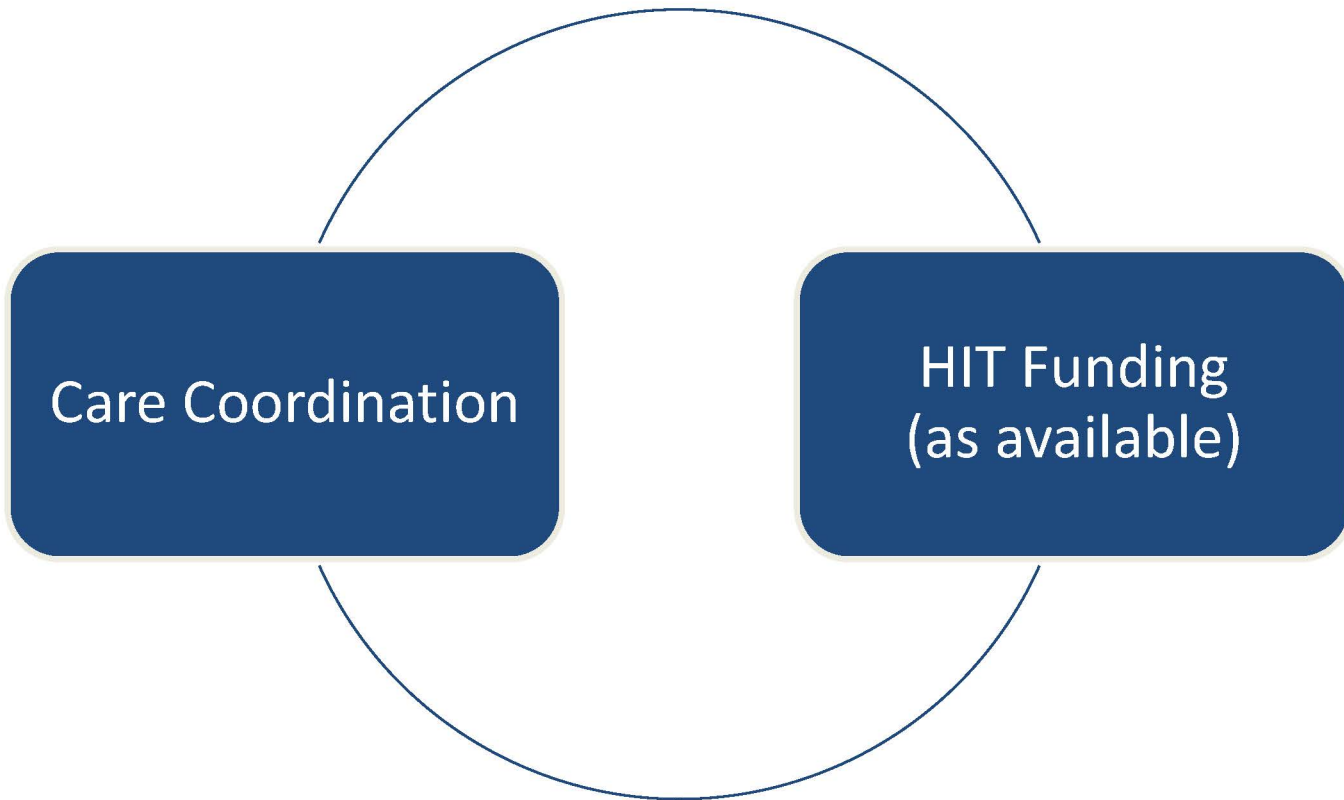
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What is Driving LTPAC and BH Certification of Health IT



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Certification Criteria Principles

- Leverage the existing certification program
- Voluntary
- Modular
- Interoperability (exchange and use across organizations)
- Privacy and Security (with enhancements)
- Setting-specific needs
(assessments, code sets, group documentation)
- Alignment across state and federal programs
- Minimum burden
- Limited funding
- Very heterogeneous provider group

Organizing Principles for Recommendations



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For ALL Providers

- Transition of Care
- Privacy and Security
- Enhancements to Privacy and Security

LTPAC Setting-Specific

- Patient Assessments
- Survey and Certification

BH Setting-Specific

- Patient Assessments
- Consent Management (included under Enhancements to Privacy and Security)

For some LTPAC and BH Providers

- Clinical Reconciliation
- Clinical Health Information
- Labs/Imaging
- Medication-related
- CPOE
- Clinical Decision Support
- Quality Measures
- Patient Engagement
- Advanced Care Planning
- Data Portability
- Public Health - Transmission to Immunization Registries



Current State



Eligible
Hospital

Eligible
Professional

Goal: All-Provider Criteria

Eligible Hospital

Behavioral
Health

Eligible
Professional

Long-Term/Post-Acute
Care



Recommendations for ALL Providers

Transitions of Care

- 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.
(reference: §170.314(b)(1) , 45 CFR §170.314(b)(2))
- **NEW** In addition, if approved by HHS for MU, support the inclusion of emerging TOC and care planning standards being reconciled as part of Aug. HL7 CCDA ballot. [MUWG-identified MU 3 criteria].

Privacy and Security

- Support existing ONC-certified Privacy and Security requirements:
 - § 170.314(d)(1) - Authentication, Access Control, and Authorization
 - § 170.314(d)(2) - Auditable Events and Tamper-Resistance
 - § 170.314(d)(3) - Audit Report(s)
 - § 170.314(d)(4) - Amendments
 - § 170.314(d)(5) - Automatic Log-Off
 - § 170.314(d)(6) - Emergency Access
 - § 170.314(d)(7) - End-User Device Encryption
 - § 170.314(d)(8) - Integrity
 - § 170.314(d)(9) – Optional: Accounting of Disclosures
- HHS should support educational awareness initiatives for LTPAC/BH providers, incl. how certification supports the technological requirements of HIPAA, however, compliance with HIPAA requires actions that extend beyond the ONC-certified privacy and security criteria.



Enhancements to Privacy and Security

C/A WG requests that the P&S TT examine the proposed areas for certification for ALL providers (MU and non-MU) and provide recommendations to the HITPC.

- Use of the HL7 privacy and security classification system standards to tag records to communicate privacy related obligations with the receiver.
- Standards for controlling re-disclosure of protected data
- ONC should consider supporting equivalent functionality in MU 3 for standards for communicating privacy policies and controlling re-disclosure of protected data.
- Developing consensus on standards for consent management functionality needed by providers, organizations (e.g. HIEs) to comply with diverse federal and state confidentiality laws , including the Data Segmentation for Privacy Standard

Future work: Incorporate granular data segmentation when such standards are available.



LTPAC Setting Specific Criteria

- Patient Assessments
- Survey and Certification

BH Setting Specific Criteria

- Patient Assessments
- Consent Management (included under Enhancements to Privacy and Security)



LTPAC Patient Assessments

- **NEW** 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.
- **NEW** Support the use of accepted vocabulary standards to enable the reuse of assessment data for:
 - various clinical purposes; and
 - administrative purposes.
- **NEW** Support the ability of the provider or a designated third party to create and exchange interoperable LTPAC Assessment Summary CDA documents
- Recommend HITSC examine the availability and readiness of vocabulary standards for patient assessments and the LTPAC Assessment Summary CDA documents.

FUTURE WORK

- Harmonization of federal content and format for patient assessments with ONC specified EHR standards (e.g. consistent standards on demographics).
- Make the data element library publically available and link content to nationally accepted standards.



Survey and Certification

FUTURE WORK:

- Request more information from CMS regarding surveyor access requirements specified in regulation and how vendors and providers have supported role-based electronic access in the EHR for surveyors in the past.
- Support the capability of surveyors to obtain a copy of portions of the record, with patient identification, as needed to perform the surveyor's role.
- Support surveyor navigation of the EHR. (e.g. Implementation guide describing the functions in the EHR that surveyors need). More work is needed in this area.
- Support the QIS process. More work is needed in this area.
- Support the creation of report templates needed by surveyors (e.g., weights, vitals, medications administered over certain periods, track use of certain medications, patient lists)

Behavioral Health Setting Specific Recommendations



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BH Patient Assessments

FUTURE WORK:

- Recommend identification of vocabulary standards and data definitions to support behavioral health patient assessments.
- Recommend analysis of available standards and provide clarification on which standards are applicable to behavioral health patient assessments. If gaps exist, expand upon existing standards to develop relevant certification criteria for this purpose.

Available standards:

HL7 Implementation Guide for CDA[®] Release 2: Patient Assessments, Release 1

http://www.hl7.org/implement/standards/product_brief.cfm?product_id=21

HL7 Version 3 Domain Analysis Model: Summary Behavioral Health Record, Release 1 – US Realm

https://www.hl7.org/implement/standards/product_brief.cfm?product_id=307

Why is there a “some” provider category?



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- Not all LTPAC/BH providers need the same certification capabilities.
- BUT, there are certain criteria that we have learned is important to ‘some’ LTPAC/BH providers.
- Through a modular approach, certification of these capabilities could support providers and help improve patient care.

Recommendations for Some LTPAC/BH Providers



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Clinical Reconciliation

- Support the ability of a user to electronically reconcile the data that represents a patient's active medication, problem, and medication allergy list.
(Reference: § 170.314(b)(4))

Clinical Health Information

- Support the ability to record, change, and access the following data using ONC specified standards:
 - Demographics - § 170.314(a)(3)
 - Problem list - § 170.314(a)(5)
 - Medication list - § 170.314(a)(6)
 - Medication allergy list - §170.314(a)(7)
 - Family health history - § 170.314(a)(13)
 - Smoking status - § 170.314(a)(11)
- Support the ability for a user to electronically record, change, access, and search electronic notes.
(Reference: § 170.314(a)(9))
- Support ability to electronically and dynamically select, sort, access, and create patient lists.
(Reference: § 170.314(a)(14))

NEW Recommend harmonization of the DSM-5 code set with SNOMED. DSM comes with decision logic as well as a code structure which should be addressed as part of assessing, implementing the code set.

Recommendations for Some LTPAC/BH Providers



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Labs/Imaging

- Support the ability for an ambulatory setting to be capable of electronically receiving, incorporating, and displaying clinical lab tests and values/results. (Reference: § 170.314(b)(5))
- Support the ability for an inpatient setting to be able to generate lab test reports for e-transmission to ambulatory provider's EHR systems. (Reference: § 170.314(b)(6))
- **NEW** Recommend splitting the imaging results criteria into three modules. (Reference §170.314(a)(12))
 - Support the ability to electronically access narrative interpretations
 - Support the ability to indicate to a user the availability of a patient's images, narrative interpretations
 - Support access to the patient's images

Medication Related

- Support the ability for a user to electronically create and transmit prescriptions/rx-related information. (Reference: § 170.314(b)(3))
- Support the ability to automatically and electronically check whether a drug formulary exists for a given patient or med. (Reference: § 170.314(a)(10))
- Support the ability to enable drug-drug and drug-allergy interaction checks. (Reference: § 170.314(a)(2))
- Support electronic medication administration record.(Reference: § 170.314(a)(16))

CPOE

- Support the ability to electronically record, change, and access the following order types: Medications; Laboratory; and Radiology/imaging. (Reference: § 170.314(a)(1))
- Note:** The above criteria are split into three distinct modules in the ONC 2015 ed. Certification. This separation is relevant to long-term care, behavioral health providers as some providers may not need all three of these functions.

Recommendation for Some LTPAC/BH Providers



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Clinical Decision Support

- Support the ability to have:
 - Evidence-based decision support
 - Linked referential clinical decision support
 - Clinical decision support configuration
 - Automatically and electronically interact
 - Source attributes
- (Reference § 170.314(a)(8))

Quality Measures

C/A Workgroup requested that HITPC Quality Measures WG discuss clinical quality measures further and provide recommendations to C/A WG on potential LTPAC/BH CQM opportunities for LTPAC/BH EHR certification.

Patient Engagement

- Support the ability to provide secure online access to health information for patients and authorized representatives to electronically view, download their health information in accordance with the CCDA standard and transmit such information using ONC specified transport specs. (Reference: § 170.314(e)(1))
- Support the ability to enable a user to create a clinical summary in accordance with the CCDA standard in order to provide it to a patient. (Reference: § 170.314(e)(2))
- Support the ability to use secure electronic messaging to communicate with patients on relevant health information. (Reference: § 170.314(e)(3))

Recommendation for Some LTPAC/BH Providers



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Advance Care Planning

- § 170.314(a)(14) - Support the ability to record whether an advance directive exists for the patient

NEW In addition, if approved by HHS for MU, support the ability to include more information about the advance directive if available (e.g., provide links to the advance directive or storing a copy of the document.) [MUWG-identified MU 3 criteria].

Future work: Standards for content of the advance directive

Data Portability

- § 170.314(b)(7) - Support the ability to electronically create a set of export summaries on all patients, formatted in accordance with the CCDA.
- Though data portability was identified by the C/A WG as an important element of LTPAC/BH EHR functionality, some WG members noted limited value of this criteria at this time due to a lack of adopted standards in EHR technology.

Public Health Transmission to Immunization Registries

- Support the ability to electronically generate immunization information for electronic transmission using ONC specified standards. §170.314(f)(2)
- Some WG members agreed that this criteria is of importance, but noted concern about the ability of public health agencies to receive immunization information from LTPAC/BH providers at this time.



- **Past History:** Absence of past history (such as surgical history) is an omission in ONC certification generally. Recommend for inclusion in MU, LTPAC, BH certification.
- **Track Trends:** Recommend that ONC track national trends in LTPAC and BH health IT adoption. Such efforts should include tracking use by functionality and by criteria.
- **National Survey Data:** Recommend national survey data on LTPAC/BH EHR adoption and utilize definitions, as applicable, that are consistent with those used in ONC/CMS initiatives.

