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

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June 10, 2014

Certification and Adoption Workgroup

Health IT Policy Committee
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Larry Wolf, Chair	**Kindred Healthcare**
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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)

Agenda

- Stakeholder Comments from Listening Session and Blog
- Recommendations for LTPAC and BH EHR Voluntary Certification Criteria
  - LTPAC Patient Assessments
  - BH Patient Assessments
  - Tracking Trends
- Considerations for Certification Criteria Relevant to Some LTPAC and BH Providers

Listening Session and Blog Comments

May 22nd Listening Session

Panel 1: Quality Improvement and Health Information Exchange

- *Marylyn R. Harris, Harrland Healthcare Consulting*
- *Pamela Russell, CORHIO*
- *Nancy Lorey, HealthLINC*
- *Pamela M. Smithson, Davis Medical Center*

Panel 2: Patient/Caregivers/Care Team

- *Adrian Gropper, Patient Privacy Rights*
- *Monica Wafford, South Oakland Shelter*
- *Sharon Hamilton, Briggs Healthcare*
- *Rod Baird, Extended Care Physicians*

Panel 3: Vendors

- *Joel Amoussou, FEi Systems*
- *Scott Bressette, Kennebec Behavioral Health*
- *Doron Gutkind, LINTECH*
- *Rossmary Gil, SigmaCare*

- **6 Blog Comments Submitted**

Listening Session Testimony and Blog Comments , 1 of 5

General Comments on Voluntary Certification

- Vendor effort significant, but achievable
- Need for workforce training, education related to workflow changes, privacy and security criteria
- One HIE reported ONC 2011 certified EHRs are having trouble consuming CCDs from other vendors, vendor compatibility issues
- Reported challenges with LTC facilities, physician practices lack of technological skills to establish a Direct connection; practical and financial issues developing links with multiple HISPs
- Need for LTPAC/BH EHRs to implement a patient matching algorithm and a reconciliation mechanism for patients that fail to match
- Suggested time savings and reduction in errors by starting the admission process from the CCD data
- Need for certification that incorporates more BH data elements
- Certification process has brought additional structure, beyond narrative notes for certified vendors. Allows for data analytics.
- One BH vendor noted being certified to ONC 2011 edition; one LTPAC vendor is considering ONC 2011/2014 edition interoperability certification.

Listening Session Testimony and Blog Comments, 2 of 5

Transitions of Care

- Support for certified EHR technology provisions that demonstrate the ability to send and receive transitions of care and referral summaries
- Information often lost in transit from skilled nursing to ED. One HIE attaches PDF summary documents and sends through webDirect.
- Creating a clinical summary in a CCDA is relatively simple. Doing anything with that CCDA is quite challenging for clinicians.

Clinical Reconciliation

- Reconcilable data is key to care collaboration, critical for LTPAC physicians and other ambulatory providers

LTPAC Patient Assessments

- Support promulgation of standards which are necessary to establish any 'cross cutting' quality measures.
- Standardized data elements are needed to implement 'shared' clinical decision support between the facility and attending physicians.

Listening Session Testimony and Blog Comments, 3 of 5

CPOE

- LTC physicians and nursing facilities 'share care' for the patient concurrently.
- Orders need to be synchronized with nursing facility EHR systems to be actionable (e.g., clinical documentation such as MD note, history and physical need to be in MD and facility EHR).
- EHR order entry, tracking and electronic signature would be valuable, increase efficiencies in the home health setting.

Clinical Decision Support

- Providers would be better able to use CDS if it was efficiently linked to eCQMs. This is a problem only compounded by the shared nature of LTPAC patient care.
- The uncertainty of the pace of CDS and eCQM alignment at ONC/CMS will make developers reluctant to expend significant energy.

LTPAC eRx

- Need to support for the NCPDP 3-way e-Prescribing use case (facility software, certified Physician EHRs, and pharmacy software). Current standard of practice - physicians and extenders initiate patient orders over the telephone.
- RxNorm missing over the counter meds which are prescribed frequently in long term care settings; LTC pharmacies not ready to accept RxNorm orders or send RxNorm resident profiles

Managing Lab Test Results

- Need to support three-way messaging (lab, nursing facility and attending physician). Otherwise, developers will invent their own non-standard solutions.

Listening Session Testimony and Blog Comments, 4 of 5

Advanced Directives

- Support documentation of Advanced Directives using 'standard' free form text that corresponds to the particular State's language. Lack of a national standard for Advanced Directives makes it impossible to treat this as a structured data element. Advanced Directives should be an Adult eCQM.

Immunizations

- Complex because there is no fully functional state system in most locations. Passing certification was relatively easy.

Past Medical History

- Narrative past medical history is reasonable to incorporate in a CCDA. Requiring each provider to create history as structured data would be both intrusive, and of minimal current value.
- Recommend including past hospitalizations for patients as a component of Past Medical History.

Data Portability

- No burden on the provider. Basic consumer protection.

Listening Session Testimony and Blog Comments, 5 of 5

DSM 5

- Recommend harmonization of a diagnostic code system with SNOMED should be changed from the DSM-5 to the ICD-10-CM. DSM-5 codes are truly ICD-10-CM codes. Some codes in the DSM-5 are not used in the ICD-10-CM, may result in billing errors.

Data Segmentation / Consent Management

- For information sharing, patient data segmentation must be respected across TOC, delegated access via V/D/T and all treatment, payment and operations.
- Patient control suggested as interim step until widespread data segmentation adoption achieved.

  Examples:

  - Patient using My HealtheVet could select check boxes to determine what data goes into the CCD file, link to V/D/T. Allows the patient to decide what data is sent; risk of incomplete data without a flag for receiving provider.
  - Patient could segment data by using different email addresses for different providers.
- Need to have eConsent management - the ability for patients to express their consent and to have access to an audit trail of data requests

Setting Specific Recommendations

Organizing Principles for Recommendations

For ALL Providers

- Transition of Care
- Privacy and Security
- Data Segmentation/Consent Management

LTPAC Setting-Specific

- Patient Assessments
- Survey and Certification

BH Setting-Specific

- Patient Assessments
- Data Segmentation/Consent Management

For some LTPAC and BH Providers

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

LTPAC Patient Assessments

Policy Opportunity:

- Alignment among federal programs around data and standards relevant to LTPAC settings would increase interoperability and improve provider workflow and patient care
- Mandated patient assessments can be key drivers of interoperability
  - Standards mapping work has been done on some assessment data (e.g., Mapping assessment content to vocabulary standards and CCDA)
- LTPAC Patient Assessment recommendation is responsive to certification hearing concerns regarding the lack of interoperability

LTPAC Setting Specific Recommendation

Interoperability of LTPAC Patient Assessment Data

- **NEW** Support the use of ONC specified HIT standards for a subset of patient assessment data to enable its reuse for clinical and administrative purposes (e.g., exchange of the LTPAC Assessment Summary CDA document)
  - Examples of relevant CMS patient assessments include: MDS 3.0 (Nursing Homes), OASIC-C (Home Health), IRF-PAI (Inpatient Rehabilitation Facility), Long Term Care Hospital CARE data set

FUTURE WORK

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

Focus Area	Type	Provider Use Effort	Standards Maturity	Development Effort
Care Coordination	LTPAC	Medium	Medium (some mapping to MU2 standards, standards not widely adopted by LTPAC)	High

Behavioral Health
Setting Specific Recommendation

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

Tracking Trends

- **Track Trends:** ONC should track national trends in LTPAC and BH health IT adoption. Such efforts should include tracking use by functionality and by certification criteria.

- **National Survey Data:** ONC should utilizing EHR adoption definitions for LTPAC and BH, as applicable, that are consistent with those used in ONC/CMS initiatives.

Additional Considerations for LTPAC and BH Voluntary Certification

Considerations for Some LTPAC and BH Providers

- Functionality may be of value to SOME care settings depending on care delivery needs and scope of practice
- LTPAC and BH providers have different needs; criteria should be evaluated independently for each setting
- Recommendations in this category are based on ONC 2014 Edition certification criteria
- Modular and voluntary approach
- May be federal/state programmatic reasons for adopting certification functionality; in this instance, certification would serve as a 'baseline'
- Workgroup discussion focused on added value of certification for these functions; no consensus reached

Appendix

Certification Criteria Relevant for 'Some' LTPAC/BH Providers , 1 of 4

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.

Certification Criteria Relevant for 'Some' LTPAC/BH Providers, 2 of 4

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.

Certification Criteria Relevant for 'Some' LTPAC/BH Providers, 3 of 4

Clinical Decision Support	Quality Measures	Patient Engagement
- 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))	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.	▪ 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))

Certification Criteria Relevant for 'Some' LTPAC/BH Providers, 4 of 4

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.

Future work: Standards for content of the advance directive

Additional Considerations

- **Patient History:** Past history (such as surgical history) is an omission in ONC certification generally. Consider for inclusion in MU, LTPAC, BH certification.