

# Health IT Policy Committee

# **Update to HITSC: Final HITPC Recommendations** on Health IT Certification for **LTPAC and BH Settings**

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### **Certification and Adoption Workgroup**



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

| Member                     | Organization   |
|----------------------------|--|
| Larry Wolf, Chair          | Kindred Healthcare   |
| Marc Probst                | Intermountain Healthcare   |
| Joan Ash                   | Oregon Health & Science University                                   |
| John Derr                  | Golden Living, LLC   |
| Carl Dvorak                | Epic Systems Corporation   |
| Paul Egerman               | 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              | Ohio State University  |
| 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) |





- Certification and Adoption WG Charge
- Step 1 Recommendation: Five Factor Framework
- Step 2 Recommendations: Certification of Health IT Criteria for LTPAC and BH Settings
  - Transitions in Care
  - Privacy and Security
  - LTPAC Patient Assessments
  - BH Patient Assessments
  - Tracking Trends
  - Considerations for Certification Criteria Relevant to Some LTPAC and BH Providers





- 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 heath IT capabilities needed in care settings by providers who are ineligible to receive EHR incentive payments under the HITECH Act

### The Scope of Work for the Charge



### 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.



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



- Support Other Settings of Care: Current certified EHR technology supports health care providers seeking to achieve meaningful use, but certain criteria may be applicable to other settings of care and could improve the transfer and use of information across systems
- Improved Communication / Modular Approach: Tailoring certification criteria by setting/functionality would open critical communication lines between MU eligible and MU-ineligible care providers
- Increasing Interoperability: Alignment among federal and state programs around data and standards relevant to LTPAC and BH settings would increase interoperability and improve provider workflow and patient care



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# Step 1 Recommendation: Five Factor Framework



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



- 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.



 Step 2 Recommendations: Certification of Health IT Criteria for LTPAC and BH Settings

### **Organizing Principles for Recommendations**



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### 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



**Transitions of Care** - Starting with the ONC 2014 Edition certification criteria, align and update the transitions of care voluntary certification criteria for LTPAC and BH with these criteria going forward.

**Privacy and Security** - Starting with the ONC 2014 Edition certification criteria, align and update the privacy and security voluntary certification criteria for LTPAC and BH with these criteria going forward.

**LTPAC Patient Assessments** - Support the use of ONC specified HIT standards for a subset of patient assessment data to enable reuse for clinical and administrative purposes (e.g., exchange of the LTPAC Assessment Summary CDA document).

**BH Patient Assessments** - Future work needed to identify standards to support BH patient assessments.

**Trend Tracking** - Track national trends in LTPAC and BH health IT adoption, including use by functionality and by certification criteria; Utilize EHR adoption definitions consistent with those used in ONC/CMS initiatives.



**Data Segmentation:** 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) certification criteria.

**Quality Measurement:** The Certification and Adoption Workgroup requested that the HITPC Quality Measurement Workgroup examine opportunities for the certification of LTPAC and BH health IT criteria related to quality measurement.

No final recommendation at this time. QM WG agreed that their May 6<sup>th</sup> draft recommendations provide a starting point for further exploration. The recommendations will not be finalized at this time, but could serve as a foundation for more exploratory work.



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- Modular and voluntary approach
- 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
- 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



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## Appendix

### **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))

| Focus Area        | Туре  | Provider Use Effort | Standards Maturity  | Development<br>Effort |
|-------------------|---|---------------------|---|-----------------------|
| Care Coordination | ALL Providers -<br>Primary Care<br>Hospital<br>Specialty<br>LTPAC<br>BH | High                | <ol> <li>High (MU2 TOC<br/>standards)</li> <li>Low (Emerging TOC,<br/>care planning<br/>standards)</li> </ol> | High                  |

### **Recommendations for ALL Providers**



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### **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 ONCcertified privacy and security criteria.

| Focus Area           | Туре            | Provider Use Effort | Standards Maturity | Development Effort |
|----------------------|-----------------|---------------------|--------------------|--------------------|
| Privacy and Security | ALL Providers – | Low                 | High               | Low                |
|                      | Primary Care    |                     |                    |                    |
|                      | Hospital        |                     |                    |                    |
|                      | Specialty       |                     |                    |                    |
|                      | LTPAC           |                     |                    |                    |
|                      | ВН              |                     |                    |                    |

## LTPAC Setting Specific Recommendation



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#### Interoperability of LTPAC Patient Assessment Data

- 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        | Туре  | Provider Use Effort | Standards Maturity       | Development<br>Effort |
|-------------------|-------|---------------------|--------------------------|-----------------------|
| Care Coordination | LTPAC | Medium              | Medium (some mapping to  | High                  |
|                   |       |                     | MU2 standards, standards |                       |
|                   |       |                     | not widely adopted by    | 17                    |
|                   |       |                     | LTPAC)                   |                       |

# Behavioral Health Setting Specific Recommendation



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**BH Patient Assessments** 

#### **FUTURE WORK:**

- The Policy Committee recommends identification of vocabulary standards and data definitions to support behavioral health patient assessments.
- The Policy Committee recommends the 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<sup>®</sup> 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 <a href="https://www.hl7.org/implement/standards/product\_brief.cfm?product\_id=307">https://www.hl7.org/implement/standards/product\_brief.cfm?product\_id=307</a>



- 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.