**Office of the National Coordinator for Health IT**

**Public Comment Template**

# Proposed Voluntary Electronic Health Record (EHR) Certification Criteria for Long-Term and Post-Acute Care and Behavioral Health

**Preface**

This document is meant to provide the public with a simple and organized way to submit comments on the proposed certification criteria for long-term and post-acute care (LTPAC) and behavioral health (BH) settings under consideration by the Certification & Adoption Workgroup of the Health Information Technology Policy Committee (HITPC). We also welcome comments on the finalized HITPC recommendations for voluntary certification criteria of transitions of care and privacy & security for LTPAC and BH settings.

While use of this document is entirely voluntary, commenters may find it helpful to use the document in lieu of or in addition to unstructured comments on the certification criteria, or to use it as an addendum to narrative cover pages. [A companion reference document](http://www.healthit.gov/facas/sites/faca/files/scc14_grid_12-9-13.pdf)  to the ONC 2014 Edition of Standards and Certification Criteria also is provided. In addition, the ONC 2014 Standards and Certification Criteria Final Rule may be accessed [here](http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-20982.pdf).

There are many different care settings encompassed by LTPAC and BH. If your comments apply to a specific setting(s), please indicate that in your response. **You do not have to complete all fields, but are encouraged to provide feedback in areas where you have expertise or insight.**

To be considered, **all comments (including comments provided through this document) must be submitted to** **mailto:Onc.request@hhs.gov** **by 11:59 pm on Thursday, May 22nd, 2014.**

## A. Voluntary EHR Certification - General Questions

| **Appropriateness of the Proposed Certification Criteria** |
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| Stakeholder Questions1. 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?
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| **Overall Approach to Certification** |
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| Stakeholder Questions1. 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?
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| **Level of Effort** |
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| Stakeholder Questions1. What level of effort would be needed for providers to implement and maintain the proposed certification criteria?
2. What level of effort would be needed for vendors to develop the proposed certification criteria?
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## 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** |
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| 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](http://www.hl7.org/documentcenter/public/ballots/2013SEP/downloads/CDAR2_IG_CCDA_CLINNOTES_DSTUR2_D1_2013SEP.zip) if you are currently using the standard. *Access to the standard requires the creation of a HL7 account.* |
| Reference1. 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.
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| **Privacy and Security**  |
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| 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* Authentication, Access Control, and Authorization
* Auditable Events and Tamper-Resistance
* Audit Report(s)
* Amendments
* Automatic Log-Off
* Emergency Access
* End-User Device Encryption
* Integrity
* Optional: Accounting of Disclosures
 |
| References(1)-(9) Privacy and security - § 170.314(d)(1) - § 170.314(d)(8) |
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| **Data Segmentation / Consent Management** |
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| Proposed Voluntary EHR Certification CriteriaThe 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. 1. The Privacy and Security Tiger Team provided an update on this criteria at the [May 6th HITPC meeting](http://www.healthit.gov/facas/FACAS/calendar/2014/05/06/hit-policy-committee) and further discussion is planned for the [May 12th](http://www.healthit.gov/facas/FACAS/calendar/2014/05/12/policy-privacy-security-tiger-team) and [May 27th](http://www.healthit.gov/facas/FACAS/calendar/2014/05/27/policy-privacy-security-tiger-team) Privacy and Security Tiger Team call.
2. The Privacy and Security Tiger Team plans to provide their final recommendations on this voluntary certification criteria at the [June HITPC Meeting](http://www.healthit.gov/facas/FACAS/calendar/2014/06/10/hit-policy-committee-virtual).
3. 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:Click here to enter text. |
| Provider Level of Effort Comments:Click here to enter text. |
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## C. Proposed Certification Criteria for LTPAC Providers Only

| **LTPAC Patient Assessments** |
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| Proposed EHR Certification Criteria1. 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), OASIC-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* CMS should harmonize federal content and format for patient assessments with ONC specified EHR standards (e.g., consistent standards on demographics).
* CMS should make a data element library publically available and link content to nationally accepted standards.
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| **Survey and Certification**  |
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| Proposed for Future Work1. 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.
2. Support surveyor navigation of the EHR. (e.g.  Implementation guide describing the functions in the EHR that surveyors need).
3. Support the QIS process.
4. 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)

Other question: How are vendors currently supporting surveyor access requirements specified in federal regulation? |
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| **Clinical Quality Measures - LTPAC**  |
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| Proposed EHR Certification Criteria (from the Quality Measures Workgroup)1. Certify an “LTPAC Data Submission Module”:
* The ability to collect and send interoperable, standardized data elements for a small number of measure domains e.g., pressure ulcers, influenza and pneumococcal immunizations, CAUTI
* and a small set of common data elements to support transitions in care e.g., functional status and cognitive status.
1. The WG also recommends that CMS consider certifying the free CMS patient assessment submission tools to perform these functions.

All comments on the criteria will be transferred to the Quality Measures Workgroup for their consideration.  |
| Reference:Clinical quality measures - § 170.314(c)(1)-(3) |
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| Provider Level of Effort Comments:Click here to enter text. |
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## D. Proposed Voluntary Certification Criteria for Behavioral Health Providers – Only

| **Behavioral Health Patient Assessments** |
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| Proposed for Future Work1. Identify vocabulary standards and data definitions that support behavioral health patient assessments.
2. Identify and evaluate the applicability of available standards (see below) 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)
 |
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| **Clinical Quality Measures – Behavioral Health**  |
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| Proposed EHR Certification Criteria (from the Quality Measures Workgroup)Options under consideration:* 1. Certify that BH health IT systems have the functionality to collect and send a small set of common data elements relevant to behavioral health
	2. Certify that BH health IT systems have the functionality to collect, calculate, and send a small number of clinical quality measures relevant to behavioral health
	3. Certify that BH health IT systems have the functionality to capture a small set of key patient assessments
	4. Combination of 1, 2, or 3

The QMWG recommends option 2 in the short-term:1. Certify that BH health IT systems have the functionality to collect, calculate, and send a small number of clinical quality measures relevant to behavioral health
2. In parallel, the QMWG recommends beginning work to standardize common data elements relevant to BH that could be used build new clinical quality measures

All comments on the criteria will be transferred to the Quality Measures Workgroup for their consideration.  |
| Reference:Clinical quality measures - § 170.314(c)(1)-(3) |
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2. The Privacy and Security Tiger Team plans to provide their final recommendations on this voluntary certification criteria at the [June HITPC Meeting](http://www.healthit.gov/facas/FACAS/calendar/2014/06/10/hit-policy-committee-virtual).
3. 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.  |
| Reference |
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| Provider Level of Effort Comments:Click here to enter text. |
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## E. Proposed Certification Criteria for “Some” LTPAC/Behavioral Health Providers

\*The “Some” LTPAC/Behavioral Health Providers category references certification criteria that may be relevant to providers depending on the scope and needs of the practice.

| **Clinical Information Reconciliation** |
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| Proposed EHR Certification Criteria1. Clinical information reconciliation. Support the ability of a user to electronically reconcile the data that represents a patient’s active medication, problem, and medication allergy list.
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| Reference:1. Clinical information reconciliation - § 170.314(b)(4)
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| **Clinical Health Information** |
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| Proposed EHR Certification Criteria1. Clinical health information. Support the ability to record, change, and access the following data using ONC specified standards:
2. Demographics
3. Problem list
4. Medication list
5. Medication allergy list
6. Family health history
7. Smoking status
8. Electronic notes. Support the ability for a user to electronically record, change, access, and search electronic notes.
9. Patient lists. Support ability to electronically and dynamically select, sort, access, and create patient lists.
 |
| Reference1. 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)
2. Electronic notes - § 170.314(a)(9)
3. Patient lists - § 170.314(a)(14)
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| **Labs/Imaging** |
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| Proposed EHR Certification Criteria1. Incorporate lab tests & values/results. Support the ability for an ambulatory setting to be capable of electronically receiving, incorporating, and displaying clinical lab tests and values/results.
2. Transmission of electronic lab tests & value results. Support the ability for an inpatient setting to be able to generate lab test reports for e-transmission to ambulatory provider’s EHR systems.
3. Imaging.

NEW: Recommend splitting the imaging results criteria into three separate modules. In the ONC 2014 Edition, the modules are grouped into one certification criterion. 1. Support the ability to electronically access narrative interpretations
2. Support the ability to indicate to a user the availability of a patient’s images, narrative interpretations
3. Support access to the patient’s images
 |
| Reference:1. Incorporate lab tests & values/results - § 170.314(b)(4) § 170.314(b)(5)
2. Transmission of electronic lab tests & values/ results to ambulatory providers - § 170.314(b)(6)
3. Image results - § 170.314(a)(12)
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| **Medication–Related**  |
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| Proposed EHR Certification Criteria1. Electronic prescribing. Support the ability for a user to electronically create and transmit prescriptions/prescription-related information.
2. Drug-formulary checks. Support the ability to automatically and electronically check whether a drug formulary exists for a given patient or medication.
3. Drug-drug, drug-allergy interaction checks. Support the ability to enable drug-drug and drug-allergy interaction checks.
4. eMAR. Support electronic medication administration record.
 |
| Reference:1. Electronic prescribing - § 170.314(b)(3)
2. Drug-formulary checks§ - 170.314(a)(10)
3. Drug-drug, drug-allergy interaction checks- § 170.314(a)(2)
4. eMAR - § 170.314(a)(16)
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| **Computerized Provider Order Entry** |
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| Proposed EHR Certification Criteria1. Computerized provider order entry – medications. Enable a user to electronically record, change, and access medication orders.
2. Computerized provider order entry – laboratory. Enable a user to electronically record, change, and access laboratory orders
3. Computerized provider order entry – radiology/imaging. Enable a user to electronically record, change, and access radiology and imaging orders.
 |
| Reference: (1)-(3) Computerized provider order entry - § 170.314(a)(1).  |
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| **Clinical Decision Support** |
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| Proposed EHR Certification Criteria1. Clinical decision support. Support the ability to have:
2. Evidence-based decision support
3. Linked referential clinical decision support
4. Clinical decision support configuration
5. Automatically and electronically interact
6. Source attributes
 |
| Reference:1. Clinical decision support - § 170.314(a)(8)
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| **Patient Engagement** |
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| Proposed EHR Certification Criteria1. View, download, & transmit to 3rd party. 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.
2. Clinical summary. 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.
3. Secure messaging. Support the ability to use secure electronic messaging to communicate with patients on relevant health information.
 |
| Reference:1. View, download, & transmit to 3rd party - § 170.314(e)(1)
2. Clinical summary - § 170.314(e)(2)
3. Secure messaging - § 170.314(e)(3)
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| **Advanced Care Planning** |
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| Proposed EHR Certification Criteria1. Advanced directive. Support the ability to record whether an advance directive exists for the patient
2. 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 store a copy of the document.). *\*\*Recommended for MU3*
 |
| Reference:1. Advance directive - § 170.314(a)(14)
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| **Data Portability** |
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| Proposed EHR Certification Criteria1. 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)
 |
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| **Public Health Transmission to Immunization Registries** |
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| Proposed EHR Certification Criteria1. Immunization registries. Support the ability to electronically generate immunization information for electronic transmission using ONC specified standards.
 |
| Reference:1. Immunization registries - §170.314(f)(2)
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## F. Other Topics for Consideration - Voluntary EHR Certification for LTPAC/Behavioral Health

| **Past Medical History**  |
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| Proposed Recommendations1. Inclusion of Past Medical History: Absence of past history (such as surgical history) is an omission in the current ONC certification requirements. The Certification and Adoption Workgroup is considering recommending the inclusion of past medical history in certification for Meaningful Use eligible providers/hospitals and for voluntary certification for LTPAC and Behavioral Health settings.
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| **DSM 5** |
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| Proposed Recommendation1. Recommend harmonization of the DSM-5 code set with SNOMED. DSM-5 comes with decision logic as well as a code structure which should be addressed as part of assessing, implementing the code set.
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| Reference: |
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