National Association for the Support of Long Term Care

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Dear Dr. Tang & Members of the Certification & Adoption Workgroup:

The National Association for the Support of Long Term Care (NASL) appreciates this opportunity
to share these thoughts with you as you prepare recommendations for the Health Information
Technology Policy Committee (HITPC) regarding a new, voluntary certification program.

We also wish to acknowledge the direction to this Workgroup from the Acting National
Coordinator for HIT Jacob Reider, MD, who requested your review and evaluation of the issues
surrounding such a voluntary program to certify electronic health record (EHR) technology needed
by long term and post-acute care (LTPAC) and Behavioral Health (BH) providers who by and large
were overlooked in the *Health Information Technology for Economic & Clinical Health Act* (*HITECH Act*)
and are therefore ineligible for the Medicare and Medicaid EHR Incentive Programs.

NASL is a national trade association representing providers of both ancillary services and products
to long term and post-acute care (LTPAC) sector. NASL member companies provide speech-
language pathology, physical, occupational and respiratory therapy; portable x-ray/EKG and
ultrasound; pharmacy; health information technology (IT) systems and solutions; and other ancillary
services. Our members also provide complex medical equipment; parenteral and enteral supplies;
equipment and nutrients; and other specialized supplies.

NASL IT vendor companies develop and distribute full clinical and point-of-care IT systems and
other software solutions that serve the majority of LTPAC providers of assisted living, skilled
nursing and ancillary care and services. NASL is a founding member of the Long Term & Post-
Acute Care Health Information Technology Collaborative (LTPAC HIT Collaborative), which
formed in 2005 to advance HIT issues by encouraging coordination among provider organizations,
policymakers, vendors, payers and other stakeholders. Steadfast advocates for HIT and electronic
health record (EHR) adoption, NASL and its membership are working with the ONC and through
HL7 and the Standards & Interoperability (S&I) Framework, where members serve on Health IT

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Standards and Health IT Policy Committees and the Longitudinal Care Coordination (LCC) Workgroup. NASL members also are working on Healthcare Innovation Challenge Grants from the Center for Medicare & Medicaid Innovation (CMMI) and on Health Information Exchange (HIE) initiatives. NASL members also have served on the Certification Commission for Health Information Technology (CCHIT) and the National Quality Forum (NQF).

NASL applauds the Workgroup's approach in recommending a framework to the HIT Policy Committee. We agree with your Workgroup's premise that any new certification program should take into account five key factors. By considering crucial linkages to these five factors – how a future voluntary certification program might advance national priorities or legislative mandates; align with existing federal or state programs; utilize the existing technology pipeline; build on existing stakeholder support; and appropriately balance the costs and benefits that such a program could deliver – you are helping to ensure the success of such a program and to advance our nation's still fledgling health information technology infrastructure.

As we have noted in previous comments in response to federal requests for comments on Meaningful Use, interoperability, health information exchange and other topics, NASL believes that health IT is the means by which we will be able to further improve the quality of care and quality of life for the patients our membership serves each day in assisted living communities, skilled nursing facilities and other LTPAC settings.

NASL fully supports a voluntary certification program that provides a level of assurance that EHRs meet minimum standards, or higher than minimum standards. Regardless of incentives, we support voluntary certification because it is a step toward greater interoperability and exchange of health information. The patient population our membership serves is different, as are the HIT systems that have been designed to support them. These patients are older, have multiple co-morbidities and receive treatment from a variety of providers from across the spectrum of care. Because LTPAC patients frequently transition between providers and from hospital to facility and other care settings, LTPAC providers and vendors understand the importance of effectively coordinating care. We welcome the opportunity to share that expertise in working with members of this Workgroup, the HIT Policy Committee and federal partners.

Improving patient care and quality of care – especially around key transitions of care – demands effective exchange of health information, which is why NASL has supported and promoted the adoption and implementation of health IT. NASL also seeks to advance health information exchange and improve interoperability and see voluntary certification as another way to further encourage those important goals.

In addition, voluntary certification can help providers who need to know which vendor systems will fulfill their current needs and will support future changes to healthcare delivery. Vendors that meet the current standards are more likely to adhere to future standards and requirements. Equally important, LTPAC providers want to know that the vendors they work with understand the unique needs of the patients they serve as well as the specific requirements of caring for patients in that setting. For example, medication management for LTPAC patients involves three-way communication involving the prescribing physician, LTPAC facility and long term care pharmacy. Beyond operational issues, an LTPAC facility is more than a place to receive medical care; it is considered by both the patient and under federal statute to be the patient's home.

NASL is proud to note that, even though LTPAC providers are ineligible for EHR incentives for Meaningful Use, several NASL member companies have developed products for which they sought and received certification by CCHIT for LTPAC or partially certified and listed on ONC's Certified Health IT Product List (CHPL).

Despite limited capital, human resources and uncertainty surrounding Medicare and Medicaid funding at this time, our members remain committed to serving the unique care needs of LTPAC patients. In fact, our patients' needs drive the design of our HIT systems, which is why a future voluntary certification program should contain meaningful minimum standards that directly apply to the LTPAC sector. While our patients may transition from the hospital to an LTPAC facility, it is simply not possible to tweak an EHR designed for a hospital or a physician's office to address the needs of the complex patient population we serve or the level of care coordination that must occur in caring for them.

NASL recognizes there are real costs associated with certification, along with real benefits such as quality improvement for the patient population cared for by our membership. We also are mindful of the greater efficiencies that HIT can bring, which is critical to a sector where instability of Medicare or Medicaid reimbursement is a yearly issue.

We welcome the opportunity to work with the ONC in finding appropriate ways to balance the costs and benefits that such a program could foster. In doing so, we do wish to raise an important and ongoing concern shared by NASL IT Committee members who represent both vendors and providers about how HIT policy is developed and implemented. NASL urges the ONC to assert its authority to ensure that as our nation's health IT infrastructure develops and as federal policies impacting EHRs and other products evolve that the software development lifecycle will be given due consideration. In other words, we ask that ONC ensure that federal agencies that issue policies that dictate changes to how or what data is collected for or by the federal government will allow sufficient time for vendors to develop, test and implement changes.

We thank the Certification & Adoption Workgroup for your thoughtful work on these issues. Several NASL members have been invited to testify at the Workgroup's virtual hearing on December 12, which we look forward to following. NASL's IT Committee and our other members stand ready to work with you on these issues.

Sincerely,

//signed//
Cynthia Morton
Executive Vice President

cc: Jacob Reider, MD
         National Coordinator for Health Information Technology
         Office of the National Coordinator for Health Information Technology (ONC)

         Jodi G. Daniel, JD, MPH
         Director, Office of Policy & Planning at the Office of the National Coordinator of HIT