Long Term and Post Acute Care
LTPAC HIT
Health IT Collaborative ■ www.ltpachealthit.org

October 24, 2016

Office of the National Coordinator for Health Information Technology (ONC)
U.S. Department of Health & Human Services
200 Independence Avenue SW
Washington, DC, 20201

RE: *Electronically Submitted Comments on the Draft 2017 Interoperability Standards Advisory*

The Long-Term and Post-Acute Care (LTPAC) Health IT Collaborative ("the Collaborative") appreciates the opportunity to provide the following comments on the Draft 2017 Interoperability Standards Advisory. The LTPAC Health IT Collaborative is a public-private group of stakeholder organizations representing associations, providers, policy-makers, researchers, vendors, and professionals with a mission to coordinate the sector and maintain alignment with the national priorities.

Members of the LTPAC Health IT Collaborative reviewed and discussed the Draft 2017 Interoperability Standards Advisory and our comments, feedback and suggestions are below. We look forward to continuing to work with the Office of the National Coordinator (ONC) to identify and address issues pertinent to the LTPAC sector.

The ONC Interoperability Standards Advisory is a key foundation for interoperability. Creating a single place to be the reference for standards and an assessment of the maturity of those standards is an important service for the entire health IT community - providers, payors, vendors, regulators and ultimately patients.

The new web format is very effective for accessing the information. It is easy to navigate and helpful for educating about standards. Thank you for also providing an option to view the ISA as a single document.

Adoption Level

The Collaborative recommends that the **Adoption Level** should recognize the different realms of use. Healthcare is an amalgamation of many overlapping provider types, often conflicting regulatory standards and related IT. Providing explicit scope/domain information with the adoption level would help address the diversity of demands, support Federal efforts to streamline regulations and encourage use of standards that have been proven in one area to be used in others. For example, a standard that is heavily used in one area of healthcare might be a good candidate for broader use and certainly should inform other standards development, even when that area is itself narrow.

With respect to **Question 4, Section IV**, we encourage ONC to support the collection of quantitative data on use and data quality. With the variety of exchange intermediaries (from regional and national HIEs/HIOs to dedicated clearinghouses), consider working with those organizations to collect and report statistics on the use of standards, the diversity of value sets, and the overall data quality.

Functional Status - Question 7, Section IV

The Collaborative recommends that the Standards Advisory recognize the CMS post-acute care functional status assessment items (section GG) as part of the Functional Status Vocabulary/Code

Set/Terminology Standards. We agree that LOINC and SNOMED are the appropriate vocabularies to support this content. Recognizing section GG in the 2017 Interoperability Standards Advisory will create a bridge between post-acute care (PAC) settings and the extended team who share in the care of over 5.6 million patients.

- The Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 requires CMS/HHS to submit standardized (aligned) assessment data elements across the post-acute care provider types (long-term care hospitals, inpatient rehab facilities, nursing facilities, home health agencies) to support quality measurement and future payment reforms. The Act also requires that CMS make interoperable standardized patient assessment and quality measures data, and data on resource use and other measures to allow for the exchange of data among PAC and other providers to facilitate coordinated care and improved outcomes.

- Functional status information in section GG of the PAC assessments required by IMPACT provides an industry framework for collecting, sharing and reporting a patient's status. Approximately 29,000 PAC providers complete assessments of a patient's functional status at regular intervals (e.g. admission and discharge).
    - The safety and quality of performance is assessed for the functional status areas in section GG based on a 6 point scale (independent; setup or clean-up assistance; supervision or touching assistance, partial/moderate assistance; substantial/maximal assistance; dependent). The functional status areas are organized in two categories 0 self-care and mobility:
        - Self-Care (eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear)
        - Mobility (roll left and right, sit to lying, lying to sitting on side of bed, sit to stand, hair/bed-to-chair transfer, toilet transfer, car transfer, walking, picking up an object, wheelchair/scooter

- The functional status items in section GG are not only needed by PAC settings for assessment, care planning and measurement, but the information is also shared with/received from the patient's broader care team including hospitals, physician practices, other PAC providers and caregivers.

- As noted above, the Collaborative agrees that LOINC and SNOMED are the appropriate Vocabulary/Code Set/Terminology standards. As reported at the 2016 LTPAC Health IT Summit, CMS is in the process of mapping functional status assessment items to LOINC and SNOMED to support interoperability and re-use of the PAC assessment data elements.

Care Plans

The Collaborative confirms that the HL7 Clinical Document Architecture (CDA®), Release 2.0, Final Edition reflects the structure and content of care plans developed by long-term and post-acute care settings (LTPAC). For post-acute care providers receiving care plan and care preference information at the time of transition is crucial to support the hand-off process, however, care plan information is frequently not shared. This gap highlights the need for a team-based, longitudinal and comprehensive person-centered care plan.

The Collaborative supports the listing of specific domain examples in the standards advisory such as a pharmacy e-care plan or a personal advanced care plan. We also see an opportunity for a gap to be addressed and recommend the development of an implementation guide for a geriatric shared care plan that supports an extended care team (e.g. from multiple providers/settings, the patient, and caregivers) over an extended period of time. In addition to the typical content, this type of care plan needs to support:

- Chronic care management
- Wellness
- Social supports and services
- Care preferences
- Extended care team members including caregivers
    - *Note: Care teams are often primarily focused on medical personnel, but an extended care team also includes the individual and their family members, care manager/case manager, personal care assistants/nursing assistants, pharmacists, social service and support providers, etc.*
- Alerts/notification to be aware of new care plan content and an acceptance process for tasks/interventions and for referrals/recommendations between care team members
- Unique security and identity management unique to a team-based care plan
- The Center for Aging Services Technology (Leading Age CAST) recently published additional resources on shared care planning data elements, processes, etc. at: http://www.leadingage.rg/Use_CAST_Tools_to_Select_Shared_Care_Planning_and_Coordination_Technologies.aspx

Support Transitions of Care and Referral

We would like to see the Interoperability Standards Advisory tackle a topic of critical importance for optimal transitions of care by identifying/supporting a tailored set of the most valuable data elements needed by a specific care setting, needed for the patient's condition, and/or to support a value based purchasing program. For example, the data elements needed by hospitals are different than the data elements needed by PAC providers. PAC providers need information on functional status, social supports, care plan/care preferences, goals, etc. and help

Specifically the Collaborative recommends including in the standards advisory a variety of implementation guides that specify the core set of required data elements for a receiving provider and additional categories of information relevant to the setting based on the patient's unique condition. This information will provide significant value rather than swamping a receiving provider with an overwhelming amount of data or data that does not support the immediate care and planning for an individual.

Patient Identity/Patient Matching

Perhaps the most important area of standardization is that of patient identity and patient matching. While there is a Congressional prohibition on the development by HHS of a national patient identifier, there is extensive work in the private sector to improve the quality of patient matching (data sets, data quality and algorithms) as well as to develop a voluntary national patient identifier. The Collaborative recommend the inclusion of this work in the Interoperability Standards Advisory.

Security (also, Appendix I and Question 15, Section IV)

As noted in our comments related to a shared care plan, it is important to recognize the security standards requirements when addressing interoperability. While the resources are valuable to catalog in

Appendix I, it would be useful to link a critical security requirement(s) to Sections II & III specifications. For example, for shared care planning the following security processes are important:

- System Authentication - the information and process necessary to authenticate the systems involved
- Recipient Encryption - the message and health information are encrypted for the intended user
- Sender Signature – details that are necessary to identity of the individual sending the message
- Secure Communication – create a secure channel for client-to- serve and server-to-server communication
- Secure Message Router – securely route and enforce policy on inbound and outbound messages without interruption of delivery

The LTPAC HIT Collaborative appreciates the opportunity to share our comments on the ONC 2017 Standards Advisory and we look forward to answering questions or working with you on any of the issues highlighted in these remarks.

Best Regards,

LTPAC Health IT Collaborative
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