September 28, 2011

Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Mostashari:

The following transmittal memo consolidates the HIT Standards Committee’s recommendations on three topics: 1) e-prescribing of discharge medications; 2) public health content exchange standards and implementation specifications; and 3) draft certification criteria and associated standards and implementation specifications for EHR technology certification to support the next stage of meaningful use.

E-prescribing of Discharge Medications

Consistent with the work presented to the HIT Standards Committee by the e-Prescribing of Discharge Medications Power Team at the HIT Standards Committee meetings held on July 20, 2011 and September 28, 2011, we offer the following recommendations.

E-prescribing

For electronic prescribing in general, we recommend that for EHR certification:

1. Electronic prescription of discharge medications with hospital pharmacies conform to either an HL7 message (any version 2.2 through 2.5.1) or that NCPDP SCRIPT versions 8.1 or 10.6 be used to transmit prescriptions and prescription-related information;
2. Electronic prescription of discharge medications with retail, ambulatory or long term care pharmacies that NCPDP SCRIPT versions 8.1 or 10.6 be used to transmit prescriptions and prescription-related information; and
3. RxNorm be used as the vocabulary for prescription medications in electronic prescription communications.

Medication History

We recommend that EHR certification specify the NCPDP SCRIPT and HL7 CCD and ASTM CCR standards to inform the prescriber of the patient’s medication history in an EHR used as the prescription ordering system. Additionally, as discussed at the September 28th HIT Standards Committee meeting, we recommend that ONC look to the Standards and Interoperability Framework Transitions of Care Initiative to consider the adoption of Consolidated CDA Templates as an alternative to the previously noted summary record standards.
**Eligibility for Drug Plan Benefits**

We recommend the following standards for EHR certification when needed for electronic prescribing of discharge medications. Because the expected date for implementation of this recommendation is after December 31, 2011, we recommend only those versions that align with applicable regulations.

- Professional and institutional health care eligibility benefit inquiry and response – the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3—Health Care Eligibility Benefit Inquiry and Response (270/271), April 2008, ASC X12N/005010X279

**Public Health Content Exchange Standards and Implementation Specifications:**

Consistent with the work presented to the HIT Standards Committee by the Surveillance Implementation Guide Power Team at the HIT Standards Committee meeting on August 17, 2011, we recommend the following for certification:

1. For electronic lab result reporting that HL7 2.5.1 continue to be required.
2. For immunization reporting, HL7 2.5.1, as the standard for vaccination reporting for Meaningful Use Stage 2. The current alternative standard, HL7 2.3.1, should be deprecated. The corresponding implementation specification adopted for Meaningful Use Stage 2 should be the 2.5.1 Implementation Guide and Standard Code Sets specified in Stage 1 (unless updated versions of these are established in time for Stage 2 implementation)
3. For syndromic surveillance, HL7 2.5.1 should be the standard specified for Meaningful Use Stage 2 for syndromic surveillance reporting. The current alternative standard HL7 2.3.1 should be deprecated.

Please see the attached detailed letter for additional information.

**Certification Criteria Analysis**

Consistent with the work presented to the HIT Standards Committee by the Implementation Workgroup, we recommend that ONC refer to the attached matrix of draft standards, implementation specifications and certification criteria to inform its notice of proposed rulemaking. We believe these recommendations will serve as an effective starting point for the rulemaking that will take place to support the next stage of meaningful use.

Sincerely yours,

Jonathan Perlin
Chair, Health IT Standards Committee

John Halamka
Vice Chair, Health IT Standards Committee

Attachment(s):