February 24, 2014

Dr. Karen DeSalvo, National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Larry Wolf, Co-Chair, Kindred Healthcare
Marc Probst, Co-Chair, Intermountain Healthcare
HIT Policy Committee Certification/Adoption Workgroup
Office of the National Coordinator for Health Information Technology
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

RE: **HIT Policy Committee Certification and Adoption Workgroup**
      Certification for Long-Term and Post-Acute Care Virtual Hearing

Dear Dr. DeSalvo, Mr. Wolf and Mr. Probst:

I am writing on behalf of the Alliance for Home Health Quality and Innovation (the "Alliance")
on the prospective development of **a voluntary LTPAC Electronic Health Record
(EHR) Certification program.** Understanding that the HIT Policy Committee's
Certification and Adoption Work Group discussed this topic in December 2013, the Alliance
would like to provide comments on certification for long term and post-acute care (LTPAC)
electronic health records.

The Alliance is a non-profit 501(c)(3) organization with the mission to lead and support
research and education on the value of home health care to patients and the U.S. health care
system. Working with researchers, key experts and thought leaders, and providers across the
spectrum of care, we strive to foster solutions that will improve health care in America. We are
also a membership based organization comprised of not-for-profit and proprietary home health
care providers and other organizations dedicated to improving patient care and the nation's
healthcare system. For more information about our organization, please visit:
http://ahhqi.org/.

The Alliance supports development of LTPAC EHR certification standards. The Alliance has
two recommendations regarding certification and adoption: (I) the priority in EHR
certification should be the ability to exchange standardized, interoperable clinical information;

and (II) adoption of certified software could be driven by heightening the standards for hospital and eligible physicians' exchange of electronic information with outside providers.

I.   **In developing EHR software certification standards, the critical standard should be interoperability.**

While there are a number of important facets in EHR certification, interoperability should stand at the forefront of the discussion on EHR certification standards. Interoperability provides the greatest value in pushing HIT at the national level. Part of this rests on the idea that interoperability promotes hospitals, eligible professionals and LTPAC settings to share the responsibility of information exchange. Therefore, it is interoperability that will most likely drive change that can improve care and lower costs through HIT.

Incomplete information hinders the ability to achieve care coordination and achieving improvements in care transitions throughout our health care system. The electronic exchange of standardized data by LTPAC providers is critical to improve care coordination across the spectrum of care. The Alliance agrees with Terry O'Malley's statement to the Certification and Adoption Work Group that, "the electronic exchange of standardized, interoperable clinical information between different IT platforms becomes the essential tool for care integration between and among acute and LTPAC providers."

Key data elements, such as those originally identified through the Massachusetts IMPACT project and other national organizations and initiatives, have been developed. These data elements can be used as a national standard for transitions of care and longitudinal coordination of care. Some have projected that the HL7 Domain Analysis Work Group, the ONC Longitudinal Coordination of Care Work Group, ASPE and others have nearly completed the final stages of HL7 ballot reconciliation for these data elements which will be available for reference as certification standards early in 2014. EHR certification for hospitals, eligible professionals, and LTPAC sites should include the capacity to send and receive these standardized data elements to support transitions and care coordination.

Requiring interoperability forces the issue, and standardizing the exchanged pieces of data improves the transitions of care regardless of the originating site's IT software. Both requiring and standardizing EHR interoperability can improve patient care across all settings.

II.   **Additionally, the Alliance supports the Home Care Technology Association of America's (HCTAA) recommendation that ONC strengthen requirements for the electronic exchange of the summary care record by hospitals and eligible professionals with outside providers.[1]**

As it currently stands, the 2014 EHR Criterion, which stipulates only 10% of summary care records are required to be transmitted electronically, is too conservative. We would instead encourage the percentage of summary care records exchanged by hospitals and eligible

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[1] Health Care Technology Association of America: Comments Regarding Voluntary Long-Term Post-Acute Care (LTPAC) Electronic Health Record (EHR) Certification Program (Dec. 12, 2013) http://www.healthit.gov/FACAS/sites/faca/files/121213_Brennan_Utterback_HCTA_Testimony.pdf

professionals electronically be increased to support the extension of the standard to LTPAC providers. Currently, the low percentage does not support the ability of Stage 2 Meaningful Use to function as a tool for LTPAC settings. Without an increase in the electronic data shared by hospitals and related providers and LTPAC settings such as home health, the opportunity for better communication amongst settings, and thus improved care coordination is limited.

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In conclusion, the focus of certification standards should be on the long-term goal of achieving seamless health information exchange across the spectrum of care, which includes home health care and other long-term and post-acute care providers. By requiring the ability to exchange standardized data between hospitals and eligible professionals and PAC providers, we will support dramatic improvements in quality of care.

Should you have any questions about the Alliance's comments, please contact me at (202) 239-3671 or tlee@ahhqi.org.

Sincerely,

/s/

Teresa L. Lee, JD, MPH
Executive Director