



May 7, 2012

Honorable Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology
Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
Attention: 2014 Edition EHR Standards and Certification Criteria Proposed Rule
Hubert H. Humphrey Building, Suite 729D
200 Independence Ave. SW
Washington, DC 20201

Re: RIN 0991-AB82

Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology

Dear Dr. Mostashari:

I am writing on behalf of the Alliance for Home Health Quality and Innovation (the "Alliance") to provide comments on the proposed rule for "Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology, from the Office of the National Coordinator for Health Information Technology (ONCHIT) and the Department of Health and Human Services (HHS)."¹ The Alliance appreciates the opportunity to provide comments on this rule as your office continues to develop the parameters for meaningful use, electronic health records (EHRs), and health information exchange (HIE).

Founded in 2008, the Alliance is a national consortium of home healthcare providers and organizations dedicated to improving individual patient care and the nation's healthcare system. The Alliance invests in research and education that demonstrates the value that home-based care can provide across the continuum of care. In our capacity representing providers in the post-acute care space, we are keenly aware of the importance of building technological infrastructures that will allow post-acute providers to work hand-in-hand with other partners providing high quality, coordinated care within the healthcare system. The home healthcare community wants to be recognized as a trusted partner in healthcare reform, and building these partnerships require the widespread adoption of data systems that allow for HIE between care settings.

The home healthcare community is committed to a seamless delivery of healthcare services and has the technological capacity to take on a central role in care delivery and care coordination. We support the

¹ HIT: Standards, Implementation Specifications and Certification Criteria for EHR Technology, 2014 Ed., 77 Fed. Reg. 13832, 13832 - 13885 (Mar. 7, 2012).

comments submitted by the National Association of Homecare and Hospice (NAHC) and its affiliate, the Home Care Technology Association of America (HCTAA) regarding this Proposed Rule. In addition, the Alliance makes the following comments:

- I. **That HHS and ONCHIT should remain aware of the need to include post-acute care providers, including home healthcare, in the development of the Meaningful Use, EHR standards, and HIE guidelines in order to ensure seamless care delivery across care settings; and**
- II. **That the Alliance fully supports an EHR infrastructure that is accessible across a diverse body of providers and patients, especially the frail elderly and the chronically ill patients who often utilize home healthcare services.**

In support of these comments, the Alliance submits the following:

- I. **Seamless Care Coordination Requires the Inclusion of Long-Term Post-Acute Care Providers**

- A. As proposed, Section 170.314 may present significant barriers to the long-term post acute care community when sharing information with other providers.

One of the challenges facing Long-Term Post Acute Care (LTPAC) providers is the need for standards in health information exchange. As HHS recognized last December, there is a lack of standardization of EHRs for many post-acute care providers.² Although the Certification Commission for Health Information Technology (CCHIT) has certified EHR programs unique to LTPAC providers, there are no uniform vocabulary standards required for home healthcare. The Alliance agrees with NAHC and HCTAA that SNOMED CT is the most appropriate vocabulary standard to use for the current problem list but also wants to emphasize that the home health community does not yet have vocabulary standards across the entire community. The vendor community needs time to modify their existing products to the new standards in order to ensure that LTPAC providers are active partners in HIE exchange.

The Alliance also supports the comments from NAHC and HCTAA that the proposed definition of “longitudinal care” that would mean “over an extended period of time” for inpatient settings is inconsistent with the term as it is used among LTPAC providers. For example, the LTPAC Health IT Collaborative uses the term “longitudinal care” to mean care that follows the patient across a continuum.³ For this reason, we support the use of the term “durational care” to mean care for a patient within a hospital and ask that the term “longitudinal care” be reserved for care that follows a patient across settings. This change in definition would better reflect the term as used within the LTPAC

² HHS, *Opportunities for Engaging Long-Term and Post-Acute Care Providers in HIE Activities: Exchanging Interoperable Patient Assessment Information* 35-36 (December 2011). Available at: <http://aspe.hhs.gov/daltcp/reports/2011/StratEng.pdf>.

³ See, e.g., LTPAC HIT’s webpage on Care Coordination, which references interdisciplinary longitudinal care plans. Available at: <http://www.ltpachealthit.org/content/care-coordination>.

Health IT Collaborative and would allow LTPAC providers to work more closely with hospital and physician partners.

B. LTPAC providers need governmental support to incentivize EHR vendors to create technologies that align with programs utilizing the Meaningful Use criteria.

In the proposed rule, HHS and ONCHIT have asked specifically for public comment on whether there should be an effort to certify HIT used by health care providers ineligible to receive incentives under the EHR incentive programs.⁴ HHS has previously recognized, as recently as December 2011, that the lack of funding and payment incentives to adopt HIT and EHRs is a significant barrier to interoperability – a barrier strongly related to the lack of standardization of EHRs and multiple or competing initiatives to standardize data metrics.⁵

The Alliance agrees with NAHC and HCTAA that it is critical to have a standardized, government effort to certify LTPAC HIT. The home healthcare community faces significant challenges in the adoption of EHRs because the community must work alongside, rather than with, the Meaningful Use Program. Current certifications for EHRs fall under the work of a private sector organization, CCHIT (referenced above in section A). CCHIT provides a CCHIT Certified 2011 LTPAC certification process that includes an option for home health certification.⁶ To date, only two vendors, AOD Software and HealthMEDX, LLC, are LTPAC certified.⁷

We are confident that home healthcare providers can continue to be a willing partner in HIE, as the community is quickly adopting electronic medical record (EMR) technology. In fact, in 2007 the Journal of the American Medical Informatics Association reported that 43% of US home healthcare agencies used EMRs.⁸ By 2009, a survey by Fazzi Consultants revealed that 65% of home healthcare agencies were using EMRs.⁹ With government support and standards, it is likely that more vendors will modify existing technologies to better align with technologies used in the Meaningful Use Program.

Financial incentives would go a long way toward interoperability. As the comments from NAHC and HCTAA recognize, many vendors and providers have found that complying with new certification standards could potentially be cost-prohibitive for the home healthcare industry. Even without financial incentives, however, government-backed criteria would provide guidance in this area. The Alliance supports the work of the S&I Framework Committee to develop standards of exchange in these areas as well as updates to the CCHIT EHR certification process.

⁴ See HIT: Standards, Implementation Specifications and Certification Criteria for EHR Technology, 2014 Ed., 77 Fed. Reg. 13832, 13871.

⁵ HHS, *supra* note 2.

⁶ See <http://www.cchit.org/certify/2011/cchit-certified-2011-long-term-post-acute-care-ltpac-her>.

⁷ See <http://www.cchit.org/products/onc-atcb/all/all/2011>.

⁸ Helaine E. Resnick and Majd Alwan, *Use of health information technology in home health and hospice agencies: United States, 2007*, JAMIA (April 30, 2010), Available at: <http://jamia.bmj.com/content/17/4/389.full.pdf+html>.

⁹ The Blackberry® Report: The National State of the Home Care Industry. Available at:

<http://www.celltrak.com/downloads/Fazzi%20Study%20-%20The%20National%20State%20of%20the%20Homecare%20Industry.pdf>.

II. The Alliance supports the inclusion of measures that encourage patient participation and involvement, especially for disabled and elderly patients.

As an organization dedicated to research, quality improvement and education, Alliance member companies are highly interested in data metrics that can assist the home healthcare community in tracking progress toward improving quality of care for patients. Home healthcare providers often work with some of the poorest, sickest and most vulnerable beneficiaries in the Medicare program. For this reason, the Alliance is in full support of data metrics that give elderly and disabled patients more opportunities to take an active role in their care, as well as measures that better track quality of care.

The Alliance supports the proposed Web Content Accessibility Guidelines outlined in Section 170.204(a) of the proposed rule to make web content more accessible for people with a range of disabilities. The Alliance agrees with NAHC and HCTAA that vendors will need time in order to make the changes necessary to adhere to these guidelines. With regard to the additional comments requested on Disability Status – Functional, Behavioral, and Cognitive Measures – the Alliance also supports the inclusion of disability status as a measure of the summary care record.

The Alliance also supports the standard on Advance Directives as described in Section 170.314(a)(18). It is critical that that home healthcare providers and other LTPAC providers have access to information about a patient’s desires for end-of-life decision making and that the electronic data representing those decisions can be exchanged with LTPAC providers.

In addition, the Alliance supports the standards for clinical summaries, expressed in Section 170.314(e)(2) with the caveat that home healthcare systems do not currently support the data elements that are in the Meaningful Use Care Plan. The Alliance defers to the work of the S&I Framework Committee as they are currently developing a Home Care Plan of Care Concept that aligns with the Care Plan concept. The Medication List standard in section 170.314(a)(6) presents a similar issue for LTPAC providers in that the criteria will not work with providers that do not use RXNORM.

Finally, the Alliance agrees with NAHC and HCTAA’s request for the inclusion of zip codes for the Demographics standard set forth in Section 170.314(a)(3). The inclusion of geographical information would allow providers focused on quality improvement to track trends and account for regional variation.

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Thank you again for the opportunity to comment on the proposed rule. Should you have any questions, please contact me at 202-239-3671 or tlee@ahhqi.org.

Sincerely,

/s/

Teresa L. Lee, JD, MPH
Executive Director