The Office of the National Coordinator for Health Information Technology

ONC 2015 Edition EHR Certification Criteria Notice of Proposed Rulemaking

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HealthIT.gov

By the end:

- Why a 2015 Edition?
  - 30,000ft and 10ft
- Certification Policy Perspective
  - Past
  - Present
  - Future
- Highlights:
  - 2015 Edition Proposals
  - 2017 Edition topics under consideration

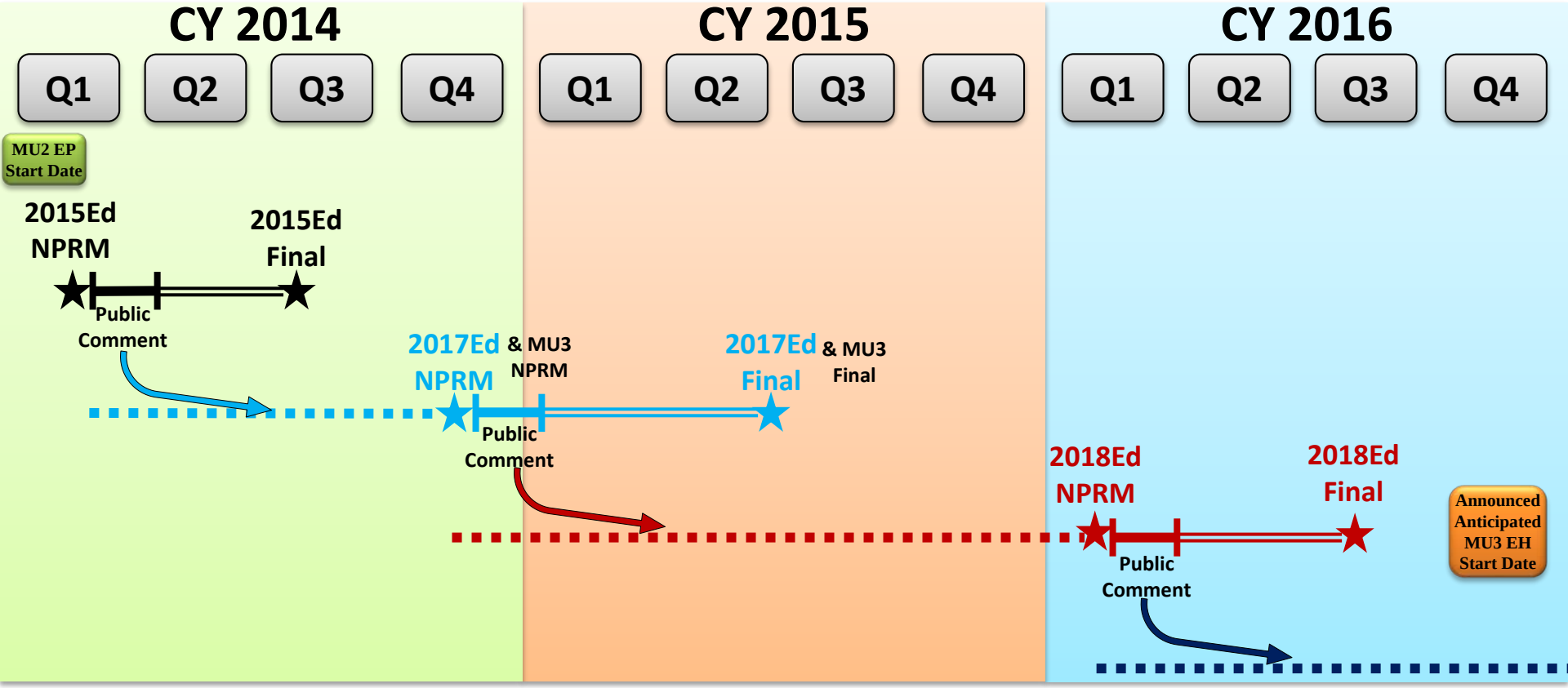
Certification Big Picture

- Why certification?
  - For meaningful use incentives it's required by law (HITECH)
  - In general, certification provides assurance and accountability
  - Creates a "gold baseline" in a sense

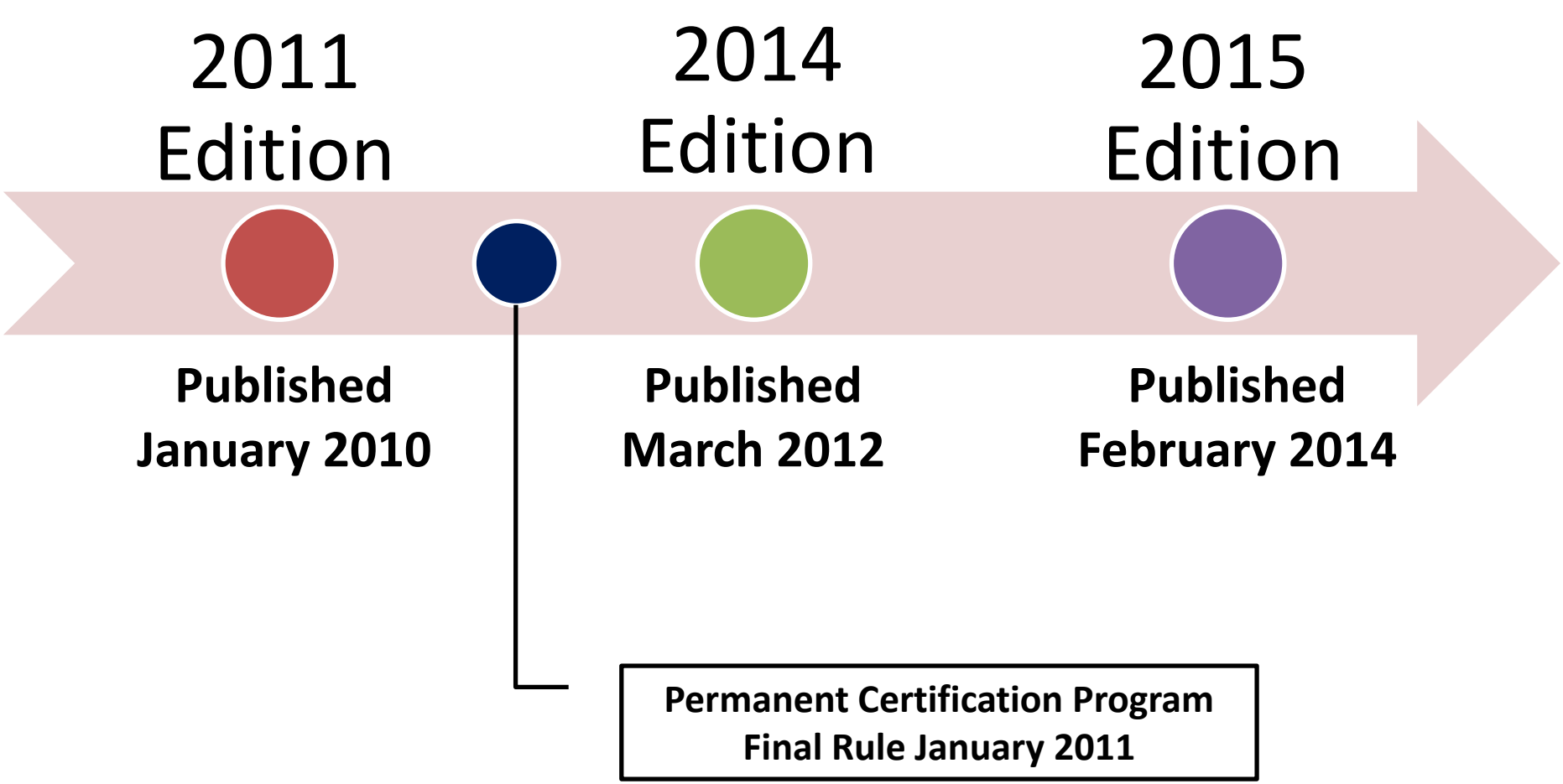
- ONC's role as a coordinator, convener, & enabler
  - Certification program policy as a service to others

  - "Policy API" for convergence – a method through which industry and other Federal policy and program needs can be met with mutually beneficial outcomes.
    - Means to reduce overall regulatory burden ("compliance fast-track")

The future: 3-year ONC Rulemaking Roadmap (milestones reflect best guestimates)



Major Certification Rulemakings Timeline by Proposed Rule/IFR Release



What does more incremental rulemaking accomplish?

- Makes rulemaking more nimble, better able to keep up with industry updates.

- Less change between editions of certification criteria.
  - Gap certification between the 2014 Edition and 2015 Edition and then between the 2014/2015 Editions and 2017 Edition could significantly expedite certifications and reduce regulatory burden.

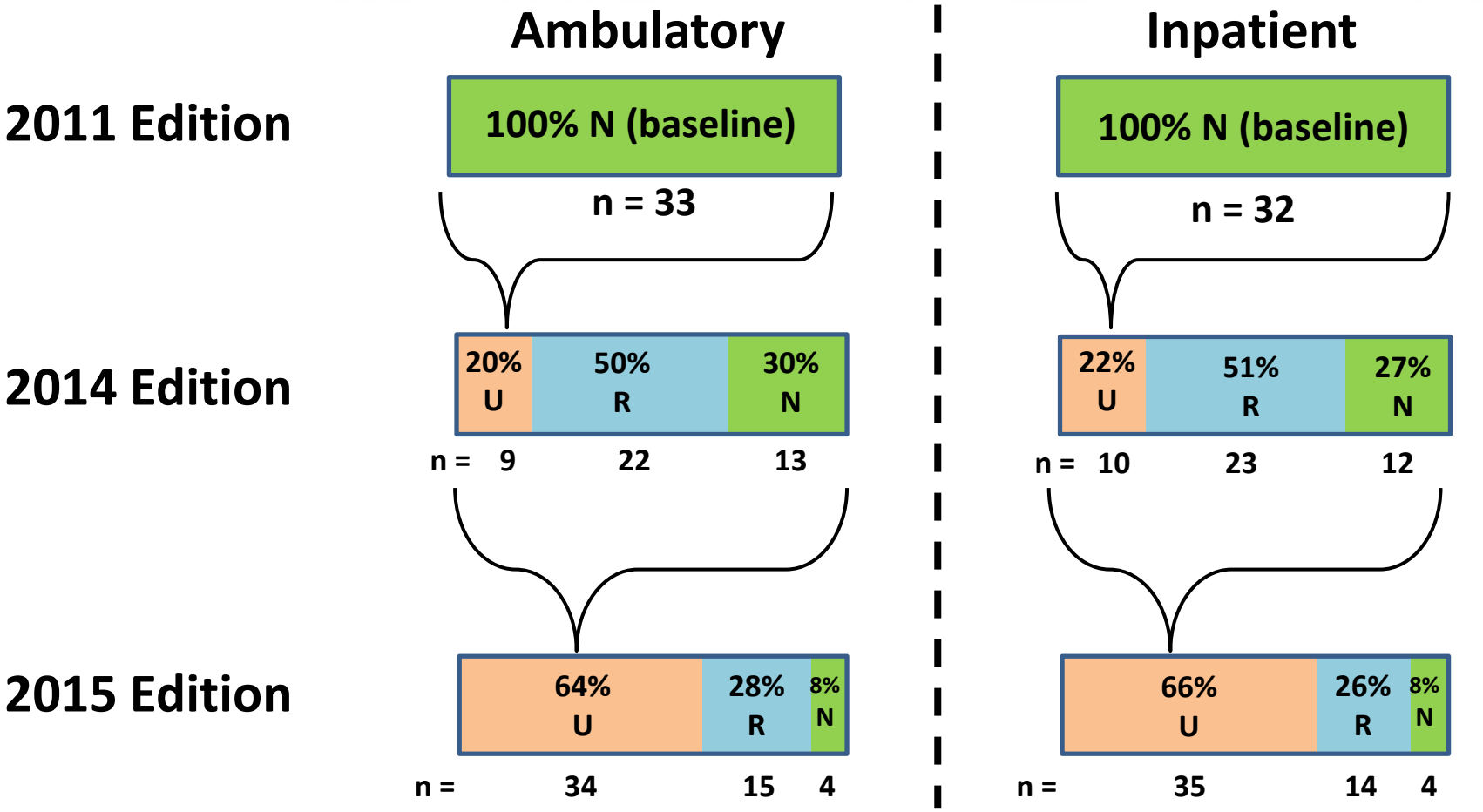
- Provides ample opportunity for public comment and earlier visibility into potential policy directions.

2011 Permanent Certification Program Final Rule & Gap Certification

- Included the concept of “gap certification”

- *Gap certification* means the certification of a previously certified Complete EHR or EHR Module(s) to:
  1. All applicable new and/or revised certification criteria adopted by the Secretary at subpart C of this part based on the test results of a NVLAP-accredited testing laboratory; and
  2. All other applicable certification criteria adopted by the Secretary at subpart C of this part **based on the test results used to previously certify the Complete EHR or EHR Module(s).**

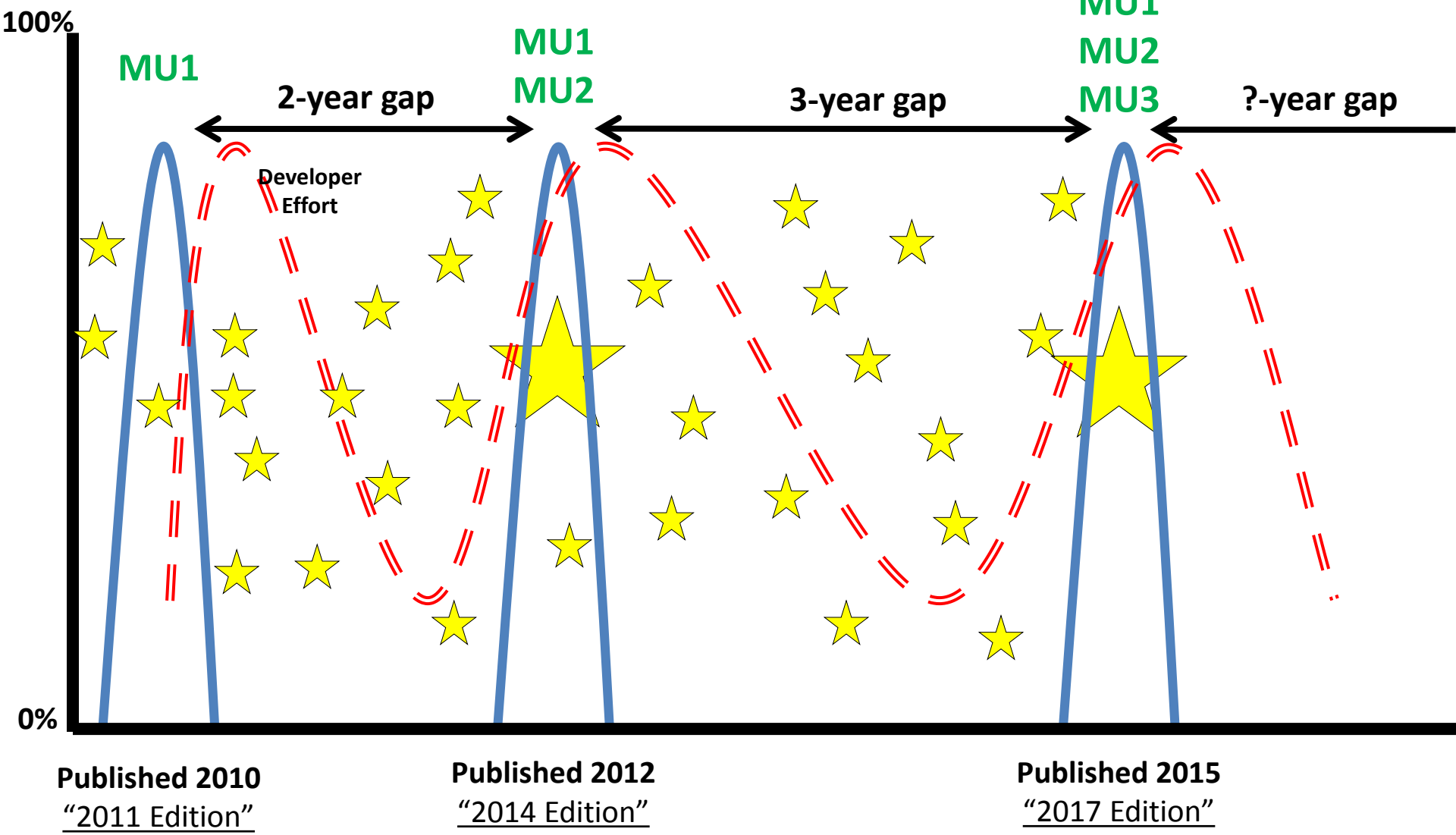
Chronological Composition (New/Revised/Unchanged) of Certification Criteria Editions by Year



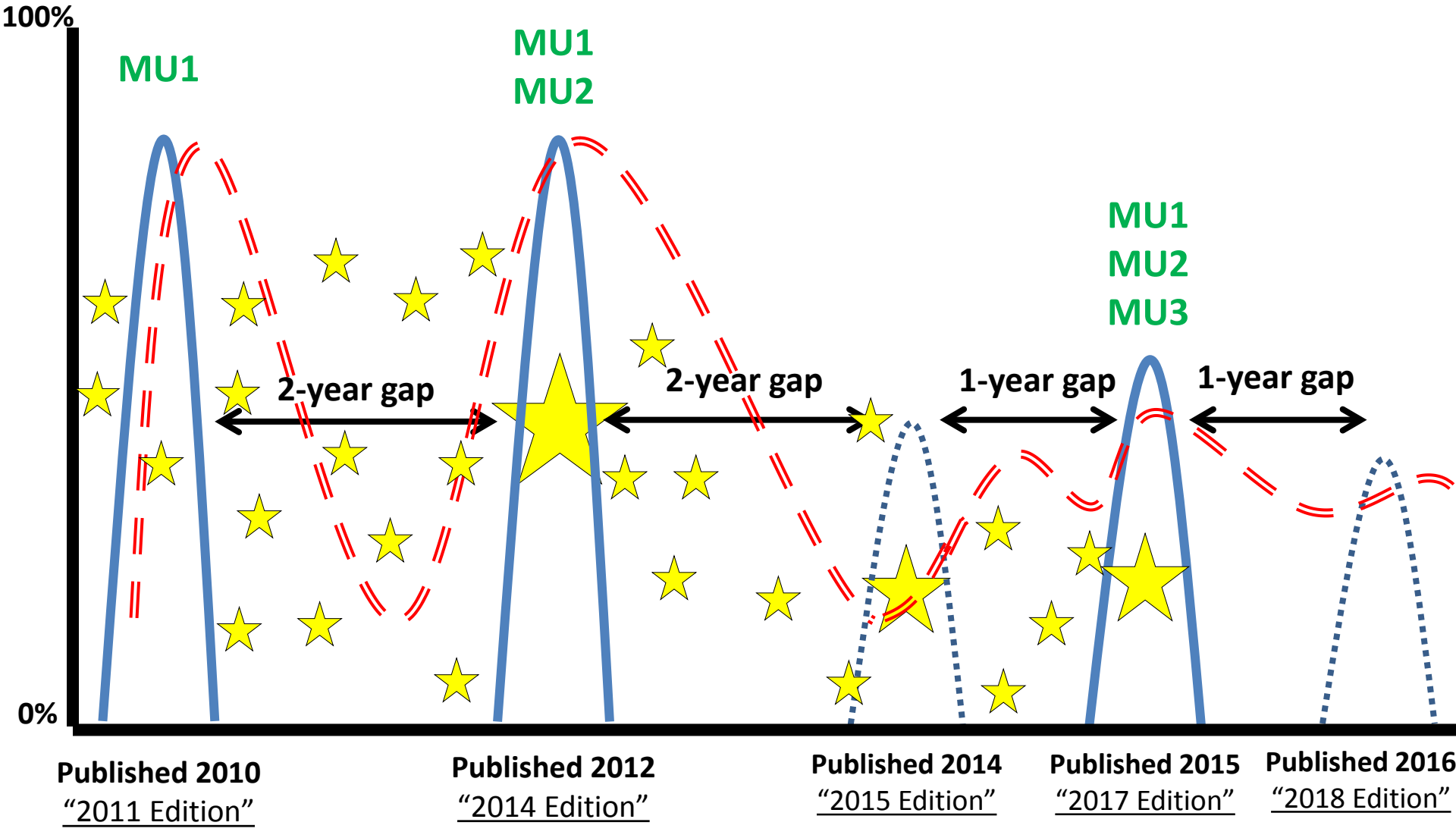
Bottom line:

- **Over 60% of the 2015 Edition certification criteria are eligible for gap certification**
- **Possible for an HIT developer to get a 2015 Edition certification without retesting**

Resource Allocation Comparison: Rulemaking vs HIT Developer (no incremental rules)



Resource Allocation Comparison: Rulemaking vs HIT Developer (with incremental rules)



2015 Edition highlights

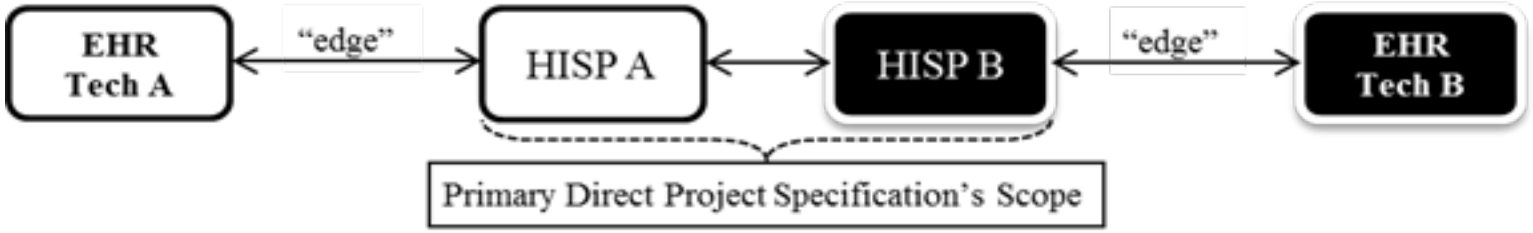
- Lab orders & CLIA compliance
  - Computerized Provider Order Entry (CPOE) for lab order IG
  - Incorporate lab test results updated IG

- Clinical Decision Support (CDS)
  - Propose the adoption of the Health eDecisions work.
    - Requirements for computable CDS as well as interface requirements needed to request CDS guidance from a CDS supplier.

- Implantable device list
  - Record and display the unique device identifiers (UDIs) associated with a patient's implanted devices

2015 Edition highlights (2)

- Transitions of Care
  - Propose to separately test and certify:
    - "Content" capabilities (i.e., Consolidate CDA); and
    - "Transport" capabilities (i.e., Direct Project specification).
  - Propose to require testing to an "edge protocol" implementation guide



  - Propose a new "performance standard" that would require EHR technology to successfully receive Consolidated CDA's no less than 95% of the time.
  - Data quality constraints to improve patient matching

2015 Edition highlights (3)

- Patient Population Filtering for CQMs
  - Ability to create different patient population groupings by, for example:
    - practice site
    - primary and secondary insurance
- Syndromic Surveillance
  - Propose to revise the 2014 Edition version as well as adopt a 2015 Edition that mirrors those revisions
    - Add certification alternatives for CDA and QRDA III standards

2015 Edition highlights (4)

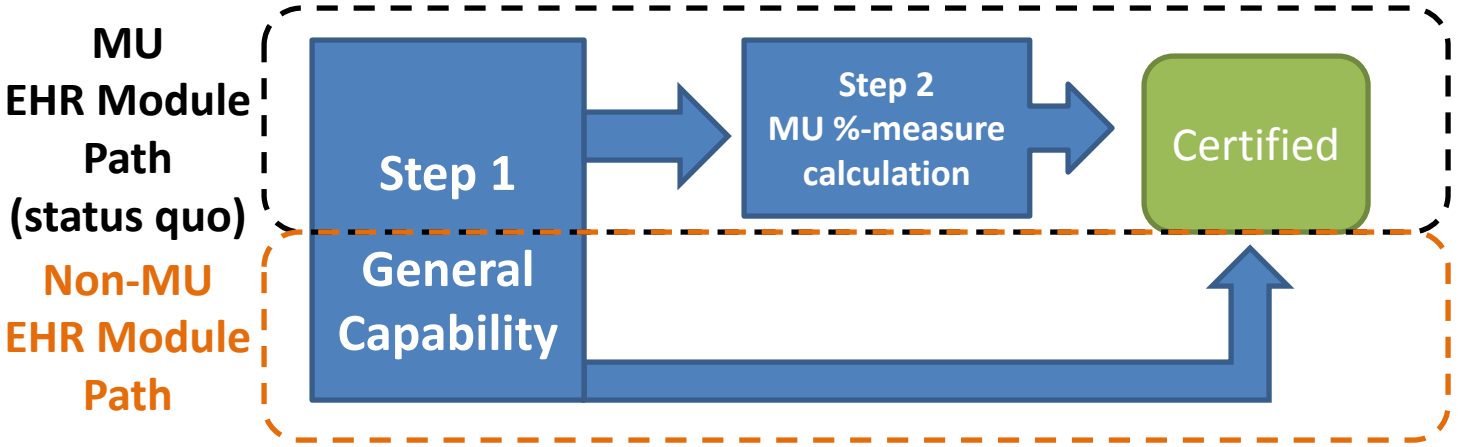
- Non-Percentage-Based Measures
  - Re-proposed in response to OIG recommendation
- Transmission
  - Four separate certification criteria for transmission
  - Newest includes Direct + Delivery Notification

ONC HIT Certification Program/Definitions

- "Complete EHR" certification
  - Propose to discontinue
    - Outlived original intent
    - Misnomer
      - Only applies to scope of all certification criteria not entire product
    - Exceeds the flexibility now provided in the Certified EHR Technology definition
    - Not necessarily "complete"
      - No guarantee that it will included all CQM capabilities
      - May not include capabilities designated as "optional" certification criteria

ONC HIT Certification Program/Definitions (2)

- Non-MU EHR Technology Certification
  - Propose to remove existing regulatory burden that would require EHR technology designed for non-MU purposes to include MU measure calculation capabilities in order to get certified.
  - Propose to permit "MU EHR Modules" and "non-MU EHR Modules" to be certified. The latter would not need to include the MU-specific measure calculation capabilities to get certified.



2017 Edition Topics Under Consideration

1. Additional Patient Data Collection
   - Disability information
   - US Military Service
   - Work Information Industry/Occupation
2. Medication Allergy Coding
3. Certification Policy for EHR Modules and Privacy and Security
4. Provider Directories
5. Oral Liquid Medication Dosing
6. Medication History
7. Blue Button +
8. 2D Barcoding
9. Duplicate Patient Records
10. Disaster Preparedness
11. Certification of Other Types of HIT and for Specific Types of Health Care Settings
    - Best way to distinguish beyond "EHR technology"
    - Specific types of health care settings

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- **Browse the ONC website at:** HealthIT.gov
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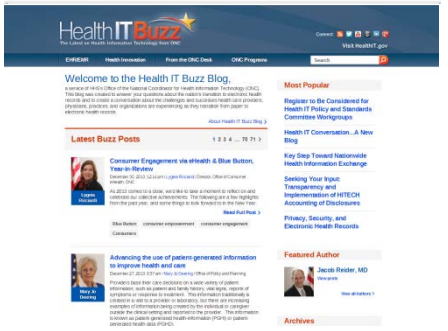
  - Health IT
- **Contact us at:** onc.request@hhs.gov



New and Updated FAQs for the EHR Incentive Program

Beth Myers
Policy and Outreach Lead, eHealth Initiatives
Centers for Medicare & Medicaid Services

New EHR FAQs

FAQ# 9822: How should Medicaid EPs using the group proxy method calculate patient volume using the “12 months preceding the EP’s attestation” approach, as not all of the EPs in the group practice may use the same 90-day period?

Answer: CMS would allow different representative, continuous 90-day periods to be used, as long as all of the provisions of 42 CFR 495.306(h) are satisfied.

New EHR FAQs

FAQ# 9824: Can a hospital count a patient toward the measures of the "Patient Electronic Access" objective if the patient accessed his/her information before they were discharged?

Answer: The hospital may include patients found in the denominator who access their information on or before the hospital discharge date in the numerator.

New EHR FAQs

FAQ# 9826: When demonstrating Stage 2, would an EP be required to report on the "Electronic Notes" objective even if he or she did not see patients during their reporting period?

Answer: An EP can claim an exclusion from reporting this objective if he or she demonstrates that they had no office visits during the EHR reporting period for which they are attesting.

Updated EHR FAQs

FAQ# 3819: For Stage 1 and 2 objectives that require submission of data to public health agencies, if multiple EPs are using the same certified EHR technology across several physical locations, can a single test or onboarding effort serve to meet the measures of these objectives?

Answer: Providers within the same organization that use the same certified EHR technology and share a network for which their organization either has operational control of or license to use can conduct one test or one single effort to register and onboard that covers all providers in the organization.

Updated EHR FAQs

FAQ# 7729: For the Stage 2 objective that requires the successful electronic exchange of a summary of care document with either a different EHR technology or the CMS designated test EHR, if multiple EPs are using the same certified EHR technology across several physical locations, can a single test meet the measure?

Answer: Providers that use the same EHR technology and share a network for which their organization either has operational control of or license to use can conduct one test for the successful electronic exchange of a summary of care document with either a different EHR technology or the CMS designated test EHR that covers all providers in the organization.

Updated EHR FAQs

FAQ# 9686: In calculating the meaningful use objectives requiring patient action, if a patient sends a message or accesses his/her health information made available by their EP, can the other EPs in the practice get credit for the patient's action in meeting the objectives?

Answer: Yes. This transitive effect applies to the Secure Messaging and the 2nd measure of the Patient Access (VDT) core objectives.

Updated EHR FAQs

FAQ# 9690: When reporting on the Summary of Care objective, which transitions would count toward the numerator of the measures?

Answer: The transition or referral must take place between providers with different billing identities such as a different NPI or hospital CMS Certification Number.

- For Measure 1, include the transitions of care in which a summary of care document was provided to the recipient of the transition or referral by any means.
- For Measure 2, include the transitions of care in which a summary of care document was transmitted electronically to the recipient using a CEHRT, or via exchange facilitated by an organization that is an eHealth Exchange participant, or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.

If the receiving provider already has access to the CEHRT of the initiating provider of the transition or referral, simply accessing the patient's health information does not count toward meeting this objective. However, if the initiating provider also sends a summary of care document, this transition can be included in the denominator and the numerator as long as it is counted consistently across the organization and across both measures.

Questions?

- Visit the CMS FAQ System
  - https://questions.cms.gov/
- Email Elisabeth Myers
  - Elisabeth.Myers@cms.hhs.gov

2014 Eligible Hospital eCQM Annual Update

CMS and ONC eHealth Vendor Workgroup

April 9, 2014

Rabia Khan, MPH

CMS

Julia Skapik , MD, MPH

ONC

Contents

- eCQM Lean Kaizen activities
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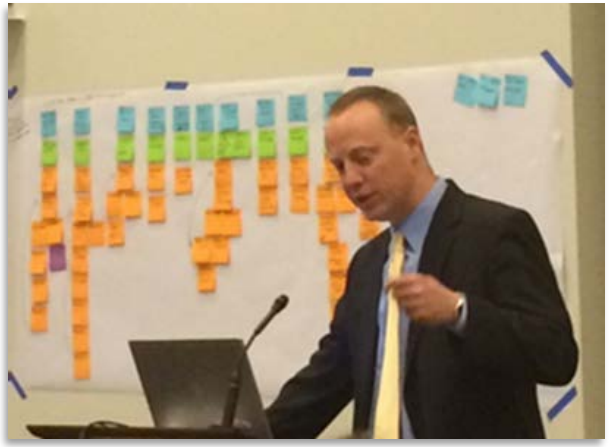
eCQM Lean Kaizen

"This LEAN work is transforming the culture at CMS and enabling us to achieve better outcomes more efficiently. Please join us in advancing the electronic quality measure enterprise and helping improve our health system."

Patrick Conway, MD, CMS Chief Medical Officer and Deputy Administrator for Quality and Innovation



eCQM Lean Kaizen

- Learning about Lean and Lean methodologies
- MAT/Unit Testing
- Logic and Value Set Harmonization
- eCQM Standards and Implementation
- EHR Certification
- Data Processing (Includes Submission Requirements and Public Reporting)
- Measure Maintenance and Updates

New for 2014

- ONC Jira Tracking System
  - Centralized location for reporting feedback and resolving issues
  - Additional projects include CQM annual updates, QRDA, QDM, Cypress, Meaningful Use policy, and Comments for eCQMS under Development projects

    http://oncprojecttracking.org/

New for 2014

- NLM Value Set Authority Center (VSAC)
  - Source of all eCQM value sets
  - Same version of terminologies used in all eCQMs
  - UMLS user credentials required to access
  - Authoring Center now available to users includes automatic code validation and maintenance support
- Implementation of Single Piece Workflow
  - Development process tracked through ONC Jira Tracking System

Global Edits

- Up-versioned eCQM Version ID Numbers for measures with updates
- Updated eCQM logic to correlate with revisions in the Quality Data Model (QDM)
- Revised eCQM logic to clarify measure intent and consolidate logic sequencing
- Removed redundant logic and header statements

Global Edits

- Filled terminology gaps in eCQMs
- Value sets revised and harmonized across eCQMs
- Versioned value sets when content was expanded
- More implementation guidance on measure calculation requirements

Value Sets

- Value sets harmonized across measures:
  - Antimicrobial
  - Birth Date
  - Comfort Measures
  - ED Encounter
  - Emergency Department Visit
  - Infection
  - Inpatient Encounter
  - IV Route
  - Medical Reason
  - Non-elective Encounter
  - Ordinality: Principal

Value Sets

- Review and improvement of medication coding rules
  - Use of drug ingredients for medication allergies and medication “not done”
  - Continuation of specific drug entities for other medications
  - Elimination of non-prescribables

Logic & Metadata

- Logic harmonized between measures
  - ED Visit remodeled
  - Comfort Measures criteria refined
- Headers and guidance updated across all measures

Measure Specific Announcements

- CMS185/NQF0716 Healthy Term Newborn

"CMS suggests eligible hospitals participating in the Medicare & Medicaid EHR Incentive Programs not select NQF 0176: Healthy Term Newborn as one of their additional electronic clinical quality measures (eCQMs) for meaningful use. The measure will no longer be maintained since the measure steward has submitted a substantially changed measure to NQF for endorsement."

Measure Specific Announcements

- Measure titles and headers updated to reflect loss of NQF endorsement:
  - CSM107 Stroke Education
  - CMS109 Venous Thromboembolism Patients Receiving Unfractionated Heparin
  - CMS110 Venous Thromboembolism Discharge Instructions
  - CMS114 Incidence of Potentially-Preventable Venous Thromboembolism
  - CMS26 Home Management Plan of Care (HMPC)

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