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Via Electronic Submission (www.regulations.gov)

May 7, 2012

Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Suite 729D
200 Independence Ave, S.W.
Washington, D.C. 20201

RE: 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 Proposed Rule, RIN 0991-AB82

Dear Dr. Mostashari:

The Association of American Medical Colleges (AAMC or the Association) welcomes this opportunity to comment on the Office of the National Coordinator for Health Information Technology (ONC or the Agency's) Proposed Rule *entitled 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*. 77 Fed. Reg. 13832 (March 7, 2012). The AAMC represents all 137 accredited U.S. medical schools, nearly 400 major teaching hospitals and health systems, and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students, and 110,000 resident physicians who deliver over one-fifth of all clinical care in the nation.

We commend the significant effort by ONC staff in developing this proposed rule reflecting the work of the HIT Standards Committee, the Standards & Interoperability Framework, and many comments from stakeholders. The proposed criteria and standards reflect the multi-stakeholder consensus that fewer, more complete standards, and reduced options will lead to greater interoperability. The AAMC appreciates the opportunity to share our comments on specific aspects of the certification program.

Clinical Quality Measures. ONC's proposal to ensure the accuracy of clinical quality measures data collection and calculations as part of certification is commendable. The AAMC believes that for an electronic health record (EHR) product to achieve certification it should be tested and demonstrate its capability to correctly capture and report all clinical quality measures for which the EHR technology developer seeks certification.

Before measures are finalized for vendor certification, ONC and the Centers for Medicare and Medicaid Services (CMS) should confer to determine which measures are “EHR-ready” for vendor implementation. “EHR-ready” means measures that have been e-specified, tested, and validated for the EHR. Ideally these measures would also have National Quality Forum (NQF) endorsement for EHR submission. Finally, as we discuss in the comment letter submitted to CMS on the proposed rule, *Electronic Health Record Incentive Program – Stage 2*, proposed CQM measures should be reviewed annually by a technical panel during the pre-rulemaking process.

Single Summary Care Record Format. The use of a consistent summary care record and transport standards will encourage and enhance data exchange between entities. We suggest additional work with testing bodies to assure this capability is fully functional, including producing, sending and receiving information in the consolidated clinical document architecture (CDA) format between different vendors. However, we strongly object to the proposed CMS Stage 2 requirement that prematurely interjects the multiple vendor exchange burden into the patient care process.

Problem List. The AAMC believes that it is premature to require only Systematized Nomenclature of Medicine—Clinical Terms (SNOMED-CT®) for problem list coding. We support the optional use of the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) or SNOMED-CT for problem list coding.


Patient Information Reconciliation and Incorporation. ONC suggests adding a requirement that EHR technology perform some type of demographic matching prior to incorporation of a summary care record and laboratory tests and results. We support this addition, as it is intended to help ensure the correct identification of patients and avoid the harm that can result when information from the wrong patient is incorporated into the summary of care and laboratory test results. We also note that the lack of a national patient identifier is the reason that this is needed.

Accounting for Disclosures. We strongly object to changing this from optional to mandatory, or that any other changes should be made to the certification criterion. The AAMC commented on the Accounting for Disclosure notice of proposed rulemaking and, as was true for many commentators, objected to the proposal as being unworkable and extremely burdensome on providers and asked that the access report requirement be withdrawn. Our letter is available at <https://www.aamc.org/download/255862/data/aamccommentsonaccountingfordisclosuresproposedrule.pdf>.

Timing of Certification Requirements. As eligible hospitals and professionals become increasingly dependent on the ability of their EHR vendor to retool their products to meet changing certification requirements and have their products certified under new requirements on a continual basis, we urge ONC to publish final certification rules at least one year before vendors are required to be certified. To allow sufficient time for hospitals and EPs to incorporate these changes into their EHRs and to make adjustments to their workflow, they should be given at least three years from the time the products are certified before they are expected to use them.

If you have any questions concerning these comments, please feel free to contact Morgan Passiment, at mpassiment@aamc.org or at 202-828-0476.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joanne Conroy MD".

Joanne M. Conroy, M.D.
Chief Health Care Officer

cc: Morgan Passiment
Ivy Baer, JD