EHRA
HIMSS ELECTRONIC HEALTH RECORD ASSOCIATION

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May 22, 2023

Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW
Washington, DC 20416

Dear Dr. Tripathi,

On behalf of our nearly 30 member companies, the HIMSS Electronic Health Record (EHR) Association appreciates the opportunity to provide feedback to the ONC on the 2023 Standards Version Advancement Process (SVAP).

The EHR Association is dedicated to improving the quality and efficiency of care through innovative, interoperable health information technology (IT) adoption and use. In doing so, we are committed to working toward a healthcare ecosystem that leverages the capabilities of EHR and other health IT to efficiently deliver higher-quality care to patients in a productive and sustainable way.

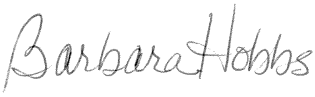
Sincerely,

David J. Bucciferro
Chair, EHR Association
Foothold Technology

William J. Hayes, M.D., M.B.A.
Vice Chair, EHR Association
CPSI

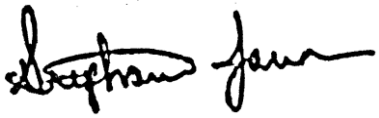
HIMSS EHR Association Executive Committee

Leigh Burchell
Altera Digital Health

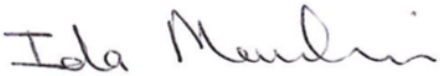


Barbara Hobbs
MEDITECH, Inc.

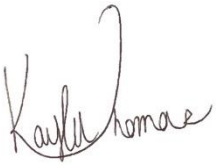
Cherie Holmes-Henry
NextGen Healthcare



Stephanie Jamison
Greenway Health



Ida Mantashi
Modernizing Medicine



Kayla Thomas
Oracle Cerner

Established in 2004, the Electronic Health Record (EHR) Association is comprised of nearly 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families. The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.

Web Content Accessibility Guidelines (WCAG) 2.2, January 25, 2023

While the EHR Association is fully supportive of enabling the latest editions of web content accessibility standards via SVAP, WCAG 2.2 is currently in "candidate recommendation" status and not final. We suggest that WCAG 2.2 should not be approved in 2023 SVAP, as it should only be added once the standard version is final and published as a W3C-recommended standard.

HL7 CDA R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I); Release 1, DSTU Release 5.3 with errata (US Realm), Volume 2 - Templates and Supporting Material, December 2022

The EHR Association supports the adoption of this implementation guide and agrees that it, along with the companion Volume 1, will allow developers to maintain currency with latest eCQM standards across the board. These form the basis for the CMS QRDA I specification associated with the c3 criterion and are required for annual CMS/TJC eCQM reporting.

HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I); Release 1, DSTU Release 5.3 with errata (US Realm), Volume 1 - Introductory Material, December 2022

The EHR Association supports the adoption of this implementation guide and agrees that it, along with the companion Volume 2, will allow developers to maintain currency with latest eCQM standards across the board. These form the basis for the CMS QRDA I specification associated with the c3 criterion and are required for annual CMS/TJC eCQM reporting.

CMS Implementation Guide for Quality Reporting Document Architecture: Category I; Hospital Quality Reporting; Implementation Guide for 2023

The EHR Association supports the adoption of CMS IG for QRDA Cat 1 for Hospitals and recommends that it automatically be approved with each SVAP cycle, as it is required for hospitals to be in compliance with CMS quality reporting programs. In particular, we suggest adopting version 1.2 (instead of version 1.0) of the CMS Implementation Guide for Quality Reporting Document Architecture: Category 1; Hospital Reporting; Implementation Guide for 2023. Version 1.2 fixes many of the issues with Version 1.0.

CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2023

These are annual uplifts that are required of developers and providers for CMS/TJC program reporting. The EHR Association is fully supportive of adoption and recommends that the CMS IG for QRDA Cat 3 for

ECs/EPs be automatically approved with each SVAP cycle, as it is required for providers to be in compliance with CMS quality reporting programs.

United States Core Data for Interoperability (USCDI), Version 3, October 2022 Errata

The EHR Association supports the adoption of USCDI v3 only if associated FHIR US Core and C-CDA Companion Guide releases are adopted alongside it and made binding requirements in order to exercise it for applicable criteria. In other words, for C-CDA-based criteria (b1, b2, e1, g9) exercising SVAP for the C-CDA Companion Guide R4 is a hard dependency in order to exercise SVAP for USCDI v3. And for g10, the same is true for FHIR US Core 6.0.0. The f5 criterion is the exception, as it does not have a corresponding data format specification standard.

The EHR Association further recommends this approach to better align with other initiatives such as the CMMI ACO REACH Model, IPPS quality measures pushing SDOH recommending use of USCDIv2 (states ONC supports USCDIv2), and the California state requirement for USCDIv2 (California Data Exchange Framework (DxF)).

Additionally, the EHR Association recommends that some standards be conditional in that they may only be adopted when dependent standards are also adopted. For example, FHIR US Core and CCDA Companion Guide releases supporting USCDIv3 are not officially published until April, thus the updated USCDIv3 standard should not be utilized until those standards are also formally adopted via SVAP.

Due to the conflicting release schedules of various schedules, the EHR Association recommends that the SVAP comment period would begin later and end later. For example, a comment period running from mid-May through mid-July with an approval announcement in August and a 60-day delayed effective date falling in October. This would align SVAP more directly with the cadence for publishing the annual FHIR US Core and C-CDA Companion Guide releases that support each annual version of USCDI. As it currently stands, there is not adequate time to review and comment on the FHIR US Core and C-CDA Companion Guide releases when they fall just days before the comment period closes. Alternatively, ONC could eliminate the need to shift the SVAP annual cadence by aligning USCDI certification to recommendations expressed by the EHR Association in previous comment letters and publications like this one, which is to re-imagine USCDI as a compendium or library of data elements cited by individual use-face focused criteria.

Additional comments and requests for clarifications

1. There is a need for further clarification on whether partial implementation of a new version of a standard approved under SVAP is acceptable without claiming certification. For example, if a developer wishes to add a new field or element from a new version of a standard under SVAP but does not wish to advance to the full newer version, can that be done without claiming certification to the new standard? Full compatibility with the prior standard would be maintained.

   Our assumption is that this is perfectly acceptable as long as it does not introduce a direct non-conformity with the version of the standard that is claimed in certification (i.e., either the minimum version adopted in regulation, or a newer version approved in a previous round of

SVAP). For example, adding support for a new field in a FHIR resource introduced in a newer version of FHIR US Core.

2. The current structure of SVAP which allows only one new approved version of a standard to be available at a time is unnecessarily limiting and misaligned with development cycles/timelines.

   The EHR Association recommends that the SVAP Fact Sheet be updated to allow at least two new versions of the same standard (e.g., USCDIv2 and USCDIv3, WCAG 2.1 and WCAG 2.2, etc.) to be available under SVAP at a time. This is needed to accommodate the development timeline experienced by EHR developers. As it currently stands, EHR developers may be unable to complete certification activities by the August effective date on an upgraded standard they have been working on for the prior year.

   Furthermore, allowing just two versions at a time is a reasonable compromise against asking to maintain the availability of all new SVAP-approved versions of a standard in perpetuity.