

AHIMA Comments on Certification Proposed Rule

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By Chris Dimick

Electronic health records could soon become more patient-centered, more secure, and more frequently used for treatment improvement-if provisions outlined in the EHR certification proposed rule are widely implemented.

Under the 2009 ARRA economic stimulus package, healthcare providers that demonstrate meaningful use of certified EHRs can qualify for Medicaid and Medicare incentive payments. The EHR certification proposed rule, published by the Office of the National Coordinator for Health IT (ONC) to the *Federal Register* on March 7, was released alongside another proposed rule that detailed the requirements providers must meet when attesting to stage 2 of the meaningful use program.

The certification rule defines technology standards and implementation specifications required to satisfy meaningful use measures by 2014. Interested parties had 60 days to comment on the certification rule. AHIMA submitted a letter to ONC in May outlining the association's recommendations on the certification standards that pertain to the HIM and health IT industries.

ONC will use these and other industry comments to craft a final rule for stage 2 EHR certification, expected by industry experts this summer. The final certification rule will be released alongside the final stage 2 meaningful use rule.

Below is a summary of AHIMA's comments on the stage 2 standards and certification proposed rule.

Increased Standards

While ONC has made progress promoting the adoption of interoperability standards, AHIMA's comments call for a more consistent approach. The current standards environment "encourages individual experiments" in lieu of a statewide or national approach, wrote Allison Viola, MBA, RHIA, AHIMA's senior director of federal relations, in AHIMA's comment letter.

"Funding should be leveraged to support a more defined national approach and promote a consistent interoperability format-such as those used for international banking (allowing bank cards to be used worldwide) or the Canada Health Infoway initiative which supports nationwide EHR interoperability and access through an established blueprint," Viola wrote.

Base EHRs

The proposed rule offered to change the ONC definition of an EHR that was "qualified" to meet meaningful use, thereby giving providers more flexibility. The current rule states that meaningful use participants must have EHR technology that can meet all criteria and certification standards. But the proposed rule would require program participants to use a "base EHR" to support universal foundational capabilities, then implement any additional technology necessary to meet program objectives and measures for which they plan to attest.

According to the proposed rule, the base EHR definition must:

- Include patient demographic and clinical health information, such as medical history and problem lists
- Have the capacity to provide clinical decision support and to support physician order entry
- Capture and query information relevant to healthcare quality
- Exchange and integrate electronic health information with other sources
- Protect the confidentiality, integrity, and availability of health information stored and exchanged

AHIMA asked that ONC add specific HIM principles to this base EHR definition, requiring that certified EHRs also "produce a record of care for legal, business, and disclosure purposes."

"An EHR system must be able to create, maintain, and manage records within a framework of ever-changing jurisdictional rules, regulations, and laws that are intended to assure electronic records are valid, accurate, and trustworthy," Viola wrote.

Transfer of Records

Several provisions of the proposed rule address the ability to transfer a patient's record from one provider to another in a meaningful way. One criterion requires providers to furnish a summary of care record for each transition of care or referral.

AHIMA supports ONC's considered requirement of specific data element captures in transition of care. "We believe this will ensure a consistent list of data that must be captured and submitted to the receiving setting of care or provider," Viola wrote.

But AHIMA does not support the suggested rule requirement that certified EHR technology include a requirement for performing demographic matching. Instead, any patient matching function should be external to the EHR and use specialized technology focused on identity management, Viola wrote. Since correct patient identification should occur before any EHR-based clinical data capture or creation, usually at registration, demographic matching processes should be developed to catch ambiguities before clinical treatment. Relying on "some type" of demographic matching required in the EHR runs the risk of facilities relying on this as their "only type" and ignoring other data stewardship and early patient identification functions.

The certification proposed rule also states that facilities receiving a patient from another setting of care should perform a medication reconciliation using EHR technology. AHIMA supports the inclusion of this requirement in the final certification rule.

Patient Safety Requirements

New certification criteria calls for more safety-enhanced design requirements, such as the inclusion of the Agency for Healthcare Research and Quality's current Patient Safety Organization Common Format program that captures information about patient safety events.

While AHIMA feels it is imperative that health data be captured in an accurate and timely manner by EHRs to "support the care and safety of patients," the association spoke out against requiring the implementation of new patient safety design components since EHR vendors could face significant challenges implementing these new components by 2014.

"This requirement should remain optional to allow the vendor community to focus on the human factors, safety culture, and usability of their EHR systems," Viola wrote. "We encourage ONC to consider this as a requirement for stage 3 thus allowing time for developers and users of the systems to assess the new features."

Miscellaneous Comments

AHIMA made several other miscellaneous comments to ONC about the certification proposed rule specifics.

The proposed rule steps up security standards. One requirement calls for EHR systems to encrypt data at rest in order to help prevent unauthorized access. AHIMA said it "strongly supports" this proposal.

ONC proposed the use of SNOMED CT for several meaningful use objectives, including recording problem lists. AHIMA said it supports the use of SNOMED CT for "optimal clinical data capture and reuse of information captured in problem lists."

To read AHIMA's complete certification comments, visit www.ahima.org/advocacy.

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