November 9, 2020

Donald Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health IT
330 C St SW, Floor 7
Washington, DC 20201

Dear Dr. Rucker,

We appreciate the opportunity to provide input into the first Standards Version Advancement Process (SVAP), to enable voluntary adoption of a more current version of a standard included in the 2015 Certification Edition Cures Update.

The EHR Association’s nearly 30 member companies serve the vast majority of hospitals, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs across the United States. Our core objectives focus on collaborative efforts to accelerate health information and technology adoption, advance information exchange between interoperable systems, and improve the quality and efficiency of care through the use of these important technologies.

Our comments below focus on addressing standards where a current version is published and may have been adopted.

**Web Content Accessibility Guidelines (WCAG) 2.0, December 11, 2008**

While we support inclusion of WCAG 2.1 generally, we recognize that the contrast recommendations may cause challenges that are not addressed fully until WCAG 3.x, and thus contrast recommendations should not be required when adopting WCAG 2.1.

**HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015**

We suggest including the June 2019 errata through the Certification Companion Guide (CCG) process to adopt errata.

**HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm, October 2019**

We suggest including the June 2019 errata through the CCG process to adopt errata.
In order to maintain focus on the implementation of 2017071, we recommend this standard not be adopted at this time.

If it is included in SVAP, it should be clear that the party that adopts it cannot impose requirements on those supporting 2017071, to enable rollout of the newer version.

**HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5, October 1, 2014**
We note that there is a pending request for additional data to support COVID-specific vaccination reporting requirements, which will require specific guidance that is not yet in the latest version. Thus, we recommend not adopting the latest published version into SVAP. Instead, we suggest allowing more time for the new COVID-19 guidance to be tested in the field, which may yield a new version for consideration next year.

**HL7 v2.5.1 IG: Electronic Laboratory Reporting to Public Health (US Realm), Release 1 Errata and Clarifications, September, 29, 2011**
The EHR Association would prefer to wait for the new version. Effectively, the COVID-specific guidance provided by HHS is already in effect without any other updates. When Release 4 is available and when the use of ELR and eCR has been optimized, then ONC should reassess which guide(s) to include.

**HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I); Release 1, DSTU Release 3 (US Realm), Volume 1 - Introductory Material, June 2015**
We suggest that the latest CMS guidance published is recognized in the then most current SVAP.

**HL7 CDA R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I); Release 1, DSTU Release 3 (US Realm), Volume 2 - Templates and Supporting Material, June 2015**
We suggest that the latest CMS guidance published is recognized in the then most current SVAP.

We suggest that between the Certification Edition and SVAP, the latest CMS guidance is covered.

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Alternatively, we suggest that SVAP be updated with the latest publication required by CMS for submission as a matter of standard process, in order to enable certification against CMS’ implementation guide.

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Alternatively, we propose adoption of the HL7 CDA® R2 Implementation Guide: National Health Care Surveys (NHCS), Release 1, DSTU Release 1.2 – US Realm, in order to align with current CDC reporting requirements. We are aware that CDC is considering adoption of the latest version HL7 CDA® R2 Implementation Guide: National Health Care Surveys (NHCS), R1 STU Release 3 - US Realm - 2016, and are reaching out to various developers to gauge interest in using that latest version in upcoming Real World Testing in 2021. We would like to raise a concern with this request as the first Real World Testing will not occur until 2022 (with interim final rule delays) and software eligible to be included would need to be certified by August 31, 2021. Upgrading and certifying to the latest version by that date is not a realistic expectation. Considering prior versions (e.g., Release 1.2) have not yet been adopted, we suggest consideration of delaying the latest version to the next SVAP round when more experience and readiness with it will have been gained and implementation of USCDI has progressed sufficiently.


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Alternatively, we propose adoption of the HL7 CDA® R2 Implementation Guide: National Health Care Surveys (NHCS), Release 1, DSTU Release 1.2 – US Realm, in order to align with current CDC reporting requirements. We are aware that CDC is considering adoption of the latest version HL7 CDA® R2 Implementation Guide: National Health Care Surveys (NHCS), R1 STU Release 3 - US Realm - 2016 and are reaching out to various developers to gauge interest in using that latest version in upcoming Real World Testing in 2021. We would like to raise a concern with this request as the first Real World Testing will not occur until 2022 (with interim final rule delays) and software eligible to be included would need to be certified by August 31, 2021. Upgrading and certifying to the latest version by that date is not a realistic expectation. Considering prior versions (e.g., Release 1.2) have not yet been adopted, we suggest consideration of delaying the latest version to the next SVAP round, when more experience and readiness with it will have been gained and implementation of USCDI has progressed sufficiently.

**HL7 FHIR® US Core Implementation Guide STU 3.1.0, November 06, 2019**

We appreciate the inclusion of FHIR US Core 3.1.1 in the recently published IFR. We suggest for future errata on HL7 FHIR US Core that they be managed through the CCG process, similar to errata related to other standards, such as HL7 CDA C-CDA.
While there is no more current version of the SMART Application Launch Framework Implementation Guide, we note that the current standard creates confusion because it is unclear which versions of the FHIR standard it applies to. We understand that it applies to FHIR DSTU 2 and more current versions, including FHIR R4. We recommend that ONC clarify this in its communications until a newer version, or errata, includes that update.

As always, the EHR Association stands ready to assist. Thank you for considering our input.

Sincerely,

Hans J. Buitendijk
Chair, EHR Association
Cerner Corporation

David J. Bucciferro
Vice Chair, EHR Association
Foothold Technology

Barbara Hobbs
MEDITECH, Inc.

Cherie Holmes-Henry
NextGen Healthcare

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Nextech

About the HIMSS EHR Association
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.