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Vindell Washington, MD, MHCM, FACEP
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services

Dear Dr. Washington,

We are submitting the following comments on the Office of the National Coordinator for Health IT (ONC) 2015 Edition Certification Test Methods on behalf of the over 30 member companies of the Electronic Health Record Association (EHRA). These comments reflect the expertise of health IT developers who focus on the EHR Incentive Program requirements for meaningful use and certification, and are a result of our collaborative efforts to bring the value of our collective experiences to policymakers and, ultimately, our customers.

Following are our detailed comments on §170.315(g)(1) and (g)(2) Test Scripts and Data:

- We have concerns with the Required Global Test, which "addresses the capability for the Health IT Module to allow Eligible Clinicians to calculate ACI measures at the group level." We note a lack of clarity and specificity on how to properly de-duplicate patients in the denominators and numerators of reports when they are calculated at the group level.
- The test script simply states that "The user creates a report that includes the numerator for a chosen measure based on the test data," but different required tests may produce different de-duplicated numerators. As an example, it makes sense that Patient Education being provided by one clinician in the TIN should suffice to add the patient to the numerator for the group for this test. However, the ability to View, Download, and Transmit must be met for all visits within the reporting period, so only two of the three clinicians in the TIN meeting these criteria would mean that the patient in question would NOT be able to be included in the numerator. We would appreciate additional clarity on the expected results for each test. If additional clarity is provided via updated/additional test data, we request that only one set of test data is used, which would include different columns for each expected result (Meaningful Use by NPI, ACI by NPI/TIN, and ACI by group). We would not prefer to use three

different sets of test data, as this would complicate and lengthen the attestation process.

- Scenarios 2-5 require the ability to record information outside the reporting period. As in the past, this creates significant challenges on test day with system/application functions that are not easily accomplished with system date changes. For testing purposes, the date range of the reporting period cannot be changed back and forth to accomplish "within" and "outside" reporting period actions. We propose that forcing system date changes during the testing process is also not a reasonable solution. In many cases, vendors could accomplish the "outside the reporting period" tasks by pre-entering the data and providing documentation of such actions. We suggest that it is reasonable to attest to such actions in order to avoid complications such as system date changes or prolonged testing into the next day to accomplish such actions.

Required Test 1

- We question the purpose of Scenario 2 (Test Cases 2.1, 2.2, and 2.3). It is entirely grayed out aside from patient names, date of birth (DOB), and sex; and, the test cases do not change the numerators or denominators, despite the scenario's description of "Modify test data set-up for existing patient (populate numerator only)."

Required Test 2

- Due to their different time frames in columns K and J, Test Cases 2.1, 3.3, and 3.4 seem to force software certified to (e)(1) as well as (g)(8) or (g)(9) to require two separate user actions to make information available to "Provide Access to View, Download, and Transmit" and make information "Available to Access via API". This is overly prescriptive, as software certified to both requirements will be forced to create two separate and unique user interactions for making data available for each requirement, thus also increasing the number of clicks and time required for clinicians to meet program requirements.

Required Test 3

- Columns J and O appear to reflect measurements of different actions; however, the results should be the same for either column. We expect the actual measurement to be accomplished with column P regarding the provision of electronic patient education resources. We do not believe that information in column O is relevant to the test steps. Regardless of when the CEHRT identifies education, the numerator depends only on column P, with the electronic access to the education given to the patient.
- This test uses terminology for a "Patient Office Visit" within or outside the reporting period. All other required tests use the terminology for a "Patient Seen." We request additional clarity on any possibly conflicting definitions of "Patient Office Visit" and "Patient Seen."

Required Test 4

- No issues.

Required Test 5

- We question the purpose of Scenario 2 (Test Cases 2.1, 2.2, and 2.3). It is entirely grayed out aside from patient names, DOB, and sex; and, the test cases do not change the numerators or denominators, despite the Scenario's description of "Modify test data set-up for existing patient (populate numerator only)."
- We have the same concern as above for Test Case 5.2. No data is entered or changed as it is with Test Cases 5.1 and 5.3.
- Test Scenario 4.2 requires registration of a new patient and actions recorded outside the reporting period. We question the feasibility of such a scenario without manually editing system clocks.

Required Test 6

- No issues.

Required Test 7

- We question the purpose of Scenario 2 (Test Cases 2.1, 2.2, and 2.3). It is entirely grayed out aside from patient names, DOB, and sex; and, the test cases do not change the numerators or denominators, despite the Scenario's description of "Modify test data set-up for existing patient (populate numerator only)."
- We do not believe that information in column J is relevant to the test steps. The measure's intent is understood to measure the incorporation of the data, not the receipt. We suggest eliminating column J.
- We have concerns about the statement on line 11 regarding discretion of the ATL to require certain actions from a vendor. We suggest that optional testing be determined by the vendor and not at the discretion of the ATL.

Required Test 8

- We question the purpose of Scenario 2 (Test Cases 2.1, 2.2, and 2.3). It is entirely grayed out aside from patient names, DOB, and sex; and, the test cases do not change the numerators or denominators, despite the Scenario's description of "Modify test data set-up for existing patient (populate numerator only)."
- We have the same concern as above for Test Case 5.2. No data is entered or changed as it is with Test Cases 5.1 and 5.3.

Required Test 9

- We have concerns about the statement on line 18 regarding discretion of the ATL to require certain actions from a vendor. We suggest that optional testing be determined by the vendor and not at the discretion of the ATL.

Required Tests 10 through 12

- We question the purpose of Scenario 2 (Test Cases 2.1, 2.2, and 2.3). It is entirely grayed out aside from patient names, DOB, and sex; and, the test cases do not change the numerators or denominators, despite the Scenario's description of "Modify test data set-up for existing patient (populate numerator only)."

We appreciate the opportunity to provide input to these test procedures and look forward to working with ONC to make the certification program effective and efficient for our members and their provider customers.

Sincerely,

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About the EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of over 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.ehrassociation.org.