

April 29, 2024

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 29 member companies, the HIMSS Electronic Health Record (EHR) Association provides the following feedback to the ONC on the 2024 Standards Version Advancement Process (SVAP). As the national trade association of EHR developers, we appreciate this opportunity to provide input on the ONC's efforts to create a healthcare system that results in better accessibility, quality, affordability, empowerment, and innovation.

Broadly, there are four key points of feedback that the Association has provided as feedback to previous versions that the ONC has not yet addressed and remain relevant to the new standard version:

- **Comment Period Alignment:** To 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, the EHR Association recommends that the SVAP comment period begin 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. 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, which is to re-imagine USCDI as a compendium or library of data elements cited by individual use-case focused criteria.

- **Partial Implementation Clarity:** We request confirmation from ONC on the EHR developer community's current understanding of policy related to partial implementation of a new version of a standard approved under SVAP without claiming support for that version under the SVAP. For example, a scenario in which a developer wishes to add a new field or element from a new

AdvancedMD	Elekta	Greenway Health	Netsmart	Sevocity
Altera Digital Health	EndoSoft	Harris Healthcare	Nextech	STI Computer Services
Athenahealth	Epic	MatrixCare	NextGen Healthcare	TruBridge
BestNotes	Experity	MEDHOST	Office Practicum	Varian – A Siemens Healthineers Company
CureMD	Flatiron Health	MEDITECH, Inc.	Oracle Health	Veradigm
eClinicalWorks	Foothold Technology	Modernizing Medicine	PointClickCare	

version of USCDI and the corresponding FHIR US Core or C-CDA Companion Guide standard but does not wish to advance to the full newer version. This is commonly done when a developer is working on advancing to a full new version of USCDI and FHIR US Core/C-CDA Companion Guide but wants to release updates incrementally.

Releasing updates piece by piece allows customers and users, including patients, to benefit from each new feature as it becomes available. The current understanding is that this is perfectly acceptable, so long as what is introduced is additive and does not create a direct nonconformity with the version of the standard that is currently claimed in certification (i.e., either the minimum version adopted in regulation or a newer version approved in a previous round of SVAP).

We would like to highlight that developers are already implementing this approach and have not encountered any issues with client use in production environments. Therefore, we seek confirmation that our understanding aligns with ONC's policy and expectations.

- **Concurrently Available Versions:** 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.

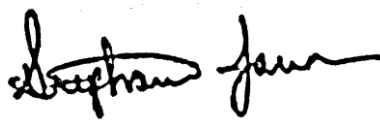
The EHR Association recommends the SVAP Fact Sheet be updated to allow two new versions of the same standard (e.g., USCDI v3 and USCDI v4, WCAG 2.1 and WCAG 2.2, etc.) to be available under SVAP at a time. This is needed to accommodate the development timeline experienced by EHR developers. As it currently stands, EHR developers may be unable to complete development updates and SVAP 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 developers to maintain the availability of all SVAP-approved versions of a standard in perpetuity.

- **Clear Guidelines on Conditional Version Standards:** The EHR Association suggests a more explicit and formal explanation of the dependencies between new standard versions is necessary. Specifically, we recommend a declaration on the SVAP page outlining the prerequisites for claiming a new version (e.g., to claim USCDI v3, one must also claim C-CDA Companion Guide R4.1 or US Core v6.1.0 – depending on the specific criteria for which it is being claimed).

As always, the EHR Association stands ready to assist. Our specific comments follow.

Sincerely,



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Chair, EHR Association
Greenway Health



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

HIMSS EHR Association Executive Committee



David J. Bucciferro
Foothold Technology



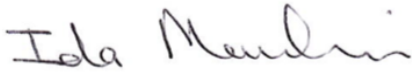
Leigh Burchell
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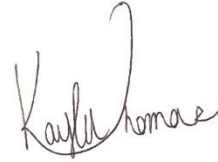
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Cherie Holmes-Henry
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Ida Mantashi
Modernizing Medicine



Kayla Thomas
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Established in 2004, the Electronic Health Record (EHR) Association is comprised of 29 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.

Electronic Health Record Association

Feedback to the ONC on the 2024 Standards Version Advancement Process (SVAP)

CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2024 (November 2023)

These annual uplifts 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 4 ECs/EPs be automatically approved with each SVAP cycle, as it is required for providers to comply with CMS quality reporting programs.

CMS Implementation Guide for Quality Reporting Document Architecture: Category I; Hospital Quality Reporting; Implementation Guide for 2024 (August 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 comply with CMS quality reporting programs.

HL7 FHIR® SMART Application Launch Framework Implementation Guide Release 2.1.0

The EHR Association supports the adoption of the HL7 FHIR SMART Application Launch Framework Implementation Guide Release 2.1.0, excluding the SMART App State Persistence and Add Task Profiles for Describing App Launch sections, which are marked as experimental. We suggest that these elements are not yet mature enough to be included in the standard under the SVAP program.

United States Core Data for Interoperability (USCDI), Version 4

The EHR Association supports the ongoing adoption of USCDI versions and recommends that the ONC allows for technical corrections to past USCDI versions during this process. This includes feedback on specification creation, updates to examples, and scope clarifications. It is essential, however, that the releases of the associated FHIR US Core and C-CDA Companion Guide are adopted in conjunction with USCDI version updates and become binding requirements for exercising applicable criteria.

Furthermore, the EHR Association suggests that the adoption of some standards should be conditional upon the adoption of dependent standards. For instance, if FHIR US Core and C-CDA Companion Guide releases supporting a new version of USCDI are not officially published until April, the updated USCDI standard should not be used until those standards are formally adopted through SVAP.

Web Content Accessibility Guidelines (WCAG) 2.2, October 5, 2023

The EHR Association recommends that the ONC approve the adoption of the WCAG 2.2 for the 2024 SVAP cycle. Considering that version 2.2 has been officially recommended by the World Wide Web Consortium (W3C), it is prudent to adopt this version to enable developers to advance compliance voluntarily.