2015 Edition Final Rule: Expanding Electronic Health Information Access and Exchange

Rule Reference: 2015 Edition Health Information Technology (Health IT) Certification Criteria, Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications Final Rule (The "2015 Edition")

Background

The 2015 Edition final rule, published by the Office of the National Coordinator for Health Information Technology (ONC), updates the ONC Health IT Certification Program to continue to support the EHR Incentive Programs and to make it more open and accessible to other types of health IT and settings beyond the EHR Incentive Programs, such as long-term and post-acute care (LTPAC), behavioral health, and pediatric settings. These modifications also are designed to support use of the ONC Health IT Certification Program by other HHS programs and by private entities and associations.

The final rule facilitates greater interoperability for several clinical health information purposes and enables health information exchange through new and enhanced certification criteria, standards, and implementation specifications. It incorporates changes that are designed to spur innovation, open new market opportunities, and support patient participation in their health and the care they receive.

Criteria that Support Expansion of Electronic Health Information Access and Exchange

Below, we have highlighted several of the 2015 Edition health IT certification criteria that support patient access to their health information, patient-directed transmission of their health information, and patient participation in their own care. We encourage stakeholders to review all available criteria to determine the criteria that best suit their needs.

- *Application Access (API)*

  The 2015 Edition includes "application access" certification criteria that require health IT to demonstrate it can provide application access to the Common Clinical Data Set via an application programming interface (API). The API capabilities in the 2015 Edition are included in the 2015 Base EHR definition.

API functionality will help to address many of the challenges currently faced by individuals and caregivers accessing their health data, including the "multiple portal" problem, by potentially allowing individuals to aggregate data from multiple sources in a web or mobile application of their choice. This approach will provide flexibility to health IT developers to implement an API that will be most appropriate for their customers. It will also allow health IT developers to leverage existing standards that most health IT developers would already need in order to seek certification for other criteria.

- *View, Download, and Transmit to 3rd Party (VDT)*

We adopted a revised VDT criterion that continues to support patient access to their health information, including via email transmission to any third party the patient chooses (including to any email address, so long as the patient is properly advised of the risks of doing so) and through a second encrypted method of transmission (which could be accomplished with Direct or by another encrypted means). These updates will help patients be more engaged in their care and will enhance care coordination and management.

- *Secure Messaging*

Secure messaging enables a user to send messages to, and receive messages from, a patient in a secure manner. A Health IT Module certified to this criterion will need to demonstrate certain security requirements to ensure appropriate access and secure exchange of health information. Certification will be more flexible in that a health IT developer will be able to choose between message-level or transport-level certification.

- *Patient Health Information Capture*

The 2015 Edition "patient health information capture" certification criterion will "replace" the 2014 Edition "advance directives" certification criterion and apply to various patient health information documents. A Health IT Module certified to the "patient health information capture" certification criterion will enable a user to identify, record, and access information directly and electronically shared by a patient (or authorized representative). The intent of this provision is to establish at least one means for accepting patient health information directly and electronically from patients in the

most flexible manner possible. This functionality could also support addressing health disparities in populations that are less likely to execute healthcare planning documents or provide health information to providers.

This approach means focusing on functionality and not standards. Further, we do not believe there are appropriate standards that we could adopt that cover all the conceivable use cases. This criterion was specifically included in the CEHRT definition adopted by CMS to ensure, at a minimum, that providers participating in the EHR Incentive Programs had this capability.

We do not seek to define the types of health information that could be accepted as we believe this should be as broad as possible. The types of health information could include documents (e.g., advance directives or birth plans) or health information from devices or applications. The devices and applications could include home health or personal health monitoring devices, fitness and nutrition applications, or a variety of other devices and applications. In addition, patient health information could be accepted directly and electronically through a patient portal, an API, or through email.