



1275 K Street, NW, Suite 1000
Washington, DC 20005-4006
Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
www.apic.org

April 30, 2012

Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Attention: 2014 Edition EHR Standards and Certification Criteria Proposed Rule
Hubert H. Humphrey Building, Suite 729D
200 Independence Ave, S.W.
Washington, D.C. 20201

RE: RIN 0991-AB82: Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology

Dear Dr. Mostashari:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide input on the proposed rule for Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology.

APIC is a nonprofit, multi-disciplinary, organization representing over 14,000 infection preventionists (IPs), whose mission is to create a safer world through prevention of infection. As such, our responsibilities include ensuring compliance with standards and regulations designed to protect patients, including tracking and monitoring activities to identify healthcare-associated infections (HAIs). We welcome and support coordinated efforts to improve the quality of patient care while streamlining surveillance and reporting methods and maximizing resources.

APIC has previously submitted comments regarding Meaningful Use proposed rules (February 24, 2011), and we reiterate our previous comments regarding the need to include support for HAI reporting in Stage 2 of Meaningful Use implementation. Currently, syndromic surveillance and vaccination (immunizations), along with reportable laboratory test results are included, but HAI surveillance reporting is still excluded from the revised criteria.

We respectfully request that the Office of the National Coordinator for Health Information Technology (ONC) align with other federal agencies to prioritize the prevention of HAIs in the U.S. healthcare system by moving HAI reporting through the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) system to a core requirement for certified electronic health record technology for use in achieving Meaningful Use Stage 2 under the health information technology incentive program.



NHSN is a well-established system that supports the national public health priorities for the prevention of HAI. Healthcare facilities, quality improvement organizations, public health departments, consumer and healthcare safety advocates, the Centers for Medicare & Medicaid Services (CMS), third party payers, researchers, and the lay public rely on NHSN as the sole HAI data source. NHSN can be integrated into emerging electronic health record (EHR) and health information exchange (HIE) systems that will embody Meaningful Use.

Current Process:

IPs report details about HAI events to NHSN through a manual data entry process. CDC, in turn, makes NHSN data available to state and federal agencies which then support the quality and safety programs at the state and national level. For example, CMS uses the National Quality Forum (NQF)-endorsed NHSN definitions and benchmark data to develop quality metrics and guidelines for the Medicare Hospital Inpatient Prospective Payment System (IPPS) rules. In fact, CMS, in its IPPS rules, identifies NHSN as the source through which it will obtain HAI information for public reporting on its Hospital Compare website.

At this time, the vast majority of healthcare facilities connect directly to NHSN through a secure NHSN internet address for reporting data by manually filling in one screen at a time. In the future, as healthcare facilities move to HL7 2.51 and CDA messaging, it is likely that HAI data may flow through automated electronic portals to reach NHSN. NHSN has been working with third party software developers for several years, and developing HL7 and CDA specifications since 2008, so that vendor software is ready to support these automated data exchanges. Prioritizing HAI reporting through NHSN with Stage 2 Meaningful Use implementation would send a strong signal to software vendors and also to healthcare administrators for consideration of their own HAI programs' needs when implementing EHR programs.

Infection prevention surveillance in the U.S. relies primarily on the NHSN data system. The scientific advances made in recent years around HAI prevention have made the practice of manual reporting of data into the system challenging for those involved in the field. HAI prevention was once the domain of hospitals, but the focus is now shifting to all healthcare settings, including ambulatory surgery, dialysis centers and skilled nursing facilities. NHSN has the capability to support all of these areas, and today's technology offers more efficient alternatives to an appreciable, ever-growing burden of manual data entry. With EHR systems that can support infection prevention surveillance, infection prevention staff can meet the expanding data requests from state and federal organizations, while continuing to lead safety and infection prevention measures in their institutions and communities. The prioritization of HAI reporting through NHSN as a Stage 2 measure in Meaningful Use will play an important part in ensuring that healthcare facilities are able to comply with mandatory HAI reporting programs. However, the need is now and current Meaningful Use criteria do not address this need. It is also important that the timing of mandatory reporting of HAI measures, both publically and to regulatory agencies, be coordinated with Meaningful Use initiatives.

APIC Recommendation:

APIC requests that HAI reporting through CDC's NHSN system be moved to a Stage 2 core requirement under the EHR incentive program in order to align with other federal agencies in making HAI prevention a national healthcare priority.



APIC appreciates the opportunity to provide input on this important healthcare quality improvement program and we look forward to continuing to work with ONC on the promotion of patient safety measures.

Sincerely,

A handwritten signature in black ink that reads "Michelle Farber". The signature is written in a cursive style and is enclosed within a thin, light gray rectangular border.

Michelle Farber, RN, CIC
2012 APIC President