May 26, 2015

Karen DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, DC 20201

Re: RIN 0991-AB93; 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015; Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications

Dear Dr. DeSalvo:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide comments on the 2015 Edition Health Information Technology (HIT) Certification Criteria proposed rule. APIC is a nonprofit, multidisciplinary organization whose mission is to create a safer world through prevention of infection. We applaud the Office of the National Coordinator (ONC) for Health IT for building on the groundwork established in previous editions, improving access to and support of various care and practices settings and improving interoperability and health information exchange. APIC believes that our mission aligns with the overarching Federal Health IT goals to reduce cost, improve access and improve quality in healthcare through information technology. Infection preventionists (IPs) have been using and sharing data to improve patient outcomes and protect public health and would greatly benefit from more efficient and integrated systems. We provide the following information for your thoughtful consideration.

2015 Edition EHR Certification Criterion § 170.315(f)(2) (Transmission to public health agencies—syndromic surveillance) and 2015 Edition Health IT Certification Criterion § 170.315(f)(3) (Transmission to public health agencies—reportable laboratory tests and values/results)

APIC supports these criteria as efforts to simplify and standardize reporting to public health agencies. Hospitals and other healthcare settings are important catchment centers for public health departments, and early reporting of syndromes may help to rapidly intervene in an outbreak or pandemic. This will save time and hopefully prevent duplication of efforts. We appreciate the exclusion of such reporting when the local health department is not capable of receiving it, as noted in the Electronic Health Record Incentive Program—Stage 3 proposed rule.

2015 Edition Health IT Certification Criterion § 170.315(f)(5) (Transmission to public health agencies—case reporting)

APIC supports this criterion. However, since the model is still under development and different electronic health records (EHRs) may have different logic tables and structure, this criterion may take more time than a 2017-2018 timeframe.

Spreading knowledge. Preventing infection.
Antimicrobial resistance (AR) is one of the greatest threats facing healthcare delivery in this era. APIC supports the use of the Antimicrobial Use and Resistance (AUR) Module in the Centers for Disease Control and Prevention’s National Healthcare Safety Network (NHSN), as a mechanism to report AR.

It should be noted that not all organizations have electronic pharmacy or laboratory systems capable of interfacing with NHSN, so encouraging administrative support for the purchase and implementation of such systems will be necessary in order to accomplish the use of the module.

We thank ONC for the opportunity to comment on the 2015 Edition Health IT Certification Criteria proposed rule. In summary, to meet regulatory requirements and benefit from federal incentive programs, IPs have been required to electronically submit data to various public health registries, including NHSN, since January 2011. This has primarily been without organizational IT support and has been achieved through manual data capture and entry rather than through electronic data feeds. An interoperable EHR will improve the provision of healthcare at all levels. APIC welcomes the opportunity to work with ONC as this effort continues.

Sincerely,

Mary Lou Manning, PhD, CRNP, CIC, FAAN, FNAP  
2015 APIC President