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Submitted via www.regulations.gov

RE: Health Information Technology Certification Criteria, Base Electronic Health Record Definition, and ONC Health IT Certification Program Modifications

The National Association of Community Health Centers, Inc. ("NACHC") appreciates the opportunity to provide comments in response to the HHS Office of the National Coordinator's proposed rule regarding Health Information Technology Certification Criteria which was published by the Centers for Medicare and Medicaid Services ("CMS") on March 30, 2015. NACHC is the national membership organization for federally qualified health centers (hereinafter referred to as "FQHCs" or "health centers").

Health centers play a critical role in the health care system, serving as the health home to over 23 million people. With over 9,300 sites, they provide affordable, high quality, comprehensive primary care to medically underserved individuals, regardless of their insurance status or ability to pay for services. For additional information on health centers, please see the attachment.

In 2013, approximately 88 percent of health centers had fully operational EHR systems in all of their sites, and another 8 percent were operational in some of their sites.[1] Health centers operate on very slim margins (typically less than 1 percent), and often cite the high cost of EHR systems as a barrier to adopting and implementing them. As such, they must rely heavily on outside funding to support these activities. Recent increases in health centers' implementation of EHRs is due in large part to the Medicaid EHR incentives and meaningful use standards.

SUMMARY OF COMMENTS FROM NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS

NACHC:

- Strongly supports the creation of a new certification criterion to enable users to record, change and access patients' social, psychological and behavioral data.
- Recommends that the list of measures related to social, psychological, and behavioral data be expanded to include measures on:

[1] 2013 HRSA Uniform Data System (UDS) Report

    - Limited English proficiency (e.g., the measure used by the US Census in the American Community Survey)
    - Homelessness (e.g., the definition in Section 330(h)(5)(A) of the Public Health Service Act)
    - Income (e.g., Modified Adjusted Gross Income, as used to determine eligibility for Medicaid, Advanced Premium Tax Credits through the Marketplace, and cost-sharing subsidies through the Marketplace.)
- Recommends that certified Health IT Modules be required to enable users to record, change, and access all ten of the data measures listed in the NPRM, as well as the three measures listed above (as opposed to just one measure.)
- Recommends that these 13 measures of social, psychological, and behavioral health be included in the base EHR certification definition and Common Clinical Data Set.

SPECIFIC COMMENTS

1. NACHC strongly supports the creation of a new certification criterion to enable users to record, change and access patients' social, psychological and behavioral data.

As indicated in our comments on the CMS Stage 3 Meaningful Use NPRM, NACHC is very supportive of the new certification criterion, contained in in § 170.315(a)(21), which would enable users to record, change and access patients' social, psychological and behavioral data. We see this as a valuable step towards addressing health disparities and improve health outcomes, particularly among underserved and medically vulnerable populations.

As HHS outlined in Healthy People 2020, health care is only one of five major categories of factors that determine an individual's health status and ability to benefit from appropriate health care services. The other four – all of which fall outside the range of clinical care – are:

- Economic Stability;
- Education;
- Social and Community Context; and
- Neighborhood and Built Environment.

Due to the importance of these "upstream" factors in determining how a patient will respond to health care, as well as the non-medical supports they may need in order to effectively improve outcomes, clinical data alone do not provide a complete picture of the context in which providers operate. This is particularly true for safety net providers, such as health centers, whose patients are generally at a significant disadvantage with regards to the "social determinants of health" (SDOHs) compared to the general population. Because these SDOHs contribute to patient complexity and severity in ways that are not adequately captured by clinical diagnoses, and because the SDOH contribute to the etiology and trajectory of disease outcomes (Institute of Medicine, 2014), safety net providers are disadvantaged when payment and public reporting are based on patient outcomes without regard to underlying, non-clinical risk factors. Current risk adjustment methodologies do not adequately capture these non-clinical risk factors, and research demonstrates that this can undervalue the providers who serve populations facing significant SDOH challenges (Hong et al, 2010; Chien et al, 2012).

2. Expand the list of measures related to social, psychological, and behavioral data to include measures on Limited English proficiency, homelessness, and income.

The NPRM contains a list of 10 measures that reflect patients' social, psychological, and behavioral status. Based on our extensive research into the SDOH and the needs of medically-vulnerable populations, NACHC strongly supports the inclusion of each of these ten measures. However, research has shown that at least three additional social factors – beyond those captured in the proposed measures - also have a significant impact on patients' needs and health status. To gain a fuller picture of the social determinants, and their impact on patients and their health outcomes, NACHC recommends that the list be expanded to include measures of:

- Limited English Proficiency.
- Homelessness
- Income

Below are suggestions for the specific measures that could be used for these items:

- *Limited English Proficiency:* We suggest using the measure used by the Census Bureau in its annual American Community Survey – see https://www.census.gov/prod/2013pubs/acs-22.pdf
- *Homelessness:* The Federal government has two different definition for homelessness -- one used by the Department of Housing and Urban Development (see 24 CFR 91(A)) and one by the Department of Health and Human Services (see Section 330(h)(5)(A) of the Public Health Service Act.) NACHC recommends that ONC adopt the HHS definition, both because ONC is part of HHS, and because this is the definition used by providers who care for homeless individuals.
- *Income:* NACHC recommends that providers be given the option to enter *either* a patient's self-reported income, or their Modified Adjusted Gross Income (MAGI). MAGI is calculated as part of the eligibility process for individuals who are applying for Medicaid, Advanced Premium Tax Credits through the Marketplace, and cost-sharing subsidies through the Marketplace.

3. Recommends that certified health IT systems must enable users to record, change, and access <u>all</u> ten of the data measures listed in the NPRM, as well as data on English proficiency, homelessness, and income.

Including measures on patients' social, psychological, and behavioral status in certified Health IT Modules could be a major step forward in helping to address disparities in health status and outcomes, by ensuring this data can be collected in a standardized manner across the nation, and shared with providers as appropriate. However, much of this potential will be lost if – as proposed in the NPRM - Health IT Modules are required to include only one of the 10 measures listed.

As stated in the NPRM, providers are not required to collect data on these measures, and patients are not required to provide it. However, by failing to require Health IT systems to *make it possible* for providers and patients to collect this data, the ONC is significantly decreasing the chances that Health IT Modules will include all these elements, and thereby that this data will actually be collected and used effectively or broadly. Outlining measures for social, psychological, and behavioral factors is an important step forward to address health disparities; but failing to require health IT modules to be able to collect these measures is a step back.

For this reason, NACHC strongly encourages the ONC to require Health IT modules to enable users to record, change, and access data on all of the measures discussed – both the 10 listed in the NPRM and the 3 discussed in our previous comment.

4. Recommends that these 13 measures of social, psychological, and behavioral health be included in the base EHR certification definition and Common Clinical Data Set.

Finally, as discussed above, these 13 measures of social, psychological, and behavioral health are critical to reducing health disparities and improving population health. For that reason, NACHC recommends that ONC require that they be included as part of the base EHR certification definition and Common Clinical Data Set.

We appreciate your consideration of these comments. NACHC staff, and our member health centers, would be happy to provide the Department with any further information that would be beneficial. To initiate a discussion, please contact me at 202-296-0158 or cmeiman@nachc.org.

Sincerely,

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National Association of Community Health Centers