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January 11, 2013

Health Information Technology Policy Committee
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Attention: HHS-OS-2012-0007-0001

Submitted electronically at <http://www.regulations.gov>

Dear Health Information Technology Policy Committee:

The American Immunization Registry Association (AIRA) is a membership organization that promotes the development and implementation of immunization information systems (IIS) as an important tool in preventing and controlling vaccine preventable diseases. The organization provides a forum through which IIS programs, and interested organizations, individuals and communities combine efforts, share knowledge, and promote activities to advance IIS and immunization programs. There is a long history of success among AIRA members in exchanging data with Electronic Health Record (EHR) systems, schools, health plans, and other public health organizations. Accordingly, AIRA members are keenly interested in helping the Meaningful Use efforts succeed in furthering the goal of exchanging data between EHRs and IIS.

AIRA's responses below to the Health Information Technology Policy Committee (HITPC) recommendations are made with the assumption that the current Stage 2 measure of ongoing submission to immunization information systems/PHA continues in Stage 3 and future stages.

We sincerely appreciate the opportunity to provide comments on the HITPC Stage 3 recommendations and hope that our comments are helpful. If you have any questions regarding our comments or need additional information, please contact Emily Emerson at Emily.Emerson@state.mn.us.

Sincerely,

A handwritten signature in cursive script, reading "Mary Beth Kurilo".

Mary Beth Kurilo, President
AIRA

A handwritten signature in cursive script, reading "Emily Emerson".

Emily Emerson, Immediate Past President
AIRA

AIRA COMMENTS ON THE HITPC MEANINGFUL USE STAGE 3 RECOMMENDATIONS

SGRP 113

Objective: Use clinical decision support to improve performance on high priority health conditions

Measure:

1. Implement 15 clinical decision support interventions or guidance related to five or more clinical quality measures that are presented at a relevant point in patient care for the entire EHR reporting period. The 15 CDS interventions should include one or more interventions in each of the following areas, as applicable to the EP's specialty:
 - Preventative care (including immunizations)
 - Chronic disease management, including hypertension* (e.g., diabetes, coronary artery disease)
 - Appropriateness of lab and radiology orders
 - Advanced medication-related decision support** (e.g., renal drug dosing)
2. The EP, eligible hospital, or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

AIRA Response:

IIS have a long history of creating, maintaining and updating clinical decision support guidance for immunizations. IIS clinical decision support for immunizations includes recommendations for vaccines due on the date of each encounter and dates on which vaccines are due in the future. IIS take into account critical information such as age of the patient, minimum and maximum administration dates for each vaccine based on individual vaccine recommendations, dates of prior immunizations (including validation of prior doses), contraindications, history of disease, and substance refusal reasons. A great amount of time is spent on immunization clinical decision support; there is a unique expertise that is required as there are technical aspects and nuances of each vaccine that need to be understood, including the dynamic nature of the recommendations themselves which require on-going maintenance. The CDC has recently published guidelines for IIS clinical decision support, so there is now one authoritative venue for ensuring that IIS CDS is correctly coded based upon ACIP recommendations. Please see the following link for these guidelines:

<http://www.cdc.gov/vaccines/programs/iis/interop-proj/cds.html>.

Some states allow for flexibility or local variations in the schedule, and this flexibility is already supported by IIS.

Because IIS have experience with development and maintenance of immunization CDS, AIRA supports this measure. Each "public health authority" (see 45 CFR 164.501) will endorse one or more IIS CDS or a public health web service that is based on ACIP recommendations to achieve this measure.

-SGRP 113 Continued-

This is justified for many reasons. First, consuming an immunization CDS provided by a PHA-endorsed IIS or public health web service, as opposed to building immunization CDS into each EHR, will be more standardized, efficient and accurate than development and maintenance within each EHR. Second, as stated above, the development and maintenance of immunization CDS is extraordinarily complex. It requires a subject matter expertise that PHA-endorsed IIS or public health web services currently have. Considerable time and expertise is devoted to immunization CDS which should not have to be duplicated across hundreds of EHR systems and thousands of hospitals and providers practices. Finally, to be accurate and clinically valid, immunization CDS must include vaccinations administered by multiple providers, not just those included in each individual EHR. IIS consolidate and de-duplicate immunizations from many providers, not just one. Immunization CDS provided by a PHA-endorsed IIS or public health web service will be based upon the patients' entire immunization history, not just the immunizations entered into the EHR. The IIS will be able to provide a more complete and consolidated view of the patient and thus be able to provide the most accurate CDS as possible for the clinician to utilize in making recommendations to the patient.

Any immunization CDS must be based on ACIP recommendations, the CDC implementation guidelines for immunization CDS (<http://www.cdc.gov/vaccines/programs/iis/interop-proj/cds.html>), and many other factors: age of the patient, minimum and maximum administration dates for each vaccine based on individual vaccine recommendations, dates of prior immunizations (including validation of prior doses), contraindications, history of disease, and substance refusal reasons. Any immunization CDS must include all immunization events as of the date of generation of the CDS, including those immunization events reflected in the applicable grantee immunization registry or immunization information system.

We recommend that the PHA-endorsed state/city/county IIS or public health web service should be used for immunization CDS. However, if a state/city/county does not have a PHA-endorsed CDS, then the CDS could be supported by an external web service or other CDS system, whether fully built into the EHR or not. We further believe that the CDC's CDS guidelines for IIS clinical decision support should be referenced as the authority for ensuring the CDS immunization forecasting is correctly coded based upon ACIP recommendations, whether it utilizes the IIS or not.

SGRP 401A

EP/ EH Objective: Capability to receive a patient's immunization history supplied by an immunization registry or immunization information system, and to enable healthcare professionals to use structured historical immunization events in the clinical workflow, except where prohibited, and in accordance with applicable law and practice.

Measure:

Documentation of timely and successful electronic receipt by the Certified EHR Technology of vaccine history (including null results) from an immunization registry or immunization information system for 30% of patients who received immunizations from the EP/EH during the entire EHR reporting period.

Exclusion:

EPs and EHs that administer no immunizations or jurisdictions where immunization registries/immunization information systems cannot provide electronic immunization histories.

Certification criteria:

EHR is able to receive and present a standard set of structured, externally-generated, immunization history and capture the act and date of review within the EP/EH practice.

AIRA's response:

AIRA recommends that 401A and 401B be combined into one measure, as both need to be met and are critical for accurate, complete vaccine forecasting to provide the best care for the patient. When a patient presents in a medical office, the clinician needs to know the current history of the patient (401A) for the immunization clinical decision support to be as accurate as possible (401B). Therefore, the comments that follow in 401B are with the assumption that both measures are combined and that both need to be met for meaningful use.

Proposed for Future Stage under SGRP 401A:

EP/EH Objective: Add submission of vaccine contraindication(s) and reason(s) for substance refusal to the current objective of successful ongoing immunization data submission to registry or immunization information systems.

AIRA's Response:

AIRA fully supports this measure supports including it in Stage 3, as most IIS need these critical components now. Many EHR's currently submit vaccine contraindications, history of disease and substance refusal reasons to IIS, so we believe this is an easy addition to Stage 3.

SGRP 401B

EP/EH Objective: Capability to receive, generate or access appropriate age, gender and immunization history based recommendations (including immunization events from immunization registries or immunization information systems) as applicable by local or state policy.

Measure:

Implement an immunization recommendation system that: 1) establishes baseline recommendations (e.g., Advisory Committee on Immunization Practices), and 2) allows for local/state variations. For 20% of patients receiving an immunization, the EP/EH practice receives the recommendation before giving an immunization.

Exclusion:

EPs and EHs that administer no immunizations.

Certification criteria:

EHR uses a standard (e.g., national, state and/or local) rule set, plus patient age, gender, and prior immunization history to recommend administration of immunizations; capture the act and date/time of recommendation review.

AIRA response:

AIRA recommends that 401A and 401B be combined into one measure, as both need to be met and are critical for accurate, complete vaccine forecasting to provide the best care for the patient. When a patient presents in a medical office, the clinician needs to know the current history of the patient (401A) for the immunization clinical decision support to be as accurate as possible (401B). Therefore, the comments that follow are with the assumption that both measures are combined and that both need to be met for meaningful use.

As stated in our response to SGRP 113, IIS have a long history of creating, maintaining and updating clinical decision support guidance for immunizations. IIS clinical decision support for immunizations includes recommendations for vaccines due on the date of each encounter and dates on which vaccines are due in the future. IIS take into account critical information such as age of the patient, minimum and maximum administration dates for each vaccine based on individual vaccine recommendations, dates of prior immunizations (including validation of prior doses), contraindications, history of disease, and substance refusal reasons. A great amount of time is spent on immunization clinical decision support; there is a unique expertise that is required as there are technical aspects and nuances of each vaccine that need to be understood, including the dynamic nature of the recommendations themselves which require on-going maintenance. The CDC has recently published guidelines for IIS clinical decision support, so there is now one authoritative venue for ensuring that IIS CDS is correctly coded based upon ACIP recommendations. Please see the following link for these guidelines:

-SGRP 401B Continued-

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