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May 29, 2015

Via <http://www.regulations.gov>

Karen B. DeSalvo, M.D., M.P.H., M.Sc.  
Acting Assistant Secretary for Health  
National Coordinator for Health Information Technology  
Department of Health and Human Services  
Hubert H. Humphrey Building, Suite 729D  
200 Independence Avenue, SW  
Washington, DC 20201

**RE: RIN 0991-AB93; 2015 Edition Health IT Certification Criteria - Proposed Rule, March 30, 2015 Federal Register**

Dear Dr. DeSalvo,

The Society for Healthcare Epidemiology of America (SHEA) appreciates the opportunity to provide comments in response to the proposed rule for the Office of the National Coordinator's 2015 Edition Health IT Certification Criteria as published in the March 30, 2015 *Federal Register*.

SHEA represents more than 2,000 physicians and other healthcare professionals globally with expertise in healthcare epidemiology and infection prevention. SHEA is dedicated to advancing the science and practice of healthcare epidemiology and preventing and controlling morbidity, mortality, and the cost of care linked to healthcare-associated infections (HAIs).

SHEA's response focuses on the following 2015 Edition EHR Certification Criteria (2015 Edition):

- Transmission to public health agencies - syndromic surveillance (§170.315(f)(2))
- Transmission to public health agencies - reportable laboratory tests and values/results (§170.315 (f)(3))
- Transmission to public health agencies - case reporting (§170.315(f)(5))
- Transmission to public health agencies - antimicrobial use and resistance reporting (§170.315(f)(6))

**Transmission to public health agencies - syndromic surveillance (§170.315(f)(2))**

SHEA supports the implementation of a revised syndromic surveillance

criterion for the 2015 Edition for the inpatient setting through the adoption of the *PHIN Messaging Guide from Syndromic Surveillance: Emergency Department, Urgent, Ambulatory Care and Inpatient Settings, Release 2.0*. SHEA agrees the improvements incorporated in Release 2.0 are necessary to support improvements in interoperability and data exchange of syndromic surveillance information, which provide standardization and further simplification for reporting. Hospitals and other healthcare settings play a key role in collecting and reporting information to public health departments, where early reporting may help identify and facilitate rapid and streamlined intervention during an outbreak or pandemic. SHEA also notes in the *Electronic Health Record Incentive Program – Stage 3 Proposed Rule* (80 FR 16732 (March 30, 2015)) the exclusion of this reporting requirement where local health departments are not capable of receiving the transmission.

**Transmission to public health agencies - reportable laboratory tests and values/results (§170.315 (f)(3))**

SHEA supports the implementation of a revised reportable laboratory tests and results criterion for the 2015 Edition which incorporates an updated implementation guide to address technical corrections and clarifications for improved interoperability.

**Transmission to public health agencies - case reporting (§170.315(f)(5))**

SHEA supports the adoption of a new case reporting criterion for the 2015 Edition. SHEA agrees that linking data in EHR systems with other data in a uniform and structured way could accelerate quality and safety improvement, population health and research. SHEA notes that the development of these systems is still under way under the auspices of the S&I Structured Data Capture (SDC) initiative, which is working to develop a standards-based architecture that would be the basis for this reporting module. ONC should consider whether the timeline for the development and testing of this architecture and related standard case reports will accommodate compliance for the 2017-2018 timeframe.

**Transmission to public health agencies - antimicrobial use and resistance reporting (§170.315(f)(6))**

SHEA strongly supports the adoption of a new antimicrobial use and resistance criterion for the transmission of antimicrobial use and resistance data to public health agencies. We further strongly agree with ONC's assertion that collection and analysis of data on antimicrobial use and antimicrobial resistance are important components of healthcare facility antimicrobial stewardship programs.

SHEA believes that a multifaceted approach is necessary to prevent, detect, and control the emergence of antimicrobial-resistant organisms. This includes the promotion of robust infection prevention, control, and antimicrobial stewardship programs. The inclusion of this proposed criterion for public health agency data transmission modules is an important step toward incentivizing healthcare system leaders and administrators to adopt resources that support antimicrobial stewardship programs. This in turn will support needed expansion of antimicrobial stewardship educational efforts.

The addition of the antimicrobial use and resistance criterion is a significant addition to the public health reporting module. However the requirements for meeting the Health IT standards are not meaningful if public health agencies do not have access to adequate funds to build an infrastructure that can receive, analyze and act on these data.

SHEA thanks ONC for soliciting public comment on the 2015 Edition Health IT Certification Criteria. We support policies that facilitate communication of critical healthcare data in support of preventing healthcare associated infections, and to encourage the adoption of antimicrobial stewardship programs in healthcare facilities. For future inquiries on this submission, please contact Lynne Batshon at 703-684-0761 or [lbatschon@shea-online.org](mailto:lbatschon@shea-online.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Harris', with a stylized flourish at the end.

Anthony D. Harris, MD, MPH, FSHEA, FIDSA  
President, SHEA