

January 5, 2004

Linda Fischetti, R.N., M.S.  
Department for Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Ms. Fischetti:

The Department of Health and Human Services (HHS) is grateful to HL7, including the EHR Special Interest Group (SIG) co-chairs, for its strong leadership toward establishing functional standards for electronic health records (EHRs). As a follow up to our recent communications, this letter provides the HHS position regarding current HL7 efforts related to core EHR functions and alternative care settings.

1. HHS believes that substantial benefits to the health care system would ensue if HL7 were able to identify and define the core EHR functions in an international ballot and achieve a successful voting outcome in March 2004.
2. HHS is concerned that including a U.S.-only ballot on: (i) the definition of care settings and (ii) the timeframes by which EHR functions will be applicable in each of those settings may introduce unnecessary complexity, make achievement of consensus more difficult than would be the case without these provisions, and thus compromise obtaining a successful ballot on the core EHR functions by March 2004. In particular, HHS notes that:
  - (a) the process and timing of HL7 outreach efforts may not be sufficiently broad to obtain input that represents the views of the various stakeholders (e.g., nursing home providers, small physician practices, consumer representatives, etc.) that could be impacted by this HL7 standard setting activity; and
  - (b) in the current environment, where both care settings and the EHR functional applications are dynamic, efforts to standardize EHR functions by care setting and the timeframes for using these functions for each of these care settings will result in a need for continuous updating of standards and may create rigidity which could slow the evolution of EHR functions across the health care enterprise.

Therefore, HHS recommends that HL7 not include a ballot on care settings and functionality by care setting in its ongoing EHR functional standards process but rather limit the March 2003 ballot to the proposed EHR core functions.

3. HHS recognizes that, to promote a successful international ballot on the core functions of an EHR, balloters should be provided with information about how these core functions might be applied. Thus, we are supportive of the HL7 care setting specification activities

and urge that these activities be used to develop “use cases” that will be made available to balloters as a reference document.

4. As HHS designs and implements programs that require the use of EHRs, such as the EHR payment demonstration required in the recent Medicare Prescription Drug and Modernization Act, HHS will take into account the EHR functions that are balloted by HL7 in March 2004. In addition, future program and policy development related to EHRs will take into account the work of HL7 and all other sources information to allow for evidence based program design and policy decisions.

We recommend that the HHS position be shared with the HL7 EHR SIG in advance of the next conference call. Please contact Kelly Cronin, Executive Director for the Council on the Application of Health Information Technology (CAHIT) if any additional clarification on our position is needed. We look forward to continued dialogue over the next month, as the final ballot language is determined.

Sincerely,

William Raub, Ph.D.  
Co-chair, CAHIT

Carolyn Clancy, M.D.  
Co-Chair, CAHIT

cc: HL7 EHR Co-sponsors  
Gary Dickenson