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# IDSA

Infectious Diseases Society of America

May 29, 2015

Submitted via: <http://www.regulations.gov>

Karen DeSalvo, MD, MPH, MSc

National Coordinator

Office of the National Coordinator for Health Information Technology

U.S. Department of Health and Human Services

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*Re: 2015 Edition Health Information Technology (Health IT) Certification Criteria  
[FR Doc 2015-06612]*

Dear Dr. DeSalvo:

On behalf of the Infectious Diseases Society of America (IDSA), thank you for the opportunity to comment on the proposed regulations relating to the 2015 Edition Health Information Technology (Health IT) Certification Criteria.

IDSA represents over 10,000 infectious diseases physicians and scientists devoted to patient care, disease prevention, public health, education, and research in the area of infectious diseases. Our members care for patients of all ages with serious infections, including meningitis, pneumonia, tuberculosis, HIV/AIDS, antibiotic-resistant bacterial infections such as those caused by methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE), and multi-drug resistant Gram-negative bacteria such as *Acinetobacter baumannii*, *Klebsiella pneumoniae*, and *Pseudomonas aeruginosa*, including some containing the New Delhi metallo-beta-lactamase (NDM) enzymes that makes them resistant to a broad range of antibacterial drugs, as well as emerging infections such as Middle East Respiratory Syndrome coronavirus (MERS-CoV) and Ebola.

IDSA members are committed to improving the quality and safety of patient care in a manner that meaningfully applies the advanced use of certified EHR technology (CEHRT) to promote health information exchange and improved outcomes for patients. We recognize that the changes as set forth in these proposed rules intend to reasonably advance the adoption of EHR technology across the healthcare system. Below we submit our brief comments on two welcomed additions to the certification criteria.

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### **Transmission to Public Health Agencies – Antimicrobial Use and Resistance Reporting [§ 170.315(f)(6)]**

IDSA strongly supports the addition of National Healthcare Safety Network (NHSN) Antimicrobial Use and Reporting (AUR) data transmission to the 2015 certification criteria. Antibiotic resistance (AR) is a significant and rapidly increasing public health threat in the U.S. and globally. IDSA members are alarmed at the rising rates of resistance. Today, surveillance and data collection of antibiotic resistance and antibiotic usage are sporadic and contain many gaps. Antibiotic usage drives resistance yet granular data on use are sorely lacking. Real time, publicly available information is critical for clinical decision support, determining the prevalence and emergence of resistant infections, monitoring the impact of measures such as antibiotic stewardship and infection prevention, determining antibiotic and diagnostic development priorities, and defining metrics and allowing benchmarking. The AUR data will help facilities centralize reporting of antibiotic resistance data and antibiotic use data, and ultimately give ID specialists and public health officials a better picture of AR “hot spots” and their relation to the use of antibiotics. We therefore welcome the inclusion of AUR reporting, which would satisfy an early milestone for the President’s National Action Plan for Combating Antibiotic-Resistant Bacteria (NAP-CARB).

However, the NAP-CARB also calls for incentives for reporting and requiring reporting of antibiotic resistance data to NHSN as part of the Centers for Medicare and Medicaid (CMS) Hospital Inpatient Quality Reporting Program. Such measures would help increase adoption of the AUR module in all healthcare facilities. Unfortunately, many Health Information Technology/Electronic Health Records (HIT/EHR) barriers exist that threaten to prevent healthcare facilities from meeting them, and few facilities have adopted the module relative to the total number of facilities participating in NHSN in some capacity. Facilities often cite financial and technological barriers that prevent them from adopting the module. Much of the cost associated with AUR module implementation involves enabling interoperability (i.e., preparatory technical steps at individual healthcare facilities that are prerequisites for establishing interoperable data exchanges). This work must be completed before electronic messaging can be turned on and is necessary to produce meaningful transfers of data between systems.

These challenges can generally be overcome or managed by strong leadership at the national level. Direction at the national level for adoption of AU and AR terminology standards in EHRs would help accelerate AUR implementation, as it would provide incentives and direction for facilities and vendors to act. Therefore, IDSA urges the ONC to consider these challenges to AUR adoption and to coordinate with CMS for implementing the Meaningful Use program.

### **Transmission to Immunization Registries [§ 170.315(f)(1)]**

We welcome the inclusion of bidirectional data exchange between the provider EHR systems and the IIS. Every year, tens of thousands of adults die and many more are hospitalized due to diseases that could have been prevented by vaccination.<sup>1</sup> Although >90% of young children have received the individual vaccines recommended for them, coverage for adult vaccines can

<sup>1</sup> National Vaccine Advisory Council (NVAC). “A Pathway to Leadership for Adult Immunization: Recommendations of the National Vaccine Advisory Committee.” Public Health Reports. Jan-Feb 2012; 127(Suppl 1)1.

range from 26% to 65% depending on the vaccine and target population—well below the Healthy People 2020 targets.<sup>2</sup> State Immunization Information Systems (IIS or “registries”) can be a powerful tool for states to manage pediatric, adolescent, and adult vaccine schedules and to help both healthcare providers and patients identify immunization gaps and avoid redundant vaccinations. Although IIS use has been shown to help increase immunization rates in children,<sup>3</sup> adolescent and adult participation in IIS is too low to effectively boost vaccine uptake in the same way. In 2012, only 24.5% of adults ≥19 years participated in an IIS, compared with 86.0% for children.<sup>4</sup> In a recent survey of provider perspectives on adult immunization, only 8% of general internists and 36% of family medicine practitioners reported recording adult immunization information in a state or regional IIS.<sup>5</sup> The ability to report immunization events as well as receive information regarding the immunization status of a patient is an important step forward to reduce vaccine-preventable diseases in adults as well as children.

IDSA appreciates the opportunity to comment on these proposed criteria. We look forward to working with the ONC to fulfill the promise of HIT to advance patient care and public health. If you have any questions about these comments, please contact Andrés Rodríguez, IDSA Director of Practice & Payment Policy at [arodriguez@idsociety.org](mailto:arodriguez@idsociety.org) / 703-299-5146 or John Billington, IDSA Director of Health Policy, at [jbillington@idsociety.org](mailto:jbillington@idsociety.org) / 703-299-0015.

Sincerely,



Stephen B. Calderwood, MD, FIDSA  
President, IDSA

<sup>2</sup> Available at <http://www.healthypeople.gov/2020/default.aspx>.

<sup>3</sup> Task Force for Community Preventive Services. Increasing appropriate vaccination: Immunization information systems (2010).

<sup>4</sup> U.S. Centers for Disease Control and Prevention. Progress in immunization information systems – United States, 2012. Morbidity and Mortality Weekly Report. Vol. 62 No. 49 (December 13, 2013).

<sup>5</sup> Hurley, L. et al. U.S. physicians’ perspective of adult vaccine delivery. Ann Intern Med. 2014;160:161-170.