

Karen DeSalvo, M.D., M.P.H., M.Sc.  
Acting Assistant Secretary for Health  
National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Suite 729-D  
Washington, D.C. 20201

***Re: RIN 0991-AB93, 2015 Edition Health Information Technology Certification Criteria, 2015 Edition Base EHR Definition, and ONC Health IT Certification Program Modifications Proposed Rule***

Dear Dr. DeSalvo:

The Association for Healthcare Resource & Materials Management (AHRMM) is pleased to submit for your consideration our comments on 2015 Edition health IT Certification Criteria (“2015 Edition”).

The Association for Healthcare Resource & Materials Management (AHRMM) is the leading national association for executives in the healthcare supply chain profession. A personal membership group of the American Hospital Association, AHRMM serves more than 4,300 active members by preparing them to contribute to the field and advance the profession through networking, education, recognition, and advocacy. In 2013 AHRMM launched the Cost, Quality, and Outcomes (CQO) Movement promoting a more holistic view of the correlation between **C**ost (*all costs associated with delivering patient care and supporting the care environment*), **Q**uality (*patient-centered care aimed at achieving the best possible clinical outcomes*), and **O**utcomes (*financial reimbursement driven by outstanding clinical care at the appropriate costs*) as opposed to viewing each independently. AHRMM has developed a first-of-its-kind training and educational framework to support the CQO Movement and equip health care supply chain professionals with the skills and expertise they will need to master the intersection of cost, quality, and outcomes. For additional information about AHRMM, please visit our web site at <http://www.ahrmm.org>

AHRMM’s primary comments are in support of language related to Unique Device Identifiers (UDIs):

- AHRMM supports ONC’s goal of including the unique device identifier (UDI) for implantable devices as part of the Common Critical Data Set (CCDS) and the development of certification criteria that a health IT module is able to:
  - Capture and parse certain data from the UDI, e.g., the device identifier and the production identifier (lot, serial number, expiry date)
  - Retrieve the optional device description in the Global UDI Database (GUDID) if available
  - Make both the parsed and GUDID retrieved data available to users
- The work to develop standards to support the UDI is anticipated to be complete by 2020. Manufacturers are investing billions collectively to comply with the U.S. FDA’s mandate to assign and label their products with UDIs, but the real value to patients and healthcare delivery organizations will come from greater visibility into the products used in patient care.

- Hospitals and healthcare delivery organizations have also invested billions of dollars in electronic health record (EHR) technology. We support the goal that the technology should be able to capture, exchange and use UDIs as they promise to improve medical device safety and create supply chain efficiencies. However, we are in the early stages of implementation and do not have a fully developed standard. We recommend that ONC continue to work with public and private stakeholders to accelerate the maturity of standards supporting the inclusion of the UDI in EHRs.

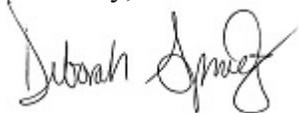
AHRMM also offers the following comments:

- AHRMM supports ONC’s goal that certified EHR technology with API functionality will be able to support the levels of health information exchange that is sought today and needed for the future.
  - APIs should be able to support the the seamless exchange of data between platforms. s Once open-source, standards-based APIs are available, they show promise that the sharing of data will become more straightforward.
  - The core foundation of the internet and smart phone technology is the API. Use of API facilitates how data is displayed, shared and used
- AHRMM supports renaming the ‘EHR Module’ to ‘Health IT Module; ‘EHR’ and ‘EHR Technology’ to ‘Health IT’ and “Common Meaningful Use Data Set” to “Common Clinical Data Set.” This demonstrates the federal government’s growing recognition that it needs to focus on healthcare technology beyond just EHRs.

Finally, AHRMM would like to recommend deletion of the word “initially” in the sentence “UDIs may initially be captured in any of a variety of clinical, inventory, registry, or other IT systems,” noting that capture in such systems will be ongoing.

The Association for Healthcare Resource & Materials Management (AHRMM) wishes to thank you for the consideration of these views. If we can provide any further clarifications or answer any questions, please do not hesitate to contact us [www.ahrmm@aha.org](mailto:www.ahrmm@aha.org).

Sincerely,



Deborah Sprindzunas  
Executive Director

Association for Healthcare Resource & Materials Management (AHRMM)

cc: AHA  
AHRMM Board of Directors