

May 7, 2012

Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
Attn: 2014 Edition EHR Standards and Certification Criteria Proposed Rule
Hubert H. Humphrey Building Suite 729D
200 Independence Avenue, SW Washington, DC 20201

RE: Comments to 45 CFR Part 170; RIN 0991-AB82; Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology submitted on May 7th through the Federal eRulemaking Portal at <http://www.regulations.gov>

The over 157,000 members of the American Dental Association (ADA) have confidence in their ability to deliver safe and effective quality dental care and rely on the strong ADA commitment to the development and use of voluntary consensus standards for dentistry. The ADA is a national and international leader in the development of consensus standards and guidelines for materials, instruments, equipment, digital devices, and health information technology software impacting the safety and health of the public and the practice of dentistry.

The ADA, as the only American National Standards Institute (ANSI) accredited Standards Development Organization (SDO) for dentistry, should be recognized by ONC as the authoritative voice for the dental profession to provide pertinent dental implementation specifications that can be widely tested and then adopted by the HHS Secretary for use in the future.

The ADA is actively engaged in the development and maintenance of vocabularies critical both for clinical health information exchange and for the population of data in the electronic health record. For example, the ADA's Code on Dental Procedures and Nomenclature, which is included in the ADA's Current Dental Terminology (CDT), is a vocabulary that is a named HIPAA standard for use in electronic administrative transactions for dental claims. The ADA's leadership role with regard to standards was also recognized by the HIPAA legislation naming the ADA as an entity to be consulted when the HHS Secretary is considering adoption of a new or modified HIPAA administrative simplification standard. The ADA is the only professional association so named.

The ADA also developed a subset of the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) called the Systematized Nomenclature of Dentistry (SNODENT). SNODENT is a clinical terminology that was designed for use in the electronic health and dental records environment. It was initially developed by the ADA in the mid-1990s and formatted, from an architectural standpoint, on the Systematized Nomenclature of Medicine

(SNOMED) at that time. It has recently been updated to SNOMED CT and several new dental concepts were identified and added to SNODENT that are not included in SNOMED CT. Therefore, the ADA is working to harmonize the SNODENT code set with SNOMED CT through the National Library of Medicine. As SNOMED CT is a recognized code set and will be the basis for EHR development and certification, it is ADA's opinion that being fully interoperable with SNOMED CT makes SNODENT the only choice for a clinical vocabulary required for dental systems. The ADA believes that the requirement of SNOMED CT throughout the proposed rule should not apply to dental systems. All references to SNOMED CT should apply to medical systems and SNODENT should be the clinical vocabulary required for dental systems.

As with informatics standards, the ADA is also renowned as a leader in product certification. Dentists and consumers have long recognized the ADA Seal of Acceptance as an important symbol of a dental product's safety and effectiveness. For more than 125 years, the ADA has sought to promote the safety and effectiveness of dental products. The first Seal of Acceptance was awarded in 1931. In 1984, President Ronald Reagan gave the Association a certificate of commendation for the outstanding self-regulatory efforts of its Seal program.

Dentistry is increasingly involved in the delivery of patient care in complex multidisciplinary cases. For example, a patient about to undergo cancer chemotherapy may require a diagnostic consultation with a cardiologist to rule out treatment modifications due to a heart condition and with a general practice dentist to rule out care for dental conditions that may complicate the cancer care or result in an adverse outcome if untreated. Whether the dental components of the EHR are run as an EHR Module or as one component of an integrated Complete EHR, we firmly believe that the required unique dental content should be fully included in the overall EHR implementation solution.

The American Dental Association is committed to improving the nation's oral health through public education and through legislative advocacy to strengthen funding for dental services provided through public health programs. As the authoritative voice for dentistry, the American Dental Association response offers the following comments regarding 45 CFR Part 170; RIN 0991-AB82; Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology:

Page 13838 – Imaging - MU Objective – Imaging results and information are accessible through Certified EHR Technology: The ADA has adopted Digital Imaging and Communications in Medicine (DICOM) as the standard exchange format for digital dental images. The ADA actively promotes DICOM standards as the required EHR technology for formatting and exchanging digital dental images, including image exchange with third party payers. DICOM allows the creation and sharing of persistent images in the context of the necessary pertinent patient information. Although the ADA believes that the use of the DICOM format is highly desirable, the ADA agrees that DICOM images would not

be necessary to enable users to electronically access digital images and their accompanying narrative interpretations as specified in the proposed MU criteria.

Page 13838 – Family Health History – MU Objective – Record patient family health history as structured data: The ADA believes that for this certification criterion, the HL7 Pedigree standard and the use of SNOMED CT terms for familial conditions should be required for medical systems. However, the HL7 Pedigree standard and the use of SNODENT terms, the dental subset of SNOMED CT, for familial conditions should be required for dental systems.

Page 13838-13839 – Amendments: The ADA believes that EHR technology should be required to be capable of appending patient supplied information in both free text and scanned format.

Page 13839 – Standards: 170.207(a) (3) SNOMED-CT - SNODENT, the dental subset of SNOMED CT, should be required for dental systems. 170.207(b)(2) (HCPCS and CPT-4) – the ADA's Code on Dental Procedures and Nomenclature as contained in the Current Dental Terminology (CDT) should be a requirement for dental systems. CDT is a vocabulary that is a named HIPAA standard for use in electronic administrative transactions for dental claims. CDT codes are no longer part of HCPCS; therefore, CDT should be recognized as a requirement throughout the rule for dental systems (equivalent to CPT codes for use in medical systems) wherever HCPCS and CPT-4 are cited. In fact, dental systems should have the option of using CDT or CPT-4 codes or both depending on the desire of the provider. For example, some dental services are covered by medical plans and the information would need to be reported on a professional claim format with a CDP-4 code and an ICD code.

Page 13840 – Summary Care Record: The ADA agrees that there should be only one summary of care record and that the HL7 Consolidated Clinical Document Architecture (CDA) is the most appropriate standard to achieve this goal.

Page 13841 – Diagnosis and Procedure Code Sets: The ADA believes that the Department should be flexible with the proposed requirement for ICD-10 since the compliance deadline or enforcement has been extended. The rule should refer to the version of ICD that is in current use and updated when its successor is implemented. For dental systems, both ICD and SNODENT should be a requirement for diagnoses coding in dental systems. SNODENT has been mapped to ICD-9-CM and the mappings between SNODENT and ICD-10-CM are being developed. In addition, the ADA's Code on Dental Procedures and Nomenclature as contained in the Current Dental Terminology (CDT) should be a requirement for dental systems. CDT is a vocabulary that is a named HIPAA standard for use in electronic administrative transactions for dental claims. CDT codes are no longer part of HCPCS; therefore, CDT should be recognized as a requirement for dental systems equivalent to CPT codes for use in medical systems.

Page 13844 – CDA and SNOMED CT for Cancer Registry: The ADA agrees that the HL7 CDA and SNOMED CT should be required as certification criteria for medical electronic health record systems. However, for dental systems the HL7 CDA and SNODENT should be required.

Page 13847 – Problem List: The ADA agrees that the International Release January 2012 version of SNOMED CT should be a required certification criteria for medical electronic health record systems. However, for dental systems, SNODENT, the dental subset of SNOMED CT, is the appropriate code set for the recording of dental patient problems in a problem list.

Page 13864 – Certified EHR Technology (CEHRT) Definition: The ADA agrees that the CEHRT policy should be changed to provide eligible professionals (EPs) the flexibility to have or possess only the CEHRT they will use to demonstrate MU. This means that the definition of CEHRT would be determined or driven by how an EP chooses to accomplish MU rather than requiring certification to all certification criteria adopted for an applicable setting.

Page 13868 – Code Set Versions: The ADA agrees that unless the Secretary prohibits the use of a new version of a minimum standard code set identified in subpart B or part 170, the newer version could be used voluntarily for certification and implemented as an upgrade to a previously certified Complete EHR or EHR Module without adversely affecting the EHR technology's certified status. The ADA believes that this approach would reduce regulatory complexity by providing the industry with the flexibility to utilize newer versions of adopted code sets.

Page 13880 – 170.207 Vocabulary standards for representing electronic health information: As stated previously, the ADA developed a subset of the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) called the Systematized Nomenclature of Dentistry (SNODENT). SNODENT is a clinical terminology that was designed for use in the electronic health and dental records environment. It was initially developed by the ADA in the mid-1990s and formatted, from an architectural standpoint, on the Systematized Nomenclature of Medicine (SNOMED) at that time. It has recently been updated to SNOMED CT and several new dental concepts were identified and added to SNODENT that are not included in SNOMED CT. Therefore, the ADA is working to harmonize the SNODENT code set with SNOMED CT through the National Library of Medicine. As SNOMED CT is a recognized code set and will be the basis for EHR development and certification, it is ADA's opinion that being fully interoperable with SNOMED CT makes SNODENT the only choice for a clinical vocabulary required for dental systems. The ADA believes that the requirement of SNOMED CT throughout the proposed rule should not apply to dental systems. All references to SNOMED CT should apply to medical systems and SNODENT should be the clinical vocabulary required for dental systems.

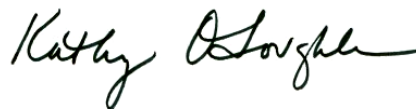
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We appreciate the opportunity to comment on the proposed rule Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology. If there are questions concerning these comments, please contact Dr. Frank Kyle in the ADA Washington, DC Government and Public Affairs Office at 202-789-5175 or by e-mail at kylef@ada.org.

Sincerely,



William R. Calnon, D.D.S.
President



Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

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