



Certification Commission
for Healthcare
Information Technology

CCHIT – A Catalyst for EHR Adoption

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Topics

- Introduction
- Strategic Role of CCHIT
- Scope, Organization, Timeline, Process
- Status Report on Phase I:
Ambulatory EHR Certification
- Preparation for Phase II:
Inpatient EHR Certification
- Q & A

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Introduction



Background

- July 2004: Certification of HIT products a key action in HHS Strategic Framework
- Sept 2004: AHIMA, HIMSS, and the Alliance fund and launch CCHIT
- June 2005: Eight additional organizations add \$325k funding support
- July 2005: HHS issues Health IT RFPs
- Sept 2005: CCHIT awarded 3 year, \$7.5M HHS contract to develop compliance criteria and inspection process for EHRs and the networks through which they interoperate

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Mission of CCHIT

- CCHIT is the recognized certification authority for electronic health records and an independent, voluntary, private-sector initiative.
- Our mission is to accelerate the adoption of health information technology by creating an efficient, credible and sustainable product certification program.

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Stakeholders and Partners

Private Sector

- Providers
- Vendors
- Payers/purchasers
- Consumers
- Quality Improvement
- Researchers
- Standards Developers

Public Sector

- HHS/ONC
- HHS Contractors
- Safety Net Providers
- Public Health
- Federal agencies
 - NIST, DoD, VHA, DHS, DoC, NSF, GSA, EPA and others

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Guiding Principles

- Always protect the privacy of the patient/ consumer's health information
- Need for decisive private-sector action now
- Governance must be credible, objective, and collaborative
- Seek input and deliver compelling value for all key stakeholders
- Inspection process must be objective, fair, reliable, repeatable
- Certification must be efficient, timely, and cost-effective

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Goals of Product Certification

- Accelerate adoption by reducing the risks of investing in HIT
- Facilitate interoperability of HIT products within the emerging national health information network
- Enhance availability of HIT adoption incentives and relief of regulatory barriers
- Ensure that HIT products and networks always protect the privacy of personal health information

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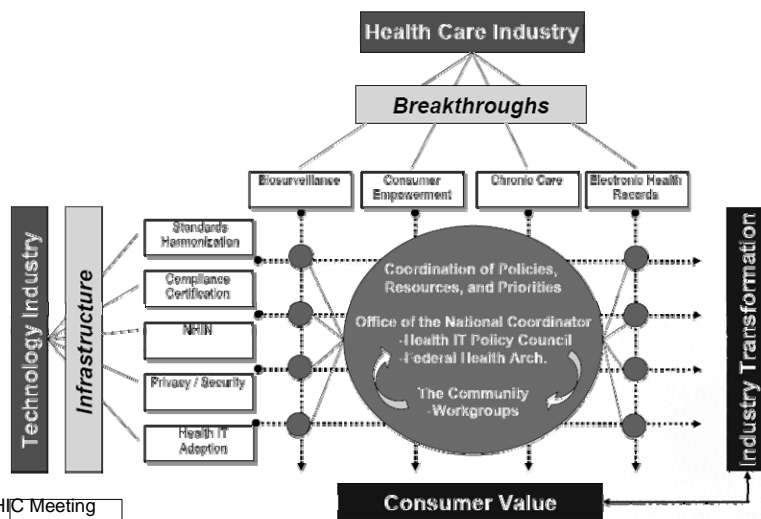


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Strategic Role of CCHIT



Health IT Deployment Coordination

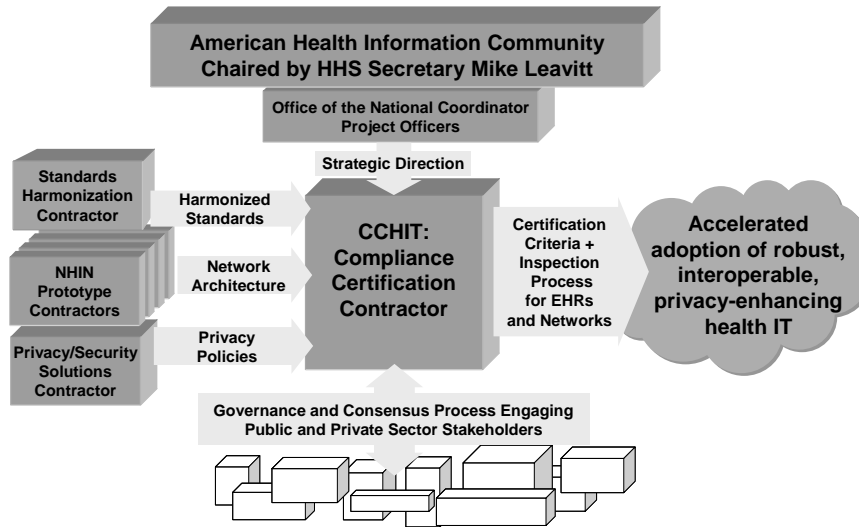


AHIC Meeting
January 17, 2006

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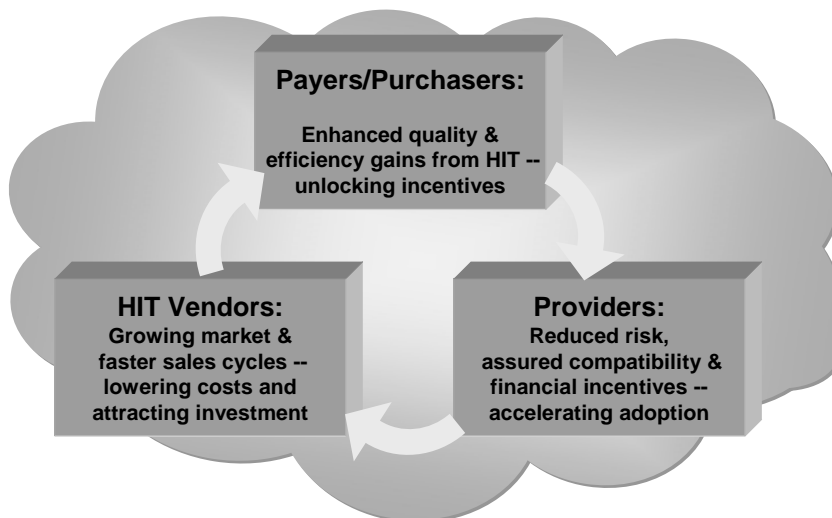
Role Within HHS HIT Strategy



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Product Certification as a Catalyst to HIT Adoption



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Scope, Organization, Timeline, Process



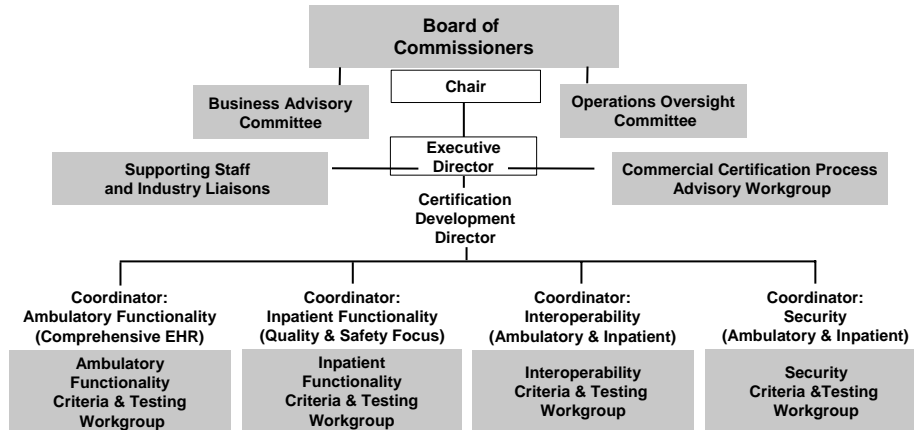
Scope of Work Under HHS Contract

- Phase I (Oct 05 – Sep 06)
 - **Develop, pilot test, and assess certification of EHR products for ambulatory care settings**
- Phase II (Oct 06 – Sep 07)
 - **Develop, pilot test, and assess certification of EHR products for inpatient care settings**
- Phase III (Oct 07 – Sep 08)
 - **Develop, pilot test, and assess certification of infrastructure or network components through which EHRs interoperate**

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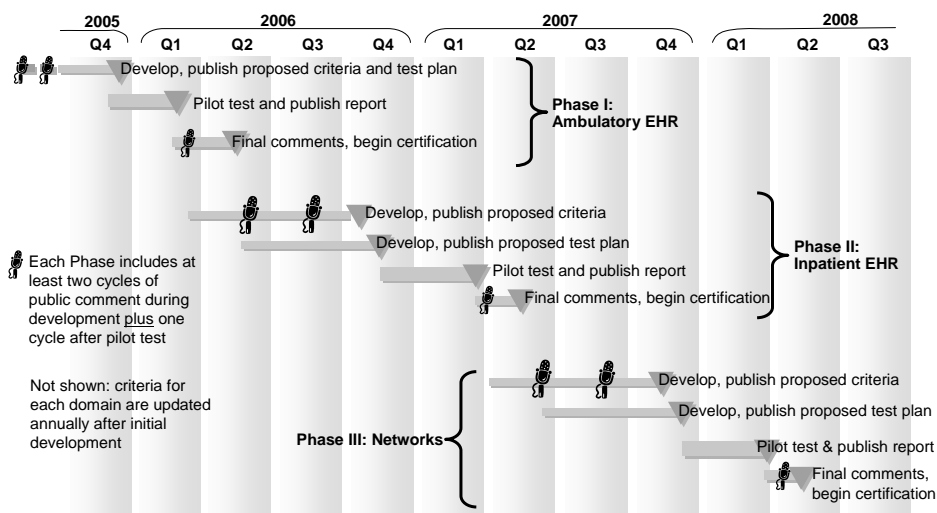
CCHIT Organization



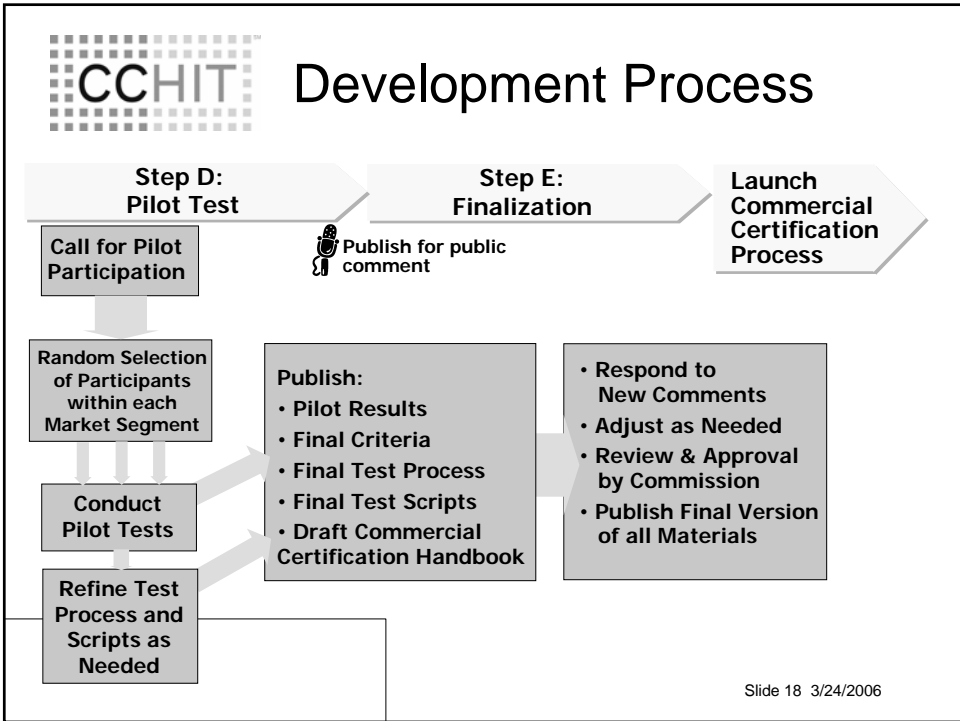
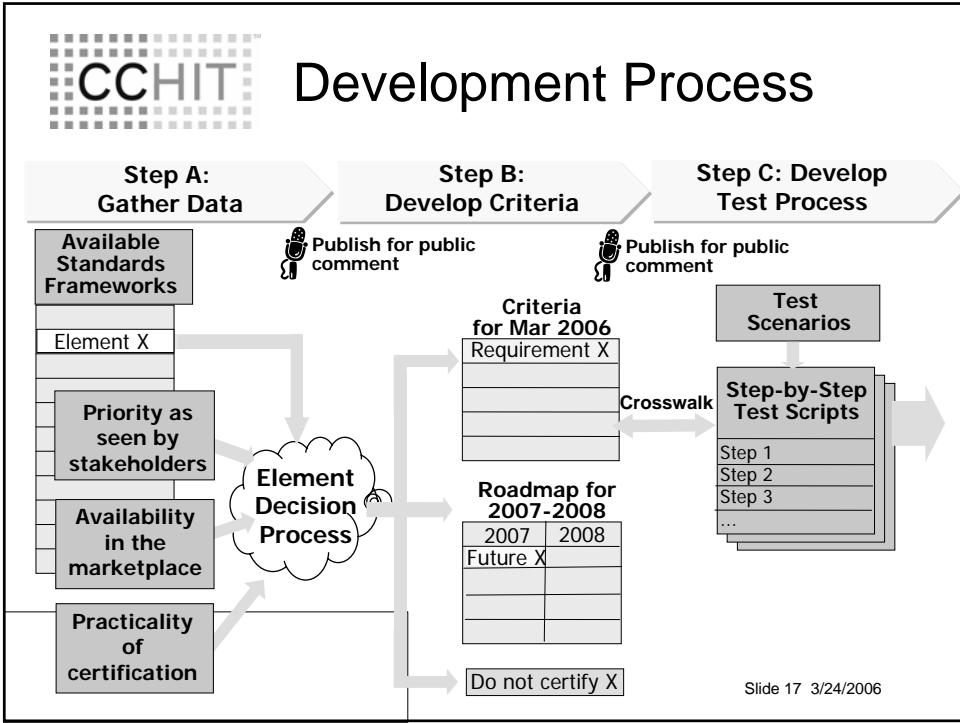
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Timeline of Activities and Deliverables



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Status Report on Phase I: Ambulatory EHR Certification



Ambulatory EHR Certification Accomplishments

- Developed and published proposed the Final Criteria for 2006
- Developed and published a Roadmap for 2007 – 2008 Criteria
- Received and responded to two rounds of Public Comment with more than 1000 submissions
- Developed and published the Test Process and Test Scripts
- Completed the Pilot Test and published results
- Prepared and published a draft of the Commercial Certification Handbook
- Received a final round of Public Comment on all of the above

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Key Activities and Dates to Complete Phase I

- Workgroups make final adjustments to Criteria and Test Scripts based on the Pilot Test results and Public Comments
- Review & Approval of final package by Commission – April 24
- Begin accepting vendor applications in late April 2006
- Announce the first round of certification results in June 2006

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Functionality Criteria for 2006: Highlights

- Maintain patient demographic data and identifiers
- Manage problem list
- Manage medication list
- Manage allergy/adverse reaction list
- Manage patient history (basic)
- Display/print summary health record
- Capture clinical documents/notes
- Capture external documents
- Generate patient-specific instructions
- Create prescriptions
- Order diagnostic tests
- Manage results (basic)
- Manage consents and authorizations (basic)
- Manage advance directives (basic)
- Care plans (basic)
- Drug interaction checking
- Medication and immunization administration (basic)
- Alerts for disease management, prevention, wellness
- Reminders and notifications
- Task assignment and routing
- Inter-provider communication
- Provider database of access levels
- Scheduling (basic - display from external system)
- Report generation (basic)
- Health record output (basic)
- Encounter management (basic)
- Coding assistance (basic)
- Concurrent access to the record

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Interoperability Criteria for 2006: Highlights

- Receive lab results (basic capability in '06; must use defined standard in '07)
- Send electronic prescriptions
 - This certification requirement becomes effective Sept 2006
 - Vendor may comply with ePrescribing standard by using a partner (i.e. clearinghouse)
 - ePrescribing standard must be available in public domain
- Send immunization reports to registry

Interoperability continued on next page...

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Interoperability Criteria on 2007 Roadmap

- Receive lab results using defined standard
- Send orders to lab systems
- Access to digital images and EKGs
- Transmit medication refills
- Receive medication fulfillment history
- Register documents with network/query network for documents
- Refer or transfer care of patient
- Public health reporting
- Quality improvement reporting
- Practice management interface using defined standard

Note: all are dependent on Standards Harmonization
and/or Implementation Guide development

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Security/Reliability Criteria for 2006: Highlights

- Control access to system
- Record audit trail of all events
- Require authentication
- Provide encryption for transmission of PHI
- Provide for backup and recovery
- Documented procedures for installation, updating, and protecting from viruses/malware

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Preparation for Phase II: Inpatient EHR Certification



Ambulatory v. Inpatient EHRs Contrasting the Environments

Contrasting Differences	Ambulatory	Inpatient
Organization size	Most < 10 people	Many > 1000 people
Purchase price	\$10k - 500k	\$1M - \$50M
Total market	~\$2B	~\$20B
Installation time	2 – 6 months	1 – 5 years
Number of vendors supplying EHR components at a single site	1 or 2	1 ("single vendor" strategy)
		2-5 ("best of suite" strategy)
		>5 ("best of breed" strategy)

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Initial Thoughts on Inpatient EHR Certification

- **Functionality**
 - Impractical to cover the broad spectrum of all inpatient workflows with any reasonable set of criteria
 - CCHIT should focus on functional areas of high potential benefit and low current penetration. Candidate: Quality and Safety Systems (e.g., CPOE - CDSS – Pharmacy - Med Admin loop)
 - **Interoperability**
 - Others are addressing intra-enterprise data exchange standards
 - CCHIT should focus on external portability of the record: hospital-to-hospital, hospital-to-physician, hospital-to-patient
 - **Security**
 - Important area for potential CCHIT contribution
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- Accomplishments to date: New Work Groups Named

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Thank You!
Q & A

For more information:
www.cchit.org