



eRECORDS, Inc.'s HITECH Meaningful News is a medium to share the latest news, updates and analysis in the world of ARRA, HITECH Act and "meaningful use". eRECORDS advisors collate, review and assess mountain of data down to the most relevant information so that you can focus your time in delivering the highest quality of healthcare.

Is CCHIT at a cross road?

Just as a background, Certification Commission for Health Information Technology (CCHIT) is an organization best known for providing testing and certification of EHRs. With the publication of "[Certification NPRM](#)" on March 10th, ONC has defined a "temporary" certification and testing program as well as the "permanent" certification and testing program. The temporary certification program is an interim program until the permanent program comes on line. Temporary program allows certification and testing to be done by a single organization. Given the current landscape of EHR certification and testing, CCHIT is in a great position to be designated as the temporary ONC Authorized Testing and Certification Body (ONC-ATCB). However, when the permanent certification and testing program is launched, ONC is separating the certification and testing components. CCHIT would have to choose to be accredited for one but not both. It will be interesting to see where CCHIT will end up. This separation allows more organizations to be accredited for EHR certification or testing under the HITECH EHR incentive program. We believe this direction will create competitive landscape for certification bodies to keep price down and service up for the EHR vendors. Also, the separation between certification and testing provides good checks and balance to ensure integrity of the program. For CCHIT, their fundamental business model is being challenged by ONC's separation of certification and testing roles.

HITECH Act is making its mark on EHR adoption.

According a recent HIMSS and [HealthLeaders Media Industry](#) surveys, over 40% of the practices are expecting to meet meaningful use by end of 2011. I know what most of you are thinking. That number seems pretty high given that the two most important adoption barriers are the cost of EHR and the lost of productivity. EHR incentive payments (as defined by the HITECH Act) do go a long way of breaking down the cost barrier. As for the loss of productivity (at least for the short-term), this is a barrier that is not solved with the HITECH Act. However, given the survey numbers, it's obvious that meaningful number of providers in the solo or small practices are willing to live with the initial pain that comes with the EHR in exchange for EHR incentive payments. I am sure the 40% of the solos/small practices wanting to meet meaningful use by end of 2011 are also motivated by the looming penalties against Medicare fees. Just as important, other entities in the healthcare system (pharmacists, hospitals, insurance providers, etc.) will be embracing the meaningful use requirements and for those providers who are not using a certified EHR soon, they may be left out in the cold. Whether a provider gets on the meaningful use band wagon or not, it is going to be the primary driver of healthcare for the foreseeable future. It is not **if** the EHR/meaningful use will be a standard but **when**. At a minimum, solos/small practices should get an assessment of how meaningful use should be achieved and when is the right time to start. Meaningful use bandwagon is something most of you should consider getting on.

EHR incentive program comment period closing today, March 15th - CMS prepared a proposed rule on the EHR incentive programs for public comment and released it for public comment in January of 2010. This proposed rule includes the definition of meaningful use and other requirements for qualifying for incentive payments. The comment period is ending on March 15, 2010. Within the next few months, CMS should be releasing updates to the EHR incentive programs that includes integration of comments received. It should be interesting to see if any of the key measurements are adjusted (hopefully down) and which requirements are pushed from Stage 1 to Stage 2.

CCHIT submits comments to ONC regarding the Interim Final Release (IFR) of EHR certification requirements.

CCHIT's comments, in general, are right on the money. As hoped, CCHIT has used their real world experiences to drive the basis for their comments. Having reviewed comments from CCHIT and other organizations, several key recommendations are starting to bubble up.

Some key comments/recommendations eRECORDS supports are:

- Financial/billing requirements should be dropped from complete EHR certification requirements. Although large EHR vendors may have these as part of their EHR offering, most EHR vendors do not because the financial/billing side is a mature segment and most providers already have these systems in place.
- Quality measures reporting requirements should be moved to stage 2 or simplified. With current definitions (e.g. the denominators for calculating measurements), producing the quality measurements for meaningful use are difficult to achieve within the stage 1 timeline.
- Standardization of vocabulary, content exchange and transport needs must be clear before becoming part of the stage 1 requirements. If a single standard for each vocabulary/content exchange/transport cannot be agreed upon/defined for stage 1, standardization should be pushed to stage 2.
- State level reporting of quality measures and exchange of clinical information (e.g. State immunization registries) should not be required in stage 1. States have different standards today and until the States conform to a single standard, this requirement would be very difficult to meet for EHR vendors and may even introduce data integrity issues.
- Many of the meaningful use measurements are too high. Need to modify them to be realistic for stage 1.

For more information on CCHIT comments: <http://www.cchit.org/about/comments-testimony/ifr-comments>

eRECORDS Myth Buster – Ongoing look at the HITECH related myths:

Myth #2: “I have a CCHIT certified EHR so I am good to go for meaningful use”

Let's be clear that having a CCHIT certified EHR does add value towards meaningful use. Even ONC admits that existing CCHIT certified EHRs should have a smaller gap than non CCHIT certified EHRs when measured against the requirements of EHR certifications for meaningful use. HOWEVER, given that there is no formal EHR certification program available from ONC, no EHR is certified to meet the meaningful use requirements yet. As I covered in Myth #1, even if you implement an ONC certified EHR (when the certification program is finalized), it does not get you to meaningful use. Providers have to meaningfully use the certified EHR and report on defined clinical quality measures over a set reporting period to meet meaningful use. Given that no EHR today is certified, how should you proceed with EHR purchase decision? If you are making the decision to buy an EHR now, go with CCHIT certified EHR as long as the pricing makes sense for your organization. There are also dozens of EHR vendors who are

not currently CCHIT certified, promising that they will meet meaningful use when the EHR certification requirements are final. If you are considering these vendors, YOU MUST VETT THE VENDOR prior to purchase so that you minimize the risk of buying the wrong EHR. Vetting should include the assessment of EHR against the current definition of certified EHR from ONC plus the match of EHR to the makeup of your organization. Of course, any promises of future from the vendor should be baked into the contract you are executing with them. EHR needs of a solo or a small practice group is much different than a larger group/clinic/hospital. Most likely, you will need the assistance of a meaningful use expert for this assessment. From my experience, it is definitely worth the investment. You don't want to purchase and implemented an EHR then find out your EHR won't meet the meaningful use requirements. That would be a depressing realization.

California appoints new Not-For-Profit Group to run Health Information Exchange

Last Monday, Gov. Arnold Schwarzenegger (R) and California Health and Human Services Agency Secretary Kim Belshé tapped the new not-for-profit organization Cal eConnect to oversee the development of the state's health information exchange (HIE). This group was created with the help of CAeHealth.org and CalRHIO. It is still unclear how the different HIE organizations will work together in California but looks like the execution of HIE (development and delivery) for California will be the core duties of Cal eConnect. Anyone on the EHR meaningful use road should keep a careful eye on the HIE side given that HIE is one the primary requirements for meeting Stage 2 meaningful use requirements. HIE may be confusing for many but with the right help, it could be one of the easier requirements to meet. Click here for details of Gov. Arnold Schwarzenegger's announcement:

<http://www.californiahealthline.org/articles/2010/3/9/california-taps-new-notforprofit-group-to-run-health-data-exchange.aspx>

For additional resources, visit eRECORDS [resources page](#).

For questions or comments, please [email us](#).

Sincerely yours,

eRECORDS HITECH Advisors

About eRECORDS, Inc.

eRECORDS was founded with the singular focus to help community clinics and practices deliver higher and consistent quality of care through connected healthcare technologies, clinical quality measures and improved processes. eRECORDS is a trusted expert and partner in achieving meaningful use with integrity, value and ROI driven products and services.

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