



Certification Commission
for Healthcare
Information Technology

New Paths to Certification

Dennis Wilson – Certification Technology Director

June 18, 2009

19th VistA Community Meeting

Agenda

- Follow-up on the CCHIT/OS community dialog on April 6, 2009
- Summarize concerns and suggestions we heard at that time
- Describe “New Paths to Certification”
- Highlight program and policy changes relevant to OS community
- Gain reaction to new ideas and additional feedback from OS community

CCHIT Mission and Goals

Mission:

Accelerate the adoption of robust, interoperable health IT by creating an efficient, credible certification process.

Goals:

- Reduce the risks of investing in health IT
- Facilitate interoperability of health IT
- Unlock adoption incentives and regulatory relief
- Protect the privacy of health information

Historical Milestones

Sept 2004	CCHIT founded by AHIMA, HIMSS, NAHIT
June 2005	Eight more organizations contribute funding
Oct 2005	Awarded 3-year \$7.5M HHS/ONC contract
May 2006	Ambulatory EHR certification launched
Oct 2006	Federal recognition as Certifying Body
Jan 2007	CCHIT becomes independent, nonprofit organization
Aug 2007	Inpatient EHR certification launched
July - Oct 2008	HIE certification launched; began expansion to new populations and medical specialties and care settings
Feb 2009	American Recovery and Reinvestment Act (ARRA)

April Meeting

- Attendance > 250
(in room and online)
- Top issues (from unofficial OS community survey):
 - Focus on external interoperability
 - Drastically lower costs
 - Base charges on ability to pay
 - Certify FOSS projects from multiple companies
 - Move toward higher-level certification, away from black-box
 - Current certification is incompatible with FOSS “right to modify”
 - Current certification incompatible with FOSS “right to fire” vendor
 - Certify application modules
 - Shift from feature/function to interoperability/security



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Open Source Forum

A Dialog on Certification of Open Source EHRs

Mark Leavitt, MD, PhD – Chair
Alisa Ray – Executive Director
Dennis Wilson – Information Technology Director

Hyatt Regency McCormick Conference Center, Chicago, IL
Room 10d

Monday, April 6, 2:00 pm – 3:00 pm CDT

Online participation: <https://www1.gotomeeting.com/register/429901059>
Dial in (877) 313-5342, ID # 91945091

Challenges to Address

(from NCVHS Testimony by CCHIT, April 29, 2009)

- Current program only addresses product features, not usability, training, implementation, or 'field' success rates
- Current policies are not sufficiently compatible with open source licensing models
- Certification fees a possible barrier for nonprofit EHR developers serving vulnerable populations
- Cost-effective approach to certifying self-developed and self-assembled EHRs that are not for commercial resale

Proposal: New Paths to Certification



New Paths to Certification

Certified
EHR Comprehensive
EHR-C



Certified
EHR Module
EHR-M



Certified
EHR Site
EHR-S



New Paths to Certification: In Brief

Certified EHR Comprehensive EHR-C

Rigorous certification of comprehensive EHR systems that significantly exceed minimum Federal standards requirements.

For providers who seek maximal assurance of EHR compliance and capabilities.

Certified EHR Module EHR-M

Flexible certification of Federal standards compliance for EHR, HIE, eRx, PHR, Registry and other EHR-related technologies.

For providers who prefer to integrate technologies from multiple certified sources.

Certified EHR Site EHR-S

Simplified, low cost certification of EHR technologies in use at a specific site.

For providers who self-develop or assemble EHRs from noncertified sources.

Certification Program Concepts for EHR Comprehensive (EHR-C)

Definition	Certified EHR-C vendors provide comprehensive EHR products that comply with all applicable Federal standards and enable providers to meet all Meaningful Use Objectives.
Provider applicability	Physician offices and hospitals that prefer to rely on a single vendor to provide their EHR and want maximal assurance that it will fulfill their needs as well as qualify for ARRA incentives.
Certification requirements	Functionality enabling providers to comply with all applicable Federal standards, implement adequate security practices, meet all of the Meaningful Use Objectives, and fulfill other requirements deemed essential through CCHIT's consensus-based development process. Also required: evidence of success in meaningful use at multiple user sites.
Other data published	Usability will be evaluated and rated.
Inspection methods	Juried demonstration, documentation inspection, technical interoperability testing, usability evaluation, live site use verifications.
Cost range	~\$30,000 - \$50,000 range (for new applicants; pricing for retesting of 08 certified products TBD)

Certification Program Concepts for EHR Modules (EHR-M)

Definition	Certified EHR-M modules are applications that comply with applicable Federal standards and enable providers to meet one or more Meaningful Use Objectives (labeling will specify which Objectives and standards are met).
Provider applicability	Physician offices and hospitals that choose to combine technologies from multiple certified sources to qualify for ARRA incentives.
Certification requirements	Basic functionality that enables providers to comply with applicable Federal standards, implement adequate security practices, and meet one or more of the Meaningful Use Objectives.
Other data published	N/A
Inspection methods	Demonstration, documentation inspection, technical interoperability testing.
Cost range	~\$5,000 - \$35,000 range (depending on scope of module) Scholarships for eligible nonprofit suppliers if grants can be obtained.

Certification Program Concepts for EHR Sites (EHR-S)

Definition	Certified EHR-S sites have developed or assembled EHR technologies that comply with Federal standards and enable them to meet all Meaningful Use Objectives.
Provider applicability	Any physician office, clinic, hospital, other facility or network that has self-developed or assembled an EHR from various sources and wishes to apply to ARRA incentives.
Certification requirements	Functionality available (regardless of deployment model) that enables providers to comply with applicable Federal standards, implement adequate security practices, and meet Meaningful Use Objectives.
Other data published	N/A
Inspection methods	Virtual Site Visit technology with offline inspector review and follow-up correspondence.
Cost range	~\$150 - 300 per licensed provider (ambulatory); hospital pricing model TBD. Scholarships for eligible providers (FQHC, underserved population, critical access, etc) if grants can be obtained.

Mapping Current CCHIT Programs to the New Paths

	EHR-C	EHR-M	EHR-S
Ambulatory and Inpatient EHRs	→ X		
Child Health, Cardiovascular, Enterprise add-on	→ X		
Emergency Department, other specialties and settings under development		→ X	
Stand-alone ePrescribing		→ X	
PHRs		→ X	
Health Information Exchanges		→ X	
Ambulatory or Inpatient internally developed EHRs			→ X

Options for Vendors/Developers of EHR and Related Technology

	EHR-C	EHR-M	EHR-S
Comprehensive EHRs with multiple successful installations	X	X	X
Specialty, small office, 'light' and open source EHRs		X	X
ePrescribing applications		X	X
PHRs, patient-physician communication applications		X	X
Health Information Exchanges (could certify EHR and PHR functions, not just HIE transactions)		X	X
Registries, other applications capable of fulfilling one or more meaningful use objectives		X	X
Self-developed EHRs and other technologies			X

Conceptual Application Process for ARRA Incentive Payments

EHR-C

Provider deploys certified EHR-C

EHR-C vendor gives provider the certification code (issued by CCHIT) for that product

Provider includes EHR-C certification code in their ARRA incentive application

Provider submits measure data required for ARRA meaningful use

EHR-M

Provider deploys a combination of certified EHR-M modules

EHR-M suppliers each give provider the certification code (issued by CCHIT) for their products/services

Provider includes EHR-M certification codes in their ARRA incentive application. (Combined modules must cover all meaningful use objectives.)

Provider submits measure data required for ARRA meaningful use

EHR-S

Provider develops or assembles noncertified EHR technologies.

Provider site applies, is inspected, and receives EHR-S certification. Code issued to site by CCHIT.

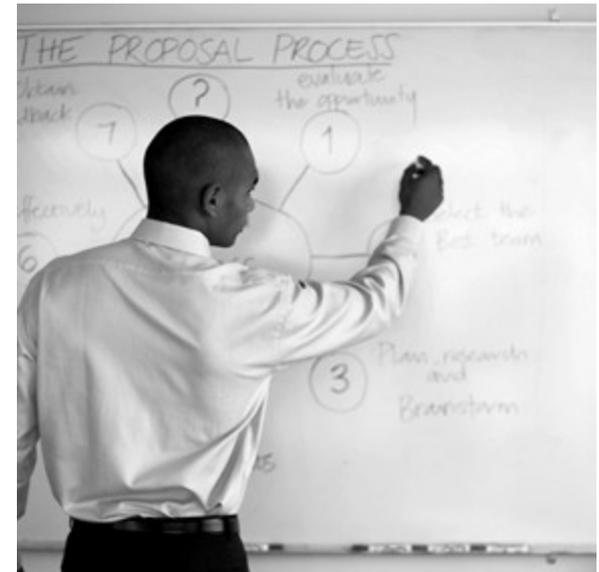
Provider includes EHR-S certification code in their ARRA incentive application.

Provider submits measure data required for ARRA meaningful use



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Estimated Timing and Process



Updated Certification Policy Regarding Version Control

- Under the new programs, “version lockdown” is no longer needed or relevant.
- For EHR-**C** and EHR-**M** certifications, updated or enhanced versions of a code base would inherit certified status without need for CCHIT approval.
- For EHR-**S** sites, updates or enhancements would not require recertification.

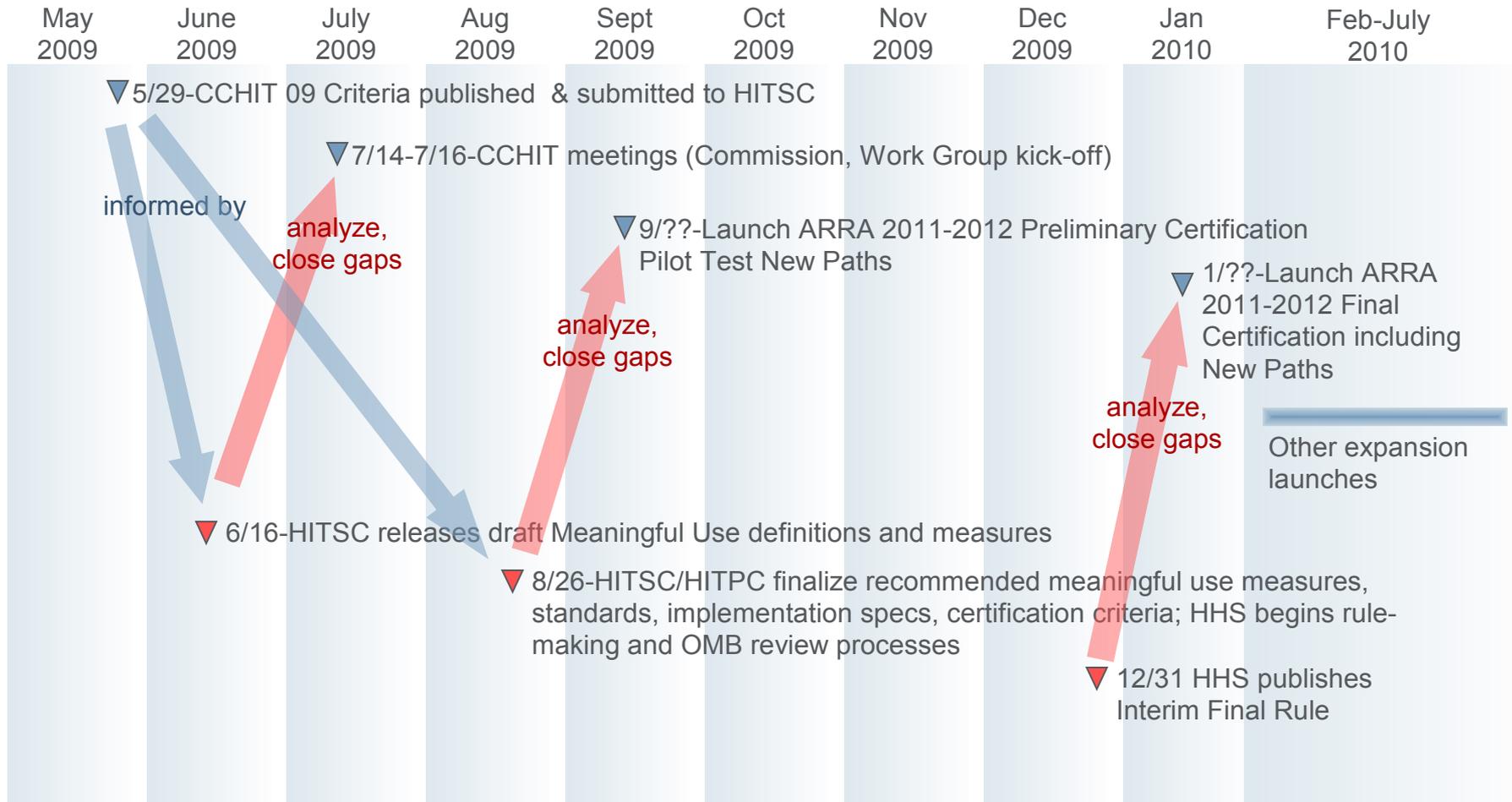
Certification Timing under ARRA

(Subject to timing of HHS/ONC decisions and actions)

- ARRA 2011-2012 Certification
 - Launch Preliminary ARRA 2011-2012 Certification in Sept 09
 - Launch Final ARRA 2011-2012 Certification in Jan 10
 - Accelerate development and launch of expansion areas
 - Certification is valid through Dec 31, 2012
- ARRA 2013-2014 Certification
 - Begin preliminary development from 2013-2014 Meaningful Use Objectives and Measures
 - Goal: launch Final Certification programs 15-18 months before beginning of incentive window (i.e., mid to late 2011)
 - Certification would extend to 12/31/2014
- ARRA 2015-2016 Certification
 - Similar timing model to 2013-1014

Certification Timeline Sync-up

(Tentative, based on statutory provisions + stated or estimated HHS/ONC plans)





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Thank You!

Comments & Questions Welcome

- Feel free to email suggestions, comments or questions to dwilson@cchit.org
- More information available at www.cchit.org