

The Certification Commission for Healthcare Information Technology (CCHIT)

Overview and Update

**Mark Leavitt, MD, PhD
Chair, CCHIT**

**Presented at AMIA Spring Congress
April 12, 2005
Boston, MA**



**The Certification Commission
for Healthcare Information Technology**

Introduction and Overview

- **Origin and Mission of CCHIT**
- **Organization**
- **Scope, Timeline and Deliverables**
- **Operating Principles and Values**
- **Status and Timeline**
- **Q and A**

Context for Founding of CCHIT

- **The President's goal:**
Electronic health records (EHR) for every individual by 2014
- **ONCHIT Strategic Framework:**
Private sector HIT product certification is one of eight *key actions*

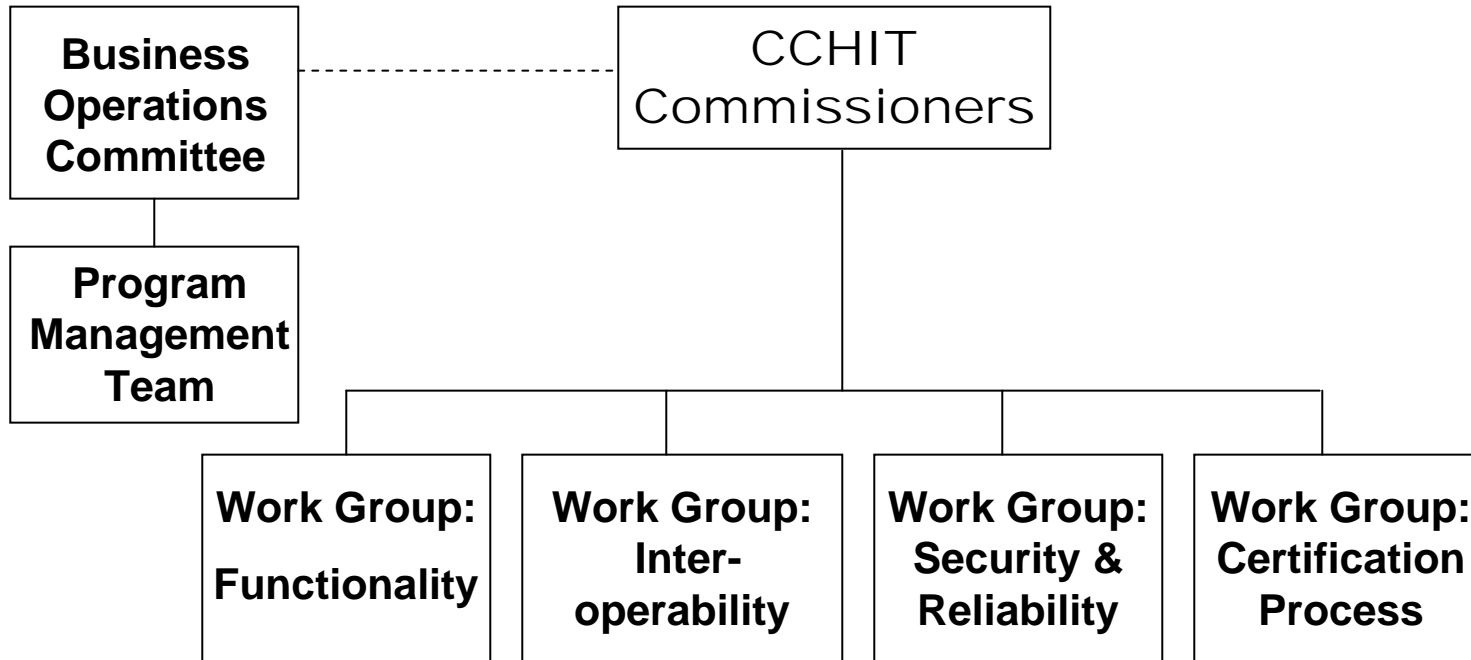
Founding of CCHIT

- **Founded by three HIT organizations:**
 - American Health Information Management Assoc (AHIMA)
 - Healthcare Information and Management Systems Society (HIMSS)
 - National Alliance for Health Information Technology (Alliance)
- **Formed panel to nominate first Commissioners**
- **Provided seed funding for launch**
- **First official meeting Sept 14, 2004**

Mission of CCHIT

**To accelerate the adoption
of robust, interoperable HIT
throughout the US healthcare system,
by creating an efficient, credible,
sustainable mechanism
for the certification of HIT products.**

CCHIT Organization



Composition of the Commission

- **Three key constituencies (2 – 4 from each):**
 - Providers
 - Vendors
 - Purchasers/payers/coalitions
- **Other at-large stakeholders (2 – 4 total):**
 - Government HIT leaders (e.g. ONCHIT, CMS) – note: ex-officio, nonvoting role
 - Standards development organizations (e.g. HL7)
 - Others, e.g. healthcare consumer advocates, etc.

Commissioners

Name	Organization	Title or Specialty
Mark Leavitt, MD, PhD (Chair)	HIMSS	Medical Director
C. Martin Harris, MD	Cleveland Clinic	Chief Information Officer
Douglas Henley, MD	AAFP	Executive Vice President
John Hummel	Sutter Health	Corporate CIO and Sr VP of IS
Graham O. King	McKesson Corp	President, Information Technology Bus.
Jane B. Metzger	First Consulting	Vice President
Andrew G. Ury, MD	PMSI	CEO
Suzanne Delbanco	Leapfrog Group	Executive Director
Charles Kennedy, MD	Wellpoint	VP of Clinical Informatics
Reed Tuckson, MD	United Health	Sr VP, Consumer Health & Medical Care
Susan Postal	HCA	VP, Health Information Mgmt Services
Sam Karp	CHCF	Chief Program Officer
Wes Rishel	Gartner Group	Research Director
Lori Evans (nonvoting)	ONCHIT	Senior Staff
Clay Ackerly (nonvoting)	CMS	Special Assistant to the Administrator, HIT



Functionality Work Group

Name	Organization	Title or Specialty
Sarah Corley, MD (Co-Chair	American College of Physicians	Internal Medicine
Rick Skinner, Co-Chair	Consultant	Consultant
David Kates, MBA, MSEE	WebMD Practice Services	VP, Clinical Product Management
Vincent E. Kerr, MD	United Healthcare	Internal and Occupational Medicine
Lynne King, BSN, RN, MBA	University Hospital Health System, Cleveland OH	Division Information Officer, Clinical Informatics
Steven R. Lane, MD, MPH, FAAFP	Sutter Health Palo Alto Medical Foundation	Family Medicine Medical Dir., Health Info Mgmt
Eugenia Marcus, MD, FAAP	American Academy of Pediatrics	Pediatrics
Eric Rose, MD, FAAFP	IDX Systems Corp	Family Medicine
Todd R. Rowland, MD	Indiana Health Industry Forum	Physical Medicine and Rehabilitation
Khiang Seow, MSEE	Epic Systems Corporation	Director, Software Development
Steven J. Steindel, PhD	CDC and Prevention Medical Informatics, Standards	Senior Advisor, Data Standards and Vocabulary
David L. Winn, MD (HL7 liaison)	e-MDs Inc.	CEO

Interoperability Work Group

Name	Organization	Title or Specialty
Peter DeVault (Co-Chair)	Epic Systems Corporation	Director of Enterprise Integration and Interoperability
Carol Diamond, MD, MPH (Co-Chair)	Markle Foundation	Managing Director
Alicia Bradford, RN, BSN, MS	CMS	Health Informatics Specialist
Richard Elmore	IDX Systems Corporation	VP
Hall Gregg, PhD	Quest Diagnostics	VP Clinical Information Solutions
Patricia Hale, MD, PhD	ACP / Adirondack Regional Osteoporosis Coalition	Chair, Medical Informatics Subcommittee / Medical
David Kibbe, MD	AAFP	Director, Center for HIT
Ronald Paulus, MD, MBA	Quovadx/Carescience	Chief Healthcare Officer
Kent Spackman, MD, PhD	Oregon Health & Science University	Professor
David Tao, DSc	Consultant	IT Architect
Alan Zuckerman, MD	Georgetown University	Primary Care Informatics Program Dir.

Staff: Rod Piechowski, Lisa Gallagher

Security & Reliability Work Group

Name	Organization	Title or Specialty
Soloman I. Appavu, MS, CHPS, CPHIMS, FHIMSS, Co-Chair	John H. Stroger, Jr. Hospital, Cook County Bureau of Health Services	Director Systems Planning
Mariann Yeager, MBA, Co-Chair	TruArx Information Security Services	VP, Healthcare Practice
Dann Bormann, MS	Epic Systems	Chief Security Officer
Rita Bowen, MA, RHIA, CHPS	Erlanger Health System	Chief Privacy Officer/HIM/UR Dir
Ed Coyne, PhD	Veterans Health Administration	Security Architect
John Gildersleeve, BA, CHPS	Geisinger Health System	System Privacy Officer
Joe Gilfus, BSBA, MBA	BC/BS of Florida	Project Manager
Glen Marshall, BBA	Siemens Medical Solutions	IT Architect
John Moerhke, BS, CS&E	GE Healthcare	Enterprise Security Architect
Marian Reed	McKesson	Corporate Director, Product Security

Staff: Lisa Gallagher

Certification Process Work Group

Name	Organization	Title
Steve Arnold, MD, MS (co-chair)	Americhoice	Senior Medical Director
Mike Kappel (co-chair)	McKesson Corporation	VP Government Relations
Bonnie S. Cassidy, BS, MPA	Precyse Solutions	Vice President
John C. Durham, MD	Greenway Technologies	VP and Chief Medical Officer
Gerry Hinkley	Davis Wright Tremaine	Partner
Linda Hogan, PhD	Catholic Health East	Director, Medical Informatics and Clinical Transformation
Dan S. Michelson, MBA	Allscripts Healthcare Solutions	Chief Marketing Officer
Joseph H. Schneider, MD, MBA	Children's Medical Center Dallas	CMIO
Robert M. Tennant, MA	MGMA	Sr Policy Advisor, Health Informatics

Staff: Lisa Gallagher

Scope, Timeline, and Deliverables

- **Initial scope**
 - Certify EHR products for physician offices
- **Timeline**
 - Pilot process ready in Summer 2005
- **Deliverables:**
 - Operational capability for certification
 - Roadmap forecasting future certification plans 2-3 years ahead

Why Ambulatory Care?

- **Primary site for delivery of:**
 - Chronic disease management
 - Preventive care
- **System needs addressable with HIT:**
 - Quality improvement
 - Patient safety
 - Portability of patient records

Why Ambulatory Care?

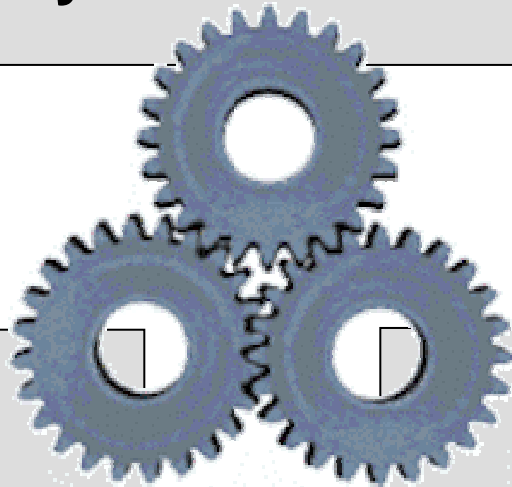
- **Clinical IT penetration level is low:**
 - Overall EMR penetration¹: 17%
 - Small offices (i.e. most doctors)²: 7%
 - Groups of 50 doctors or more²: 20%
- **Barriers to EHR adoption:**
 - Cost of system
 - Risk of failure, incompatibility, obsolescence
 - Lack of positive incentives

How Product Certification Can Accelerate HIT Adoption

- Increase the confidence of providers to invest in and adopt HIT
- Ensure interoperability of HIT products within the emerging health information infrastructure
- Enhance the availability of HIT adoption incentives from public and private purchasers/payers

The EHR Adoption Deadlock

**Won't offer incentives
unless benefits and
interoperability of EHRs
are assured**
Payers/Purchasers

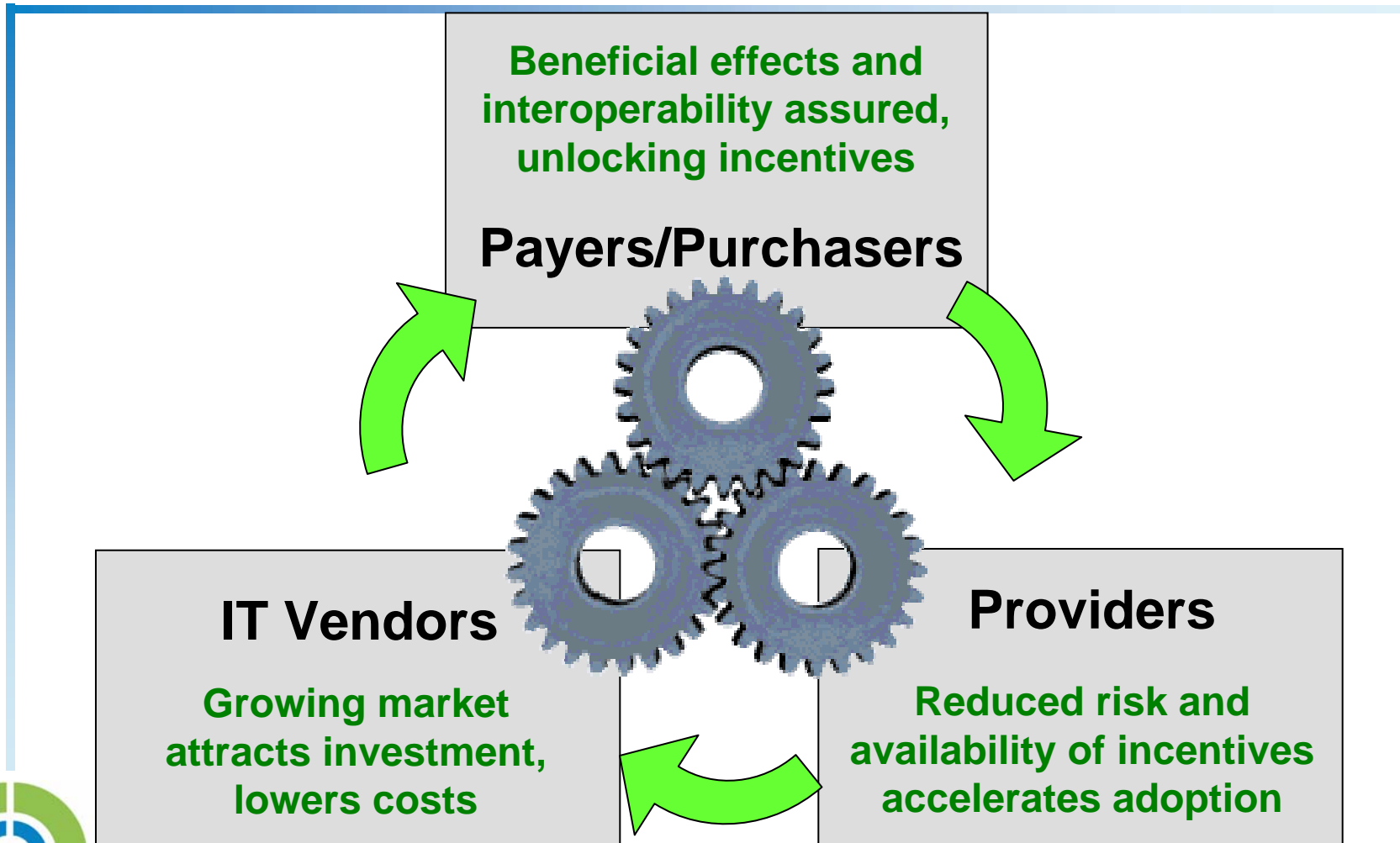


IT Vendors
**Can't bring down
costs until provider
adoption accelerates**

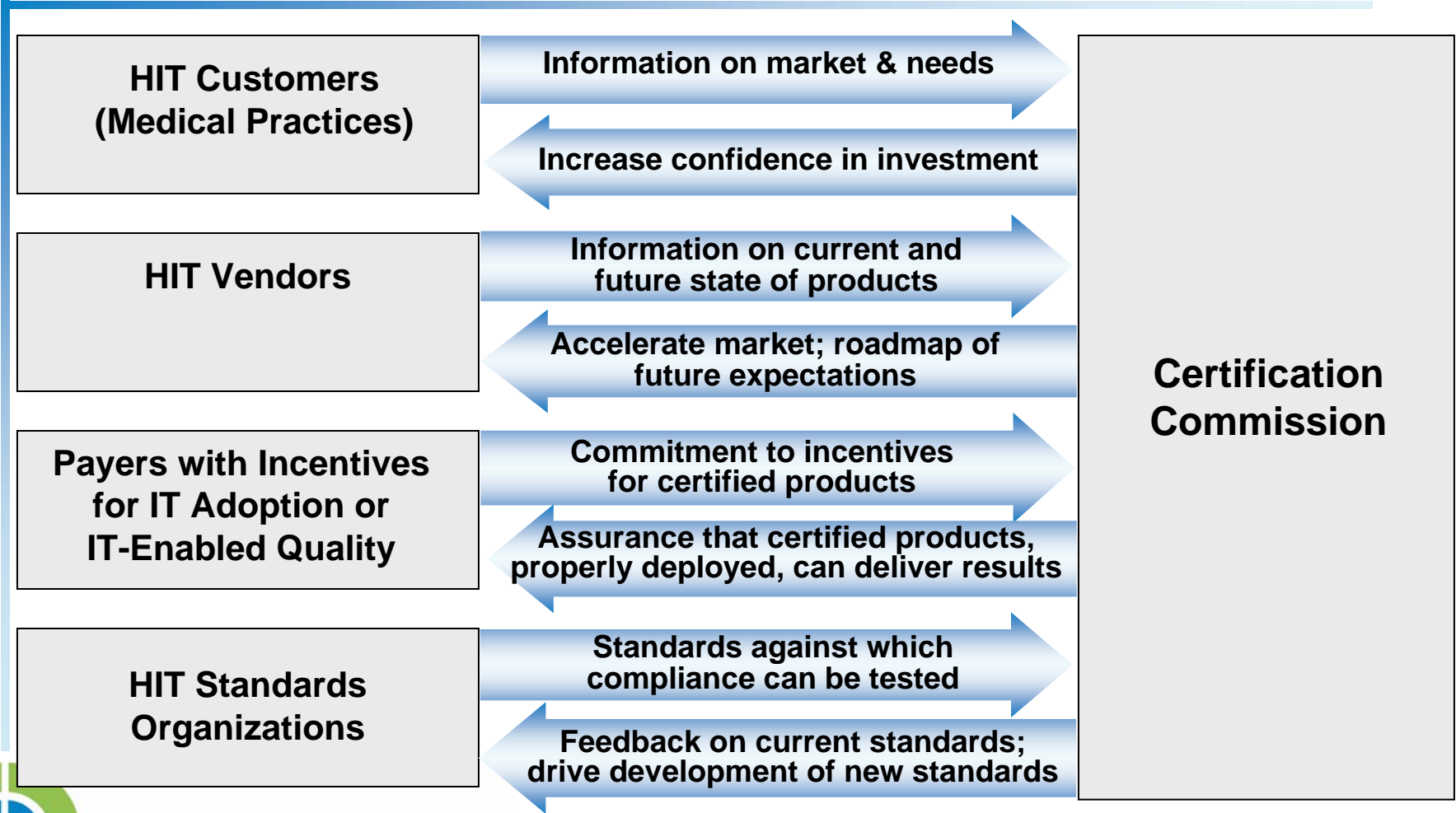
Providers
**Won't buy EHRs until
costs and risks are lower
and/or incentives higher**



Getting the Wheels Turning



Key Stakeholder Relationships



Guiding Principles

- **Timeliness**
 - Need decisive private-sector action now
- **Value**
 - Deliver value for all key stakeholders and the larger healthcare community
 - Process must be efficient and not add net costs
- **Integrity**
 - Operate in credible, objective, transparent manner
 - Certification must be objective, laboratory verified to the greatest extent practical

Key Points to Clarify

- **Product Certification is different from:**
 - Organizational Accreditation
 - Professional Certification
- **Certification is binary, i.e. “pass/fail”**
 - Not a subjective, comparative rating system
 - Competition and innovation can thrive “above the line”
- **Voluntary process**
 - Initial requirements must be market reality-based
 - A forward-looking requirements roadmap provides the best means to influence market direction

Certification Roadmap Concept

Ambulatory EHR Product Attributes

Current Year

1 Year Ahead

2 Years Ahead

Functionality

Final 2005
Requirements

Forecast 2006
Requirements

Forecast 2007
Requirements

Interoperability

Final 2005
Requirements

Forecast 2006
Requirements

Forecast 2007
Requirements

Security
& Reliability

Final 2005
Requirements

Forecast 2006
Requirements

Forecast 2007
Requirements



Project Status

- **Work Groups now completing Phase I – Data Gathering**
 - Reference material on standards and other efforts
 - Stakeholder priorities
 - Availability in marketplace
- **Gain broad stakeholder input**
 - Post work product at www.cchit.org April 18
 - Public comment period: April 18 – May 18
 - “Town Calls” to clarify material
 - Online comment mechanisms

Tasks Ahead

- **Phase II – Draft Certification Requirements**
 - Balance stakeholder desires, marketplace availability, testability, burden and cost
 - Second public comment cycle
- **Pilot/beta testing of certification (Sept 2005)**
 - Confidential testing of initial set of products/vendors
 - Refine requirements and testing methodology
- **Launch 2005 deliverables**
 - Begin accepting applications and granting certification
 - Release forward-looking roadmap

Summing Up

- **CCHIT launched and operating**
- **Goal is to accelerate the adoption of robust, interoperable HIT -- while delivering value to providers, vendors, and purchasers/payers**
- **Ambulatory EHR is initial focus, with first step certification in summer 2005**
- **Concurrent delivery of forward-looking roadmap of certification plans**

Q and A

For more information: www.cchit.org

Submit your questions and
comments at the website



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