CCHIT: A Progress Report on Behavioral Health EHR Certification

Memo Keswick, MPA, Consultant
and Co-Chair, Behavioral Health Work Group, CCHIT

California Institute for Mental Health
Ninth Annual Information Management Conference
Crowne Plaza Anaheim Hotel | Anaheim, CA | April 22, 2009
• Strategic role of certification in health IT
• Developing a trusted certifying organization
• Behavioral Health certification progress
• Q & A
Strategic Role of Certification
Certification Reduces Risk

• Electrical devices are tested and certified by Underwriters Laboratories (UL)

• Vehicles are crash-tested and rated by the Insurance Institute for Highway Safety

• Healthcare information technology is inspected and certified by the Certification Commission (CCHIT)

Certification is called for when the quality and safety of products cannot be adequately evaluated by consumers alone.
Status Quo: The EHR Adoption Deadlock

Payers/Purchasers

Will not offer adoption incentives unless EHRs benefits are assured

IT Vendors

Can not lower prices until provider adoption accelerates

Providers

Slow to adopt EHRs until costs and risks are lower and/or incentives higher

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Certification Creates a Positive Feedback Cycle

- Beneficial effects and interoperability assured, unlocking incentives

Payers/Purchasers:

- IT Vendors: Growing market attracts investment, lowers costs

IT Vendors: Reduced risk and availability of incentives accelerates adoption

Providers:

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Certification as part of the Federal Health IT Initiatives – 2005-2008

American Health Information Community and AHIC Workgroups

Office of the National Coordinator

Strategic Direction + Breakthrough Use Cases

CCHIT: Certification of Health IT products and services

Harmonized Standards

Network Architecture

Privacy Policies

Certification of EHRs and HIEs

Governance and Consensus Process Engaging Public and Private Sector Stakeholders

Certification as a voluntary, market-based mechanism to accelerate adoption of robust, interoperable health IT

ARRA changes this …..
New Program Environment

Secretary of HHS

Office of National Coordinator (established by ARRA; budget $2B)

HIT Policy Committee (established by ARRA; FACA-compliant)

HIT Standards Committee (established by ARRA; FACA-compliant)

CCHIT

*Accelerate adoption
*Reduce risk
*Ensure interoperability
*Unlock incentives
*Protect privacy

Volunteer Participation & Public Comment from Multiple Stakeholders

Health IT market insight and research

……..to this!

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Developing a Trusted Certifying Organization
## Historical Milestones

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>Sept 2004</td>
<td>Founded by AHIMA, HIMSS, and NAHIT</td>
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<tr>
<td>June 2005</td>
<td>Eight more organizations contribute funding</td>
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<tr>
<td>Oct 2005</td>
<td>Awarded 3-year $7.5M HHS/ONC contract</td>
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<tr>
<td>May 2006</td>
<td>Ambulatory EHR certification launched</td>
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<tr>
<td>Oct 2006</td>
<td>Federal recognition as Certifying Body</td>
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<tr>
<td>Jan 2007</td>
<td>Becomes independent, nonprofit organization</td>
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<td>Aug 2007</td>
<td>Inpatient EHR certification launched</td>
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<tr>
<td>July 2008</td>
<td>08 programs launched (2 updated programs, 4 new programs)</td>
</tr>
<tr>
<td>Oct 2008</td>
<td>HIE certification launched</td>
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</tbody>
</table>
• Developing “09” Criteria (Planned for launch in July 2009)

- Child Health Work Group
- Cardiovascular Medicine Work Group
- Security Work Group
- Inter-operability Work Group
- Privacy Work Group
- Ambulatory EHR Work Group
- Inpatient EHR Work Group
- Emergency Department EHR Work Group
- Health Information Exchange Work Group
- Personal Health Record Work Group
- Stand-alone ePrescribing Work Group

Developing “10” Criteria (Planned for launch in July 2010)

- Long Term Care Work Group (not yet formed)
- Behavioral Health Work Group

Over 200 volunteers from a wide variety of stakeholders are contributing their efforts!
Creating an Open, Transparent Development Process

• Inputs:
  * Scope Guidance from Commission
  * Roadmap (from previous year)
  * Future Directions (from previous year)
  * Environmental Scan:
    - Use Cases from AHIC
    - Standards from HITSP, SDOs
    - Market research
    - More

Public Comment periods

April 2008

Develop Draft Criteria

July 2008

Refine Criteria and Develop Draft Test Scripts

Sept 2008

Proposed Final Criteria and Test Scripts

Dec 2008

• Pilot Test

Final Criteria and Test Scripts

Mar 2009

May 2009

Launch “09” Certification (July 2009)

Consensus-based process with multiple cycles of public vetting
Creating an Efficient, Reliable Inspection Process

• Objective, rigorous, and reliable testing methodologies
• 100% compliance required
• “Open book” model – all criteria and test scripts are published in advance for all vendors to use in preparation
• Cost-efficient – uses web-conferencing and other virtual presence tools to avoid travel expense
• Robust retesting and appeal processes
<table>
<thead>
<tr>
<th></th>
<th>Functionality</th>
<th>Security and Privacy</th>
<th>Interoperability</th>
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</thead>
<tbody>
<tr>
<td>Self-attestation</td>
<td></td>
<td></td>
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<tr>
<td>(documentation review)</td>
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<tr>
<td>Jury-observed demonstration</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>Technical testing</td>
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</table>

= Current Methods
= Future Direction
Juror-Observed Virtual Demonstration

Vendor personnel follow Test Script to demonstrate system at the vendor facility.

CCHIT Proctor

Web conferencing and concurrent audio conferencing

Juror A
(Practicing physician)

Juror B
(Practicing Nurse
Inpatient Products)

Juror C

Jurors may not have a financial relationship with any vendor

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LAIKA Open Source Interoperability Testing Tool

Manage Test Cases

View Test Data

View Results
A nonprofit, 501c3 organization with a public mission:

**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
<table>
<thead>
<tr>
<th>Base Domain</th>
<th>Certification Options (Add-on to Base Domain)</th>
<th>06</th>
<th>07</th>
<th>08</th>
<th>09</th>
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<tr>
<td>Ambulatory EHR*</td>
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<td>Ambulatory</td>
<td>Child Health</td>
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<tr>
<td>Ambulatory</td>
<td>Cardiovascular Medicine</td>
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<tr>
<td>Inpatient EHR*</td>
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<tr>
<td>Emergency Dept</td>
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<tr>
<td>Amb+Inpt+ED</td>
<td>Enterprise</td>
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<td>HIE*</td>
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<td>PHR</td>
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<td>Stand-alone ePrescribing</td>
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</table>

Legend: L = Launch

*Original: HHS Contract (all other programs represent voluntary expansion)
Expansion Roadmap
Approved by Commission - Feb 17, 2009

<table>
<thead>
<tr>
<th>Base Domain</th>
<th>Certification Options (Add-on to Base Domain)</th>
<th>09</th>
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<tr>
<td>Ambulatory EHR</td>
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<tr>
<td>Behavioral Health (as add-on)</td>
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<td>L</td>
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<tr>
<td>Behavioral Health (as stand-alone)</td>
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<td>D</td>
<td>L</td>
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<tr>
<td>Clinical Research</td>
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<td>D</td>
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<td></td>
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<tr>
<td>Dermatology</td>
<td></td>
<td>D</td>
<td>L</td>
<td></td>
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<tr>
<td>Eye Care</td>
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<td>R</td>
<td>D</td>
<td>L</td>
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<tr>
<td>Oncology</td>
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<td>R</td>
<td>D</td>
<td>L</td>
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<tr>
<td>Advanced Interoperability</td>
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<td>D</td>
<td>L</td>
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<tr>
<td>Advanced Quality</td>
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<tr>
<td>Advanced Security</td>
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<td>R</td>
<td>D</td>
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<tr>
<td>Advanced Clinical Decision Support</td>
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<td>Long Term Care Spectrum</td>
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<tr>
<td>Obstetrics/Gynecology</td>
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Note: scheduling of all areas will remain flexible so the Commission can respond to the emerging requirements of the American Recovery and Reinvestment Act.

*Legend: R = Research (staff level); D = Start Development; L = Launch (tentative)*
Results and Impact of Certification
Success Requires Acceptance from All Three Stakeholder Groups

- Beneficial effects and interoperability assured, unlocking incentives

Payers/Purchasers

- Growing market attracts investment, lowers costs

IT Vendors

- Providers

- Reduced risk and availability of incentives accelerates adoption
Providers: Awareness and Endorsements

Professional society endorsements:
- AAFP
- AAP
- ACP
- ACC
- ACEP
- ACOG
- AMA
- MGMA
- Physician’s Foundations

Impact surveys:
- 72% of physicians believe published certification standards have an impact on EHR adoption¹
- 66% of CIOs are aware of certification; 55% of them plan to require it in their purchase decisions²

¹ MGH Institute for Health Policy, George Washington University and RTI, A National Survey of Health Record Keeping among Physicians & Group Practices in the United States, preliminary data report to AHIC, Jan 2008
² Survey conducted by HIMSS Analytics, March 2007; 2008 survey is pending
More than 170 EHR products certified in 3 years
Certified vendors represent more than 75% of the EHR marketplace
And yet...EHR Market Remains Diverse and Competitive

Certification has created a “level playing field” for a wide diversity of EHR companies to compete

Annual Revenue of Certified Vendors
- > $10 million: 43%
- < $1 million: 34%
- $1 million to $10 million: 23%

Practice Sizes Served by Certified Vendors
- 1: 25%
- 2-5: 50%
- 6-15: 25%
- 16-50: 7.5%
- >50: 7.5%

Revenue and Size data from application data of certified Ambulatory EHR 07 vendors as of July 2008; N=47; response rate 100%
Payers/Purchasers: Rapid Growth of Incentives

2006-2007: first 2 years of certification
- 44 new EHR incentive programs keyed to certification
- 21 States enacted programs
- 54 EHR rollouts (147 hospitals) under Stark safe harbor rule
- Health plans with P4P incentives for certified EHR doubled in 1 year (11.3% 25.8%)
- Estimated number of physicians eligible for incentives: 46,000
- Estimated dollar value of incentives: > $700M

2008: MIPPA (bonus payments for electronic prescribing)
- Estimated dollar value of incentives: ~$2B
- Estimated number of physicians eligible: 400,000

2009: American Recovery and Reinvestment Act
- Estimated dollar value of incentives (CBO): $34B
- Estimated number of physicians eligible: 400,000
Behavioral Health Progress
Co-Chairs:
- Memo Keswick, MPA, Consultant
- Zebulon Taintor, MD, Professor of Psychiatry, NYU School of Medicine

Members:
- John Crilly, PhD, MPH, MSW, Research Scientist, VA, Center of Excellence for Public Health and Suicide Prevention
- Letizia Duncan, PhD, Manager of Performance Improvement for Behavioral Health, Meridian Health
- Denise Grenier, MSW, LCSW, Information Technology Specialist Indian Health Service
- Lisbeth Haines, MD, Senior Clinical Consultant, Netsmart Technologies
- Sharon Hicks, MSW, MBA, CIO Community Care Behavioral Health, UPMC
- Stephanie Oprendek, PhD Chief, Research and Evaluation Division California Department of Mental Health
- Edward Pontius, MD, Medical Director, ACCESS Team, Spring Harbor Hospital
- Donley Smith, MA, Dir. of California Operations, The Echo Group
- Jeff Urkevich, BA Psychology Community Health Software Product Manager, Sage Software
Behavioral Health EHR Certification Timeline

• 09 Work group deliberated
  – Add criteria to Ambulatory EHR for a July 2009 launch
  – Develop criteria for a standalone Behavioral Health EHR over a longer timeline

• Commission approved extending development and launch timelines

• Projected launch of ‘10 certification testing in July 2010

• Announce first certified behavioral health EHR products in October 2010
09 Development Progress: Some Key Points

09 Work Group Results

• Culminates in a recommended set of EHR categories and criteria for use in the 2009-2010 work group cycle

• Not a final product

Core, Modular, or Add-on

• Final decisions will be made regarding how to offer standalone and add-on certification
  – Core requirements include functional requirements specific to all systems
  – Modular requirements are optional groupings of criteria that apply to some systems
  – Add-on requirements accompany other domains (e.g., Ambulatory EHR)

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Behavioral Health Work Group EHR Categories and Criteria based on:

- CCHIT “Environmental Scan”
- CCHIT Ambulatory EHR categories and criteria
- HL7 Behavioral Health Conformance categories and criteria
- New categories and criteria developed by work group

Work group review decided which to include as is, include as modified, or not to include at this time.
Categories: Some Examples

Core Categories

• Assessment
• Clinical decision Support
• Manage clinical documents and notes
• Patient history
• Patient preference
• Problem list
• Treatment plan

Modular Categories

• Medications
• Laboratory orders

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Core Category = Assessment

Criteria = “The system shall provide the ability to create and customize a tool for documenting suicide risk.”
Core Category = Manage Clinical Documents and Notes

– Criteria = “The system shall provide the ability to filter, search or order notes by the provider who finalized the note.”
Core Criteria:

Some Examples

Core Category = Treatment Plan

Criteria = “The system shall provide the ability to make and track updates to a patient's plan of care and treatment including authors, dates, version history, responsible clinician, etc.”
Summing Up

• Certification is an accelerator of EHR adoption and a qualification of the new ARRA legislation.
• CCHIT developed a trusted, fully operational certifying organization with substantial impact.
• CCHIT will remain flexible and responsive as federal health IT initiatives emerge and grow.
Opportunities for Participation

• **Learn**
  - Visit the Web site at [www.cchit.org](http://www.cchit.org)
  - Network at [ehrdecisions.com](http://ehrdecisions.com), [phrdecisions.com](http://phrdecisions.com), [twitter.com/cchit](http://twitter.com/cchit)
  - Sign up for *CCHIT eNews* – receive announcements of all activities

• **Contribute**
  - All development work includes opportunities for public comment
  - Next public comment **March 30 – April 28**

• **Volunteer**
  - Work Group applications open March/April (closed April 20)
  - Call for Commissioners in July
Questions & Answers

For more information:
www.cchit.org