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The Health Information Technology for Economic and Clinical Health (HITECH) Act holds great promise for accelerating the adoption and meaningful use of electronic health records by hospitals, medical practices and other provider organizations. But the HITECH Act will fall short of its goals if the nation's 6,000 ASCs are omitted from eligibility for incentive funding.

There exists the possibility that the Department of Health and Human Services will require Certification Commission for Healthcare Information Technology (CCHIT) certification as a primary criterion for its Medicare/Medicaid incentive reimbursement program. Should this happen, ASCs would essentially be excluded for no other reason than the fact that CCHIT does not currently certify EHRs that are specifically designed to meet the needs of ASCs.

No certification = No HITECH funding eligibility?

It is true that ASCs are among the providers eligible for the more than \$2 billion in up-front grants under HITECH. This did seem like a viable alternative at first. However, grant funds will be dispersed at the discretion of the Office of the National Coordinator for Health Information Technology (ONCHIT) and will most likely be distributed to state agencies for allocation to qualified providers. In neither case is there any indication that a portion of those monies will be earmarked for ASCs.

That leaves the incentive program as ASCs' only hope for securing financial assistance to advance EHR adoption. As currently defined, the HITECH Act requires implementation of a certified EHR capable of e-prescribing, exchanging information and reporting quality data, and specifies that "meaningful use" of the system over a five-year period must be achieved by the healthcare facility. Though the eligibility criteria have not yet been established for the incentive program, the majority of conversation regarding HITECH revolves around CCHIT certification as a determining factor.

In general, the work of CCHIT should be commended. It has been at the forefront of establishing standards in the functionality of EHR systems. But there are practical reasons why CCHIT certification should not be a prerequisite for HITECH incentive funding. Perhaps the most compelling is that CCHIT does not currently certify systems that are appropriate for use in certain practice environments, including ASCs.

One size does not fit all

CCHIT does have an established program by which it certifies ambulatory systems, but the reality is that its certification criteria favor systems with features and functionality that are most appropriate for use in physician practices. These EHRs are simply not well-suited for the ASC environment.

Since ASCs focus on specific procedures, their functionality needs are relatively basic: documentation, patient consents, patient demographics, etc. Ideally, ASC systems also allow for the exchange of discharge data with the referring physician.

Beyond that, the HIT needs of ASCs have little in common with physician practices. Orders are not issued in ASCs, nor is there diagnosing or researching of medical evidence to support care decisions. ASCs are also not generating clinical documentation beyond procedure notes.

It is important to note that CCHIT openly acknowledges that certification is not yet available for every care setting, and that its criteria may not be suitable for all settings. On its Web site, CCHIT clearly states that

"purchasers should not interpret a lack of CCHIT certification as being of significance for specialties and domains not yet addressed by CCHIT criteria."

Why then should CCHIT be the sole certification organization recognized under the HITECH Act?

Exceptions are necessary

It would be ill-advised to establish CCHIT certification as it currently stands as an eligibility requirement for the HITECH incentive program. Doing so would leave a huge segment of the healthcare industry to fend for itself in terms of financing EHR implementations, upgrades and maintenance.

A strong case can be made for including certain exceptions to the certification requirements — exceptions that will not jeopardize the "meaningful use" intent of HITECH — or for requiring CCHIT to expand its certification programs to accommodate the unique needs of ASCs and other specialty healthcare segments.

Doing so is not without precedent. Earlier this year, CCHIT announced the development of a standalone e-prescribing certification and published criteria for ambulatory add-on options in child health and cardiovascular medicine. The organization also voted to begin development of four new programs for clinical research, dermatology, advanced interoperability and advanced quality for launch in 2010. These are in addition to its previously announced plans for behavioral health and long-term care.

When asked during a recent "Town Call" event about future certification plans for HIT in other niche areas such as ASCs, CCHIT said that it periodically conducts open calls for expansion. When assessing the potential for a new certification program's success, consideration is given to factors such as:

- the public benefit of expanding certification;
- stakeholder readiness for certification; and
- cost to develop certification.

"Certification represents basic requirements that the Commission believes are appropriate for common care settings where most Americans get their care," CCHIT noted. "...Expansion will continue based on new Federal requirements, Commission priority setting and the Commission's capacity."

Level the certification playing field

Given the significant role ASCs play in expanding access to affordable, high-quality surgical care, and the sheer volume of procedures performed annually at ASCs, establishment of a certification program would certainly benefit the public and address the interests of a setting wherein a significant percentage of Americans receive care. Also, the HIT vendors that service the ASC market are well-established and offer mature systems that should be capable of achieving certification.

Another viable alternative is to specify exceptions within the certification requirement for standalone or add-on applications suitable for use in the ASC environment that provide the functionality and interoperability necessary to achieve meaningful use.

These exceptions will ensure a level playing field for segments of the industry like ASCs that are without access to CCHIT-certified EHRs, but that have or will deploy systems offering the same quality and functionality — with the same impact on efficiency and patient care.

By enabling ASCs to access incentive funds, expanded certification or carefully defined exceptions would in fact encourage greater adoption and meaningful use of EHRs. This would ultimately lead to higher quality patient care at a lower cost, which is the overall goal of the Act.

Take action

Short of these alternatives, requiring CCHIT certification for EHR systems would exclude the 6,000 ASCs that perform more than 20 million surgeries per year from incentive funding. This would make little sense and may ultimately defeat the intent of the Act: transforming the nation's healthcare system through increased adoption and use of EHRs by the provider community.

To have your voice heard, contact David Blumental, MD, national coordinator for health information technology, through the [HHS Office of Recovery Act Coordination](#). Also contact your Senators and Representatives to let them know how important it is that ASCs be allowed to participate in the HITECH incentive program. For information on how to contact your Congressional representatives, [click here](#).

You can also participate in two Town Call Web conferences held by CCHIT to gather input on new paths to certification of EHRs and to explore enhancements and new programs to make certification more accessible to a wider variety of EHR technologies, including modular, self-developed, and open source applications. The conferences will take place June 16 and 17. For more information or to register, [click here](#).

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