

ActiveEHRs. Beyond Certified and Qualified.



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“Health care reform is upon us like a storm in the night. Portability & interoperability, transparency & value-driven health care, clinical outcomes & evidence-based medicine. What are these concepts and why should optometrists pay attention?”

The new realities of pay-for-performance health care are here to stay. Change for eye care is inevitable as we transition from Medicare’s voluntary pay-for-performance program, beginning July 2007, to a full-blown value-driven health care system. EHRs and communications technologies are revolutionizing eye care across the nation. Despite a shrinking health care budget, new opportunities exist for those who understand and take action. The optometric voice, to date, only whispers but the profession *will* speak up to raise the bar on optometric best practices.”¹

Two years have passed since the optometry profession was introduced to health care reform under the auspices of Medicare’s Physician Quality Reporting Initiative (PQRI). As predicted, that effort was only the beginning of a fundamental shift in health care reimbursement. The American Recovery & Reinvestment Act moved the process a giant step forward; now we’re all paying more attention.

The May 29 publication of CCHIT 2009-2010 Criteria² and the recent release of an evolving definition of “meaningful use”³ have brought a frenzy of promises and guarantees about the launch of CCHIT

¹ A White Paper for Optometry: Medicare Pay-for-Performance & Value-Driven Health Care (3rd Edition), Grue & Jackson, June 2007

² See www.cchit.org

³ See “Meaningful Use: A Definition - Recommendations from the Meaningful Use Workgroup to the Health IT Policy Committee”, June 16, 2009. The following excerpt illustrates what we mean by an “officially evolving” definition:

PROGRESSION TOWARDS ULTIMATE GOAL

We recommend that the ultimate goal of meaningful use of an Electronic Health Record is to enable significant and measurable improvements in population health through a transformed health care delivery system. The ultimate vision is one in which all patients are fully engaged in their healthcare, providers have real-time access to all medical information and tools to help ensure the quality and safety of the care provided while also affording improved access and elimination of health care disparities ...

We recommend a progression similar to the Electronic Health Record demonstration initiated by the Centers for Medicare and Medicaid (CMS) in 2008, wherein “meaningful use” is ultimately linked to achieving measurable outcomes in patient engagement, care coordination, and population health.

certification for Eye Care⁴. The race is on to get “certified”, or perhaps better said, to raise consumer confidence about future certification. CCHIT certification will be a new stamp of approval for Electronic Health Records software that qualifies the physician to receive his or her share of the \$19 Billion “stimulus incentives” pie. However, the race may be simply a rush to get in line once again.

To date, CCHIT certification has been available only for Inpatient and Ambulatory EHRs. This is still the case, though Patient Health Records (PHR) and stand-alone ePrescribing will be added this year, plus some new dimensions of Ambulatory EHR in 2010. Eye Care certification is currently not scheduled to launch until 2011, although due to good efforts by the AOA, there is some openness at the Health IT Committee to advance the launch date to 2010.⁵

Unfortunately, some vendors that play in multiple health care verticals have muddied the waters, conveying the sense that because they are certified for inpatient or ambulatory care, they are certified also for other domains. This has certainly been the case in eye care, even though we know that eye care certification will not be available or possible until 2011.

2011 also happens to be the first year of physician eligibility to receive ARRA⁶ stimulus money based upon “meaningful use”. So imagine the rush. You must purchase the software now in order to establish a sufficient history of meaningful use but the same software is not yet certifiable. The promises and guarantees are effectively a calculated risk based on what has been seen in inpatient and ambulatory care.

... with all surviving software CCHIT certified, let's admit that CCHIT will set no one apart. CCHIT will become a new de facto standard, the next level playing field.

According to the Meaningful Use Preamble⁷ the definition will also depend on the healthcare setting and specialty area. In addition, certain criteria, while not affecting prior eligibility for stimulus grants, will not be required until 2013.

⁴ Ref. slide 17 of 24 of NCVHS Testimony on Meaningful Use by Dr. Leavitt's Testimony, http://www.cchit.org/about/events/presentations/files/2009/Panel_9_Certification_and_Meaningful_Use_Mark_Leavitt_NCVHS_20090429.pdf

⁵ See Health IT Adoption testimony 13 by Dr. Charles Stuckey at <http://www.youtube.com/watch?v=SrbfO8Y227E&feature=Playlist&p=75E38B6B0BA96DFE&index=12>

⁶ **American Recovery and Reinvestment Act**, also referred to as the HITECH Act (ARRA, Title IV, Section 4001, p.141) or the Economic Stimulus Bill.

⁷ See “Meaningful Use: A Definition - Recommendations from the Meaningful Use Workgroup to the Health IT Policy Committee”, June 16, 2009.

PROVIDER TYPE

The recommended definition of “meaningful use” will depend on the healthcare setting in which it is employed. Thus, some features and capabilities will be recommended as required in an ambulatory setting before similar functions are expected to

CCHIT certified and qualified, but *what sets you apart?*

There's no question that CCHIT certification will progressively establish important national standards for Electronic Health Records in every health care discipline. However, with all surviving software CCHIT certified, let's admit that CCHIT will set no one apart. CCHIT will become a new *de facto* standard, the next level playing field.

Here are five big advantages behind OD Professional that supersede being CCHIT certified and qualified ...

Do we think then that buyers will stop asking vendors "What sets you apart? Why should I buy your software rather than your competitor's?" Never!

The challenge for vendors is, yes, of course, to succeed in attaining certification. However, industry thought-leaders will not stop there. Now is the time to raise the bar, to think beyond what others are doing and set an all-new standard.

At EMRlogic, we have long taken pride in being eye care industry thought-leaders. In September 2007, we took the difficult stance of shutting down our traditional EMR, ceasing its development, stopping the rollout. We elected to start over. Why? First, because our traditional, passive EMR was just like everyone else's, and that wasn't good enough. Second, since we had been paying close attention to changing health IT requirements and the driving forces behind health care reform, we knew that traditional software models would not meet new standards.

So what still sets us apart at EMRlogic? Once CCHIT and meaningful use have leveled the playing field, what will yet stand out about OD Professional? Here are five big advantages behind OD Professional that supersede being CCHIT certified and qualified:

be widely used in the hospital. This reflects both the availability of the technology in these different settings as well as the potential impact of these features on the health of the population served. Although some recommended measures used to assess meaningful use in 2011 may apply to specific chronic diseases, the recommended 2011 objectives are meant to establish a foundation for affecting a more comprehensive set of health outcomes in the future. Many of the current proposed EHR-generated quality measures apply to primary care providers and are derived from NQF-endorsed measures. New measures under development, by NQF, and other recognized organizations will also address the work of specialists. The Workgroup anticipates that future recommended meaningful use objectives and measures will reflect emerging national priorities.

MEASURES

In identifying potential criteria for "meaningful use" of an electronic health record, it became apparent that there are considerable gaps in EHR-generated measures available to monitor key desired policy outcomes, (e.g., efficiency, patient safety, care coordination). While these measures will not be required for Medicare and Medicaid incentive payments until 2013, the Workgroup is seeking feedback on how to best frame these measures including measurement of key public health conditions, measuring health care efficiency, and measuring the avoidance of certain adverse events. These comments will be used to help revise the recommended measurement strategy to include more extensive and refined outcome measures for "meaningful use" in 2013 and beyond.

The InterSystems Advantage

InterSystems is the world's #1 vendor of database and integration technologies for healthcare applications whose products are used by thousands of hospitals and labs, including all 19 hospitals on the Honor Roll of America's Best Hospitals.⁸ InterSystems CACHÉ® is a high performance object database that makes applications faster and more scalable. InterSystems Ensemble® is a rapid integration and development platform that enriches applications with new functionality, and makes them connectable. EMRlogic is InterSystems' only eye care application partner, giving OD Professional and MD Professional uniquely the InterSystems Advantage.

The ActionManager Advantage

While much attention is focused these days on EHRs, and indeed the stimulus grants apply only to EHRs, there is an inherent need for EHRs to be fully integrated within an end-to-end software solution. Workflow is showing up among the CCHIT criteria but we know workflow applies to patient flow end-to-end throughout the practice. ActionManager is an adaptive workflow engine that drives consistency from check-in to check-out, the only one of its kind in eye care software. This unique-to-ODPro workflow, the only one that helps you manage the business you cannot see, is the ActionManager Advantage.

The ActiveEHRs Advantage

At EMRlogic, we believe the move from fee-for-service reimbursement to pay-for-performance and value-driven healthcare requires a whole new kind of software solution. What doctors don't need or want is to see fewer patients, to become data-entry clerks, users of a throughput-killing electronic repository. Doctors want EHRs to speed them up. Doctors want to be computer-assisted practitioners with clinical information, clinical decision-making and connected-care communications at their fingertips. That's why OD Professional's ActiveEHRs were designed as a knowledgebase of eye care best practices. Say no to e-pigeonholes and yes to an active and dynamic knowledgebase. Say yes to the ActiveEHRs Advantage.

The ActiveAnalytics Advantage

We know that CCHIT will require qualified EHRs to offer Clinical Decision Support. But who will determine the right decisions to be supported? Today's AOA Clinical Guidelines are too dated to be considered authoritative and a book of optometric best practices does not exist. As we at EMRlogic build a knowledgebase of eye care best practices, we have also linked it to a powerful and dynamic dashboard tool, ActiveAnalytics. ActiveAnalytics is capable of gathering evidence-based clinical indicators from coast-to-coast, from small practices and large institutions (including schools and

⁸ As rated by U.S. News and World Report.

colleges) to help inform industry decisionmakers about optometry's best practices. That's the ActiveAnalytics Advantage!

The ActiveCE Advantage

Another critically important piece of the new health IT solutions being driven by the ARRA involves research and continuing education. Yes, research is needed to establish eye care best practices but before we can go there, translation research and applied public health research is needed ...

“to support health information technology (IT) demonstration projects that evaluate factors associated with successful implementation and utilization of health IT in order to improve the quality, safety, effectiveness and efficiency of health care in ambulatory settings (optometry settings included) and in the transitions between care settings.”⁹

At EMRlogic, we have launched a “comparative effectiveness” research project in conjunction with the Illinois Eye Institute of ICO. The project utilizes OD Professional's communications technologies, the same technologies that will be required by practitioners to share patients' Protected Health Information. These same technologies will also be used to share Continuing Education best practices and to provide instant synchronization of the ActiveEHRs knowledgebase. All together, these exciting developments constitute the ActiveCE Advantage.

Care to learn more about these significant advantages from EMRlogic? Visit www.emrlogic.com. We recommend viewing the Online Demo page. Also read our White Papers and Eye Care Articles available as PDF downloads on the About Us page.

⁹ The new purpose of AHRQ Funding Opportunity Announcements (FOA's) as cited by Michael Duenas, OD (AOA). This funding falls within the domain of “comparative effectiveness” research to which \$1.1 Billion was allocated in the ARRA.

AHRQ FOA's support real world demonstration projects that evaluate factors (facilitators and barriers) associated with successful health IT implementation and use and ultimately improve health care outcomes.

These AHRQ FOA's are focused on three research areas of interest:

1. Health IT to improve the quality and safety of medication management via the integration and utilization of medication management systems and technologies;
2. Health IT to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care; and,
3. Health IT to improve health care decision making through the use of integrated data and knowledge management.

Appendix A – Excerpts from the American Recovery and Reinvestment Tax Act.

Let's look to the source to clarify some essential-to-understand terminology:

ARRA, pp.143-144

“(1) **CERTIFIED EHR TECHNOLOGY** —The term ‘certified EHR technology’ means a **qualified electronic health record** that is certified pursuant to section 3001(c)(5) as meeting standards adopted under section 3004 that are applicable to the type of record involved (as determined by the Secretary, such as an ambulatory electronic health record for office-based physicians or an inpatient hospital electronic health record for hospitals).”¹⁰

ARRA, pp.146-147

“(13) **QUALIFIED ELECTRONIC HEALTH RECORD** — The term ‘qualified electronic health record’ means an electronic record of health-related information on an individual that—

“(A) includes patient **demographic and clinical health information**, such as medical history and problem lists; and

“(B) has the capacity—

“(i) to provide **clinical decision support**;

“(ii) to support **physician order entry**;

“(iii) to capture and query information relevant to **health care quality**; and

“(iv) to **exchange electronic health information** with, and integrate such information from other sources.

ARRA, pp.147-148

“**Subtitle A—Promotion of Health Information Technology**

“**SEC. 3001. OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY**

“(a) **ESTABLISHMENT.**—There is established within the Department of Health and Human Services an Office of the National Coordinator for Health Information Technology (referred to in this section as the ‘Office’). The Office shall be headed by a National Coordinator who shall be appointed by the Secretary and shall report directly to the Secretary.

“(b) **PURPOSE.**—The National Coordinator shall perform the duties under subsection (c) in a manner consistent with the development of a nationwide health information technology infrastructure that allows for the electronic use and exchange of information ...”

¹⁰ Section 3001(c)(5) refers to standards established by the Office of the National Coordinator for Health Information Technology (ONCHIT) and section 3004 the process for the adoption of those recommendations, specifications, standards and criteria.

Appendix B – Excerpts from the CCHIT Website.¹¹

It has been said that we cannot understand the changes coming to eye care if we only look within eye care. Looking outside eye care at what is happening – *has been* happening for years already – is the key to knowing where PQRI, pay-for-performance and value-driven health care will lead us.

The following work groups represent major efforts and emphases on the part of CCHIT. Understanding these work groups can help us understand the bigger picture of health care reform and the greater forces at play, affecting the future of eye care.

Certification Commission Work Groups

HIE (Health Information Exchanges). Interoperable EHRs require a structure for sharing information—a secure network. With the guidance of the Work Groups, the HIE Work Group is tasked with initiating the development of criteria and tests for these emerging Health Information Exchanges.

Interoperability. Ensuring that EHR products and networks can share data compatibly is one of the primary goals of certification—and the public and private health IT communities. The Interoperability Work Group works with all CCHIT Work Groups to recommend criteria and testing that ensures data portability.

Security. Charged with advising on the security requirements for CCHIT Certified EHRs and networks, the Security Work Group remains up-to-date on security standards and best practices to recommend criteria and testing for all EHRs and their networks.

Personal Health Records. As patients manage their health online, they will need access to the information captured by providers and other entities. The [Personal Health Records \(PHR\) Work Group](#) explores the tools that will provide this access.

Privacy & Compliance. To ensure patient confidentiality and regulatory concerns are addressed, the [Privacy & Compliance Work Group](#) is charged with recommending criteria and test scripts to all Work Groups for certification of EHRs and networks.

Electronic Prescribing. Medicare payment bonuses will become available for any physician who uses qualified electronic prescribing technology beginning in 2009. The Electronic Prescribing (eRx) Work Group explores the tools that will provide this functionality.

¹¹ www.CCHIT.org