



Panel 2. Implementation Support – EHR Certification

Identify your challenges, barriers, and successes when being certified (for software vendors).

The primary challenge was that the Meaningful Use objectives for hospitals did not align with NIST certification criteria under ONC-ATCB. The NIST guidelines we had to demonstrate were either very dissimilar to the Meaningful Use objectives, contained additional features or did not correlate to any specific objective. The frequent changes to the Meaningful Use guidelines and lack of specificity led to much confusion. When the NIST criteria were eventually made available, we had done significant development work based on the MU objectives which ended up not being necessary. Overall we had little success in seeking clarification prior to the announcement of ATCB. The Drummond Group was able to answer more questions in a timely fashion and give us guidance about what we would have to do as a vendor to demonstrate the NIST criteria.

Outline the certification process from your point of view. Include what worked and didn't work, as well as any real-world user stories, illustrations, or examples.

The actual certification process was not overwhelming. We had a sole individual who led us through the process and was timely in answering questions. Remote testing was very convenient and having access to the conformance tools so we could validate our features prior to the certification was very beneficial. The actual test day was very orderly and smooth, but we had practiced our demonstration thoroughly and were well prepared.

I would also recommend more scenario based demonstrations that emulated the natural use of the application. As the criteria were tested individually there was significant rework or abnormal use of the system to create the defined result.

Discuss your outcomes/results. Include any surprises or unexpected outcomes and how you addressed them?

We passed all our criteria so we were very pleased with the outcome. The only hiccup was that the CCD file we were given to test against had a defect and would never validate the conformance tool therefore we could never successfully complete this measure in our preparation. We were eventually given a valid file during testing and allowed to modify our document to match the corrected sample file. From a very detailed nomenclature standpoint, a CCD document is designed to be a Level 2 document, but the NIST test criteria required Level 3 coding.

We had also misinterpreted the guidelines and opted not to test on formulary checking based on the assumption that it was related to payor specific formularies. After our certification, we learned from other vendors that our hospital formulary feature met criteria. Additionally we didn't believe our Customers would want to submit Surveillance and Immunization data departmentally, assuming the hospital as a whole would undertake that effort. Since our certification, we have been asked by our Customers to certify on these additional criteria as their inpatient systems were not capable. We are scheduled for recertification on these three items in February.

Describe your experience using the ONC, CMS and NIST communications regarding the meaningful use criteria, standards specifications and measurement.

I obtained much of the education and information about meaningful use from HIMSS webinars and from The Drummond Group. I did attend a CMS teleconference, but the information was very vague and the Q/A portion was dominated by attendees with rather politicized agendas and there was little information actually related to MU or the criteria. I submitted a detailed list of questions to ONC and NIST on August 20th, and did not get a response until November 12th by which time we were already certified. The response was a link to the ONC FAQ website, which did not address any of the issues in my original email – along with a suggestion to email again if there were still questions. I have heard similar stories in the industry and from our Customers about the inability to get responses or answers. Since we have been through certification, I am getting many questions from hospitals seeking clarity and more information so they can construct their plan to achieve MU. The lack of resources to assist hospitals in understanding how these guidelines apply to their institution seems to be a universal problem.

The many documents necessary to understand the criteria were also confusing. The Drummond Group Test Scenarios, the Test Procedures from NIST, and other documents referenced within each of these, required much coordination to insure we understood everything correctly.

We are very happy that the ED was included in a great number of the meaningful use objectives, but found that the NIST procedures were not geared towards departmental systems. For example, we were unable to certify on ED quality measures because we could not do all the measures for the entire hospital, but we do have all the data that is specified. It leaves our Customers in an awkward position of having to unnecessarily move ED data to another reporting mechanism.

Additionally, MU criteria only indicate that Drug/Drug and Drug/ Allergy checks be used in the hospital, while we had to build in support to modify drug allergy alerts which is clinically inaccurate. True allergies should always be alerted and a different data structure to identify untoward side effects of medications. We had to build a feature for certification we are advising our Customers to never use.

One of the real world experiences we encounter daily but was not addressed by the MU guidelines is the lack of a defined codification structure for allergies. Allergies are frequently cited as a patient safety issue and a driver for sharing of patient information, but no standard exists for this basic information. RxNorm contains codes for medications, but not medication groups (such as Sulfa drugs) or non-medication allergies. Developing this shared dataset should be considered as a high priority for developing guidelines.

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