

HIT Standards Committee

Implementation Workgroup Comments

Good afternoon. I appreciate the opportunity to participate in this conference today. My name is Brad Melis and I am the founder of ChartLogic, Inc. ChartLogic EMR was developed in 1996 by my company and Dr. Bruce Jorgenson, a physician in private practice in Salt Lake City. Dr. Jorgenson had a specific vision as to how technology could bring cost savings and improved patient care to his high volume multi-provider practice.

Today ChartLogic has users in more than 40 medical specialties. In recent years we have largely focused on serving surgical sub-specialists. This largely has to do with our ability to meet the needs of high patient volume physicians who are use to dictation to keep up with patient volumes. Many of our physicians see as many as 60 patients a day and need a technology solution that does not slow them down.

After careful review we felt that CCHIT requirements were too restrictive to allow us to continue offering our users rapid data entry methods, such as voice recognition. As a company we concluded that until Health and Human Services (HHS) took its unique leadership role in defining appropriate standards widespread EMR adoption would likely not happen, and we were very pleased when this finally occurred. We carefully followed the discussions and reviewed the details of the Interim Final Rule and concluded that the ARRA certification requirements were more flexible and would not negatively impact the key features of our EMR, or our clients' workflow. Fortunately the Final Rule did not come as a surprise because we had been following and building towards certification. It was with relief that we read the Final Rule and set out to achieve the earliest possible certification date.

As an early participant, what did we face?

We chose Drummond Group because they offered the earliest certification date. We found them highly responsive, cooperative, yet found them highly responsive, cooperative yet firm in their adherence to what the requirements were. We ended up being the very first ambulatory EHR certified by the process.

Generally, the test scripts provided by ONC and the test proctoring sheets provided by Drummond Group were excellent. It appeared to us that Drummond's sheets were practical and contained enough detail so that our questions were few and were rapidly answered by Drummond Group. However, there were some difficulties with the test scripts.

One of our concerns has been the broad set of Reports required. While we understand the need for this, the large quantity of reports required (clinical-quality measures) presented a very challenging development task.

One challenge was in finding definitive specifications for some of the Objectives. We also encountered some minor problems with the CCR validation tool. It would be very helpful in the future to have specs and fully tested validation tools for all outgoing and incoming messages. With Stage 2 this will likely be even more important. We know this is being worked on, and as early participants such issues are to be expected.

We also had some difficulty with the certification of our electronic claims messages, as required by the Exchange Prescription Information. The NCPDP standard used by SureScripts for live data transmissions did not match the standard required by the NIST test scripts. This meant that we had to develop a version for certification that is not presently used by any physician practices.

What might we suggest for Stage 1 and future Stage 2 certifications?

- Somewhat more complete and detailed NIST test scripts which have been through review and input from participants ahead of testing. We found that the Drummond proctoring sheets were more complete and easier to follow during our internal dry runs.
- Full specifications and tested validation tools for all messages.
- Related to the above a rapid response forum or blog to notify vendors of official clarifications to testing requirements, specifications, etc.
- Caution on using Clinical Quality Reporting measures which rely on SNOMED until this standard is used widely throughout the industry.

In closing, I'd like to recognize all involved, from the Standards and Policy Committees to the submitters of public comments to the people at ONC. They put together a set of standards and criteria for both certification and meaningful use that is generally reasonable and rational. This criteria both pushed the envelope of present Health IT product standards, and yet still maintained flexibility for product uniqueness and custom physician workflow. While we fully support the certification standards, we strongly encourage emphasis on usability of EMR by the individual physician; ultimately "Meaningful Use" depends upon them.

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