ONC HIT Policy Committee
ONC Certification Program hearing
5/7/2014

1. John Berneike, MD
   a. Family Physician at St. Mark's Family Medicine (Utah HealthCare Institute)
   b. Prior IT career
   c. Manage independent, private practice residency clinic
   d. Board of Utah's HIE organization (Utah Health Information Network)
   e. Representing small, private practice
      i. Goal to show that small private practice cannot just survive and thrive, but even be a leader in new era of healthcare and HIT
      ii. Typically don't have skill or resources to perform adequate evaluation on own
         1. Need to leverage a program like ONC certification program
         2. Making a wrong choice can be disastrous and costly
   f. Values: do what is right for the patient and for the overall healthcare system, not just what is right for your own bottom line
2. Observations:
   a. **Paradigm shift** for EHR
      i. Old: soap note generators and data repositories
      ii. New:
         1. Chronic disease and preventive care management
         2. Population health management
         3. Care coordination (transition of care)
         4. Exchange and interoperability
         5. Patient engagement (education, self-management)
      iii. This requires:
         1. Reporting, tracking, registry, analytics functionality
         2. Strict standards for exchange and interoperability
         3. Clinical decision support
         4. Patient engagement functionality
         5. Coding/billing/payment reform to allow and encourage patient management and data capture changes
   b. Desire for **rapid pace of HIT adaption** and for **system-wide change** does not allow for usual market forces
      i. 'Trial and Error' of market forces would be too slow and disjointed
      ii. Cost and disruption to EP's that might unfortunately make poor choice
      iii. Vendor self-interests may not actually be in best interest of healthcare system
      iv. ONC has shown that it can indeed advocate, act, achieve results that are in the best interest of the system
         1. But maybe need to do a better job of spreading message of long-range goals of efforts (meaningless use)
   c. Human factors **usability issues** have not been part of CEHRT
      i. Quantitative criteria is a minimum standard
      ii. Adding quality measurement would help raise the bar

3. Assuming we could design an **ideal program**, what is the benefit of having a certification program, from the perspective of your organization? How does a certification program help you? What are you looking for from a certification program?
    a. Definition of required functionality for an integrated HIT solution is beyond the scope of individual vendors. It needs be a consensus activity that includes thought leaders, policy makers, end users, as well as vendors.
        i. Need commonality of function across vendors in order to achieve HIT goals of our healthcare system
    b. Serve as a surrogate 'standards organization' for required/desired functionality that thru carrot or stick would incentivize vendors
        i. Vendors do need outside pressure, as changing vendors is an expensive and complicated endeavor and clients become a captive audience to the vendor
    c. Allows small practices without the resources or skill to perform thorough vendor comparison the ability to leverage the testing/certification work of the ONC certification program
4. Currently certification indicates that certain capabilities exist in an EHR, would certification ever indicate a **level of quality**?
    a. Absolutely. Current certification process does not evaluate the ease of implementation, configuration or use to be able to achieve MU (and the larger goal of more efficient, higher quality, cost effective healthcare). It merely confirms that the functionality exists or the MU requirement can in some fashion be met.
    b. A quality rating that includes a human factors element on the ease and efficiency of use by the end-user would be valuable.
5. What are the **challenges** you have experienced with the current certification program?
    a. Interoperability/exchange, but that is changing with MU 2.
    b. Reporting/tracking/registry/analytics capabilities, not just to report MU achievement, but to function in the realm of PCMH, PHM, CDM, TOC, etc. is limited
6. How would you design a certification program that would achieve the benefits you seek, while **minimizing the burden** to the participants?
    a. As a provider, I am not as concerned with minimizing the **certification burden** to vendors.
    b. What I would like to see is a certification program that results in an EHR product that minimizes the **operational burden** to me as a user to achieve MU and to practice higher quality more efficient medicine.