Synergistic Office Solutions, Inc.

17445 East Apshawa Road
Clermont, Florida 34715-9049
352-242-9100
Fax: 888-609-5514

http://www.sosoft.com

January 28, 2014

Thank you for the opportunity to address this committee today.

My name is Katherine Peres. I am co-owner and Vice President of Synergistic Office Solutions, Inc., also known as SOS Software. I am also a licensed psychologist in Florida. My company is a very small organization, driven by the mission to provide software of the highest quality at the best possible price for the behavioral health and addictions community. Since 1985, we have provided practice management software, and since 1989, a clinical record product. Currently, our customers are primarily private practice psychologists, psychiatrists, social workers and mental health counselors, in practices ranging from solo to large groups. Approximately 10% of our customers are small to mid-sized family service or community mental health organizations. 30% employ or are owned by a provider eligible to receive stimulus funds for meaningful use of a certified EHR.

In spite of our early interest in clinical record products, including my participation in 2006 and 2007 on the Behavioral Health Profile Working Group cited by Dr. Boyle in Friday's meeting, a few years ago we made the decision not to pursue ONC certification of our clinical product. We chose not to certify for three primary reasons. First, as a small company, our resources are quite limited, and we could not increase our prices to cover the cost of certification. Second, we determined that 70% of our customers are not Eligible Providers and do not need ONC certified product. Finally, our primary product is our practice management software. While 25% of our customers own a license for our clinical record software, just 7% use only that product. The conclusion for us was that most of our customers are not interested in using a certified EHR. For some of those who have the need to do so, we have made connections from our practice management software to a certified EHR. Those who have wanted or needed an integrated PM/EHR product have moved or are moving to such products with our assistance.

Our company has been a member of the Software and Technology Vendors Association since 2004. In that organization, we have been surrounded by other companies who sell large products that are ONC certified. I was asked by the chair of SATVA, Joe Viger, to speak about the proposed Voluntary Behavioral Health Certification. In preparing my comments for today, I made a quick, totally unscientific survey online of 'small' products aimed at mental health private practitioners and small agencies. Of the dozen that I looked at online, only two have ONC certification. It is apparent to me that the companies that provide clinical record software to the providers in our market space have not, on the whole, pursued ONC certification for their products.

Having made the decision not to pursue ONC certification, being presented with this new 'Voluntary' certification brings up old and new questions for us as a company.

- Is this really a voluntary certification, or is it an elaboration and expansion of the certification for stimulus dollars, the Meaningful Use certification? It seems ironic that providers and organizations who are not eligible for stimulus funds might find themselves needing to purchase ever more highly certified EHR products.
- A certification process inevitably involves organizations to do the certifying. This increases cost and complexity. Who is meant to benefit from this additional certification and who will actually benefit?
- Why would a product that does not have basic ONC certification consider pursuing voluntary certification? Would they even be allowed to do so if their product does not meet the Base EHR standards?
- What are the goals of this additional certification? What might be some of the unintended

consequences? Will products without certification be *allowed* to send a Consolidated CDA? Will additional certification increase competition among software vendors, or will additional certification merely drive further consolidation gradually removing small vendors (and ultimately small providers) from the marketplace?

- Is there a need for Certification in areas where there are clear standards and testing methodologies and platforms? Is it possible to use the NIST testing platform to accomplish some of these goals in a less formal fashion?
- Are there other ways to accomplish the goals of an additional behavioral health certification without the significant cost that would be involved in yet another certification program? Is it possible that certification is the tool that you are using to advance the goals of data sharing and clinical quality measures because it is the only tool you have at hand? I am sure you will all acknowledge that a screwdriver is not the best tool for placing a nail in a wall, but if it is the only tool at hand, it is the one that will be used. Perhaps we should be creative in our efforts to find other tools.

The number of questions that I can easily generate about a possible additional voluntary certification program lead me to oppose it. Perhaps there are answers to my questions that clarify the reasons that only certification can accomplish the goals of ONC. While I would certainly be interested in such answers, I do not believe that they would move our company toward pursuing this voluntary certification.

My primary reason for this is one of cost. The organizations we serve can be small in a way that some of you seem not to recognize. For the National Council, a small member may be a CMHC with a $1M annual budget. For us, small is more likely to mean an organization that grosses well under $100,000 annually. Our clinical record product begins at just over $500 for a single computer license, yet the most frequent objection to purchase that we hear is that it is too expensive. Most of our customers could not consider purchasing the ONC certified products of one of my SATVA colleagues because of their cost.

I would like to share with you a personal and professional concern. I am afraid that our private practice customers will very quickly be squeezed out of their professional niche…or that they will practice in isolation from the rest of the healthcare community. Changes in our healthcare system that might evolve almost naturally in the course of a generation are being enforced in a much shorter period of time. I understand this has been seen as necessary so we do not bankrupt ourselves, but there has not been enough time for provider training programs to train enough new professionals who are prepared to work in integrated healthcare settings, or for continuing education programs to help current providers see how they might work within an integrated system. Those in my generation, trained in the 1970's and 1980's, who have worked in freestanding psychotherapy practices, are not, in my experience, prepared or willing to jump on the EHR bandwagon. Some even see the use of an EHR as potentially unethical.[1]

While it might be the job of the professional organizations to address this issue, I believe it is also the role of ONC to recognize the extent of the losses in professional experience and knowledge that are occurring as a result of ONC mandates, in behavioral health and in medicine at large. Perhaps the consideration of ways to move HIT forward while making those losses more gradual would be worthwhile.

Thank you for the opportunity to share my concerns with you today.

Katherine E. Peres, Ph.D.
Vice President
Synergistic Office Solutions, Inc.

[1] Zuckerman, Edward L., Ph.D., "Risk Management: Electronic Health Records raise new ethical concerns", *The National Psychologist*, January/February 2014, p 17.