

September 17, 2009

Mark Leavitt, MD, PhD
Certification Commission for Health Information Technology (CCHIT)
200 S Wacker Dr, Suite 3100
Chicago, IL 60606

Dear Dr. Leavitt:

On behalf of the below listed professional associations who represent over 600,000 healthcare providers, I am writing to request a meeting with you and your staff to discuss alternative certification pathways for electronic health records. As you are aware, the use of health information technology (HIT), including electronic health records (EHR), is considered a valuable tool to improve healthcare quality and reduce costs. In fact, it has become a cornerstone of several healthcare reform plans developed by Congress. In addition, the American Recovery and Reinvestment Act (ARRA) provided federal dollars to stimulate the use of HIT. Of significance, this legislation provided incentive payments to Medicare and Medicaid clinicians to use a certified EHR in a meaningful way.

While the definition of meaningful use and the certification criteria for EHRs have not been finalized, the role the Certification Commission of Health Information Technology (CCHIT) will play in this process is widely recognized. Prior to the passage of ARRA, CCHIT was the single entity recognized by the federal government to certify EHR products. It is expected that CCHIT will continue to serve as a certifying body in the new process as well. Previously, CCHIT established a comprehensive and standardized certification process. In light of the new direction HIT implementation will take as a result of ARRA, the commission will need to alter its current certification process. In fact, CCHIT has already made efforts to do just that through its creation of three pathways to certification. We appreciate CCHIT's efforts to quickly revise their current certification process as a result of the new direction of the federal government.

Unfortunately, it appears that the current discussion of meaningful use and EHR certification criteria will exclude a significant portion of the healthcare provider community, such as dietitians, occupational therapists, physical therapists, psychologists, social workers, audiologists, and speech language pathologists. Specifically, health care providers that do not have authority to prescribe medications under state law will likely be excluded from efforts to encourage the adoption and use of EHR. Under the draft definition of meaningful use, a provider interested in qualifying for the incentive payments under Medicare and Medicaid will need to have an EHR with e-Prescribing capabilities. Under the previous certification process used by CCHIT and the new models of certification currently under development, the e-Prescribing capability will also be required. However, clinicians who do not prescribe medications still play a valuable role in the care of patients. In addition, they will need to be able to exchange information electronically with other healthcare providers, such as physicians, who are covered under the meaningful use definition and have certified products.

Therefore, we would like to set up a meeting to discuss alternative pathways to EHR certification for providers that do not need e-Prescribing capabilities. Several EHR products have already been developed for these types of providers that provide many of the other features required by the draft definition of meaningful use. Many of the policy priorities, care goals, and objectives of the draft definition of meaningful use deal with improved health outcomes, improved quality, better care coordination (provider to provider and provider to patient), and clinical decision-making support and can be found in these products. For instance, the products would allow providers access to databases which house peer-reviewed studies and other relevant clinical literature to assist them in the clinical decision-making process. They also report data to registries for quality reporting and other purposes. Documentation and patient management tools are also widely available in EHR products lacking an e-Prescribing capability.

The pace of HIT activities is moving rapidly and delay could have serious implications. It is important that the commission hear the concerns of various provider groups that play a role in improving health outcomes who currently would be excluded from certification. In addition, perhaps more information as to the capability of the EHR products developed for those who would not use an e-Prescribing feature could reassure CCHIT as to the utility and importance of these products. Therefore, please let us know your availability to meet in the coming weeks.

Thank you in advance for your consideration of this information and our request. We look forward to hearing from you soon. To schedule a time and date for a meeting or if you have any questions regarding our concerns, please feel free to contact Sarah Nicholls-Sharp at 703-706-3189 or sarahnicholls-sharp@apta.org.

Sincerely,

American Dietetic Association
American Occupational Therapy Association
American Physical Therapy Association
American Psychological Association
American Speech-Language-Hearing Association
National Association of Social Workers