

## What Does CCHIT Mean?

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**Question: Is CCHIT certification necessary for access to stimulus money?**

**Answer:**

No. CCHIT is one of several anticipated pathways for HHS Certification. It is HHS Certification, not CCHIT certification, that is needed for access to stimulus moneys – the HITECH section of ARRA describes a cumulative \$44,000 per physician (paid out as bonuses to Medicare payments) over the years 2011-2015 for physicians who demonstrate “meaningful use” of “certified EHRs.”

In fact, as the HHS certification criteria have been published, CCHIT-certified products fall short in several areas of Meaningful Use requirements. There is no “automatic grandfathering” of previously certified products – an EHR is either able to satisfy the HHS criteria, or not.

The certification requires physicians to obtain "Certified EHR technology," which is a new term in the industry. This "Certified EHR technology" can be made up of either a single Certified EHR (which satisfied all 25 criteria sets), or a combination of multiple Certified EHR Modules (which can satisfy one or several criteria sets). CCHIT has proposed doing physician site certification, in order to verify that all the IT "pieces" (Modules) that a practice implements all work together, and result in a full-fledged "Certified EHR technology."

**Question: Should I be looking at only CCHIT certified EHRs?**

**Answer:**

No – you should be looking at EHRs intending on conforming to HHS Certification. You may want to obtain a Certified EHR, or assemble together a collection of EHR Modules.

Remember that there currently are no HHS Certification bodies yet appointed. That process is underway , and should be made public in early summer 2010. CCHIT will likely be one of the HHS Certification bodies, but others will emerge as well. Drummond, for example, has declared its interest in becoming an HHS Certification body.

CCHIT was the sole certifying agency prior to ARRA/HITECH, but with the emergence of a national health IT policy based on Meaningful Use, this has all changed. CCHIT developed its set of criteria in an era before the emergence of web-based EHR

technology, and before there was a national health IT policy. Consequently, the criteria set it has used had been focused on detailed functionality requirements more apropos of locally installed, legacy client/server software systems, and does not address questions involved with web-based, software-as-a-service EHRs as well. Since the ONC's certification guidance has been released, CCHIT has undergone a re-thinking of their criteria set – but their “starting point” has been their historical base of criteria that emerged over years.

One thing that the CCHIT certification requirements explicitly do not address is the question of usability – how readily does it allow a practitioner to move through the work day and help speed it along. In fact, none of the new HHS Certification criteria addresses the question of usability either. Thus, when reviewing EHR options, an organization should make decisions based on questions of ease-of-use (since this will determine EHR adoption more than anything else), in addition to it being HHS Certified. Usability, Interoperability, and Affordability should be the criteria-set for EHR selection.

### **Question: What does HHS certification and Meaningful Use really mean, anyway?**

#### **Answer:**

HHS Certification of an EHR product simply means that a physician using such a system, and using it in a “meaningful” way, is eligible for ARRA/HITECH stimulus money from Medicare.

- HHS Certification is something that an EHR vendor (like Office Medicine) pursues and obtains.
- Meaningful Use is something that an individual physician demonstrates in order to qualify for Medicare bonus moneys. For the first year of eligibility for stimulus funds (2011), physicians will report their Meaningful Use by “attestation” – submitting declarations of compliance (subject to audit) similar to PQRI reporting. Subsequent years will expect that EHR technologies will be able to report Meaningful Use directly to either Medicare or the state's local Medicaid program.