Certification Commission
for Healthcare
Information Technology

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CCHIT Certification – What Does It Require?

The Certification Commission for Healthcare Information Technology (CCHIT) is a nonprofit 501(c)3 organization with the mission of accelerating the adoption of robust, interoperable health information technology by creating a credible, efficient certification process.

CCHIT has numerous certification programs, some developed under contract with HHS/ONC and others developed in response to requests from stakeholders throughout the industry. The complete set of all criteria is always published at the www.cchit.org website – both the current (08) set as well as the second draft of the newest (09) set that will take effect July 1, 2009. However, because of heightened interest surrounding the potential health IT stimulus legislation, we are aware of the need for a simpler, nontechnical explanation of what is required when health IT systems are certified. This interest appears to be centered on our basic Ambulatory EHR certification program, so this paper will not discuss the Hospital EHR, Emergency Department EHR, or Health Information Exchange (HIE) programs, nor the special add-on certifications in Child Health or Cardiovascular Medicine..

CCHIT inspects every product in three areas:

- **Functionality**—the ability to create and manage electronic records for all of a physician practice's patients, as well as automate the flow of work in the office.

- **Interoperability**—the ability to receive and send electronic data between an EHR and outside sources of information such as labs, pharmacies, and other EHRs in physician offices and hospitals.

- **Security**—the ability to keep patient information safe and private.

Functionality

Simply stated, for 08 CCHIT requires ambulatory EHR products to **provide every function that a physician needs today to manage every patient's care efficiently, safely, and with high quality, electronically -- instead of on paper**.

There are approximately 350 functionality criteria. The broad areas covered are:

Organizing patient data – demographics, clinical documentation and notes, medical history

Compiling lists – problems, medication, allergies, adverse reactions

Receiving and displaying information – test results, consents, authorizations, clinical documents from outside the practice

Creating orders – ordering medication or diagnostic tests; managing order sets, orders, referrals; generating and recording patient-specific instructions

Supporting decisions – presenting alerts and reminders for disease management, preventive services, wellness; checking for drug interactions and guiding appropriate responses; supporting standard care plans, guidelines and protocols; updating decision support guidelines

Authorized sharing – managing practitioner/patient relations, enforcing confidentiality, enabling concurrent use among multiple practitioners and healthcare personnel

Managing workflow – assigning and routing clinical tasks, managing the taking of medication and immunizations, communicating with a pharmacy

Administrative and billing support – using rules to assist with financial and administrative coding; verifying eligibility and determining insurance coverage

While there are several dozen new Functionality criteria proposed for addition for 09 (beginning July 1, 2009), many are simply clarifications and refinements of existing criteria. There is no justification for delaying investment in EHRs for want of functionality in certified products.

Interoperability

In the Interoperability domain, for 08 certification CCHIT requires ambulatory EHR products to **use approved standards to send and receive all forms or clinical data that are practical to exchange today, as well as demonstrate ability to support emerging areas of data exchange**.

There are approximately two dozen Interoperability criteria. The broad areas required are:

Laboratory results – comply 100% with federally-approved standards to receive and store lab results, differentiate between a preliminary and final result, process corrected results, and include information on test accuracy. A basic capability to view x-ray images is also required.

Electronic prescribing – comply 100% with federally-approved standards to send a new prescription, approve a refill, check that a medication is on the approved formulary, check patient eligibility, and obtain medication history from the pharmacy.

Exchange summary documents – demonstrate first-stage compliance with federally-approved standards to receive and display a patient summary from an outside system, and send a patient summary to an external system.

Although the standards for exchanging summary documents have been federally-approved, the Health Information Exchanges (HIE) that will actually route these messages between providers are only available in a few areas of the country. Thus, this is considered an emerging area, and CCHIT's requirements are designed to ensure that EHRs keep up to date as these capabilities are developed. For 09, second-stage compliance will be required, demonstrating that the EHR can use "XDS" transactions, plus support either of two standard approaches for coordinating patient identification between the EHR and another system.

It would be extremely unwise to delay health IT investment in hopes of waiting for Interoperability to perfected first. The lab results, electronic prescriptions, and summary documents that can be exchanged now represent the most important clinical transactions, and they can help increase quality and safety while reducing waste and errors. Without EHRs in place, the impetus to develop Interoperability would be drastically reduced, and the only result could be a permanent standoff in the development of both.

Security

Simply stated, for 08 CCHIT requires ambulatory EHR products to **provide state-of-the-art technical capabilities needed to keep patient information safe and secure**.

There are approximately 50 Security criteria. To be certified, an EHR must meet 100% of them. The broad areas covered are:

Authentication of users (proving identity)

Controlling access based on the user role or the context of a care situation.

Auditing every access and use of records

Encryption of any data sent out of the system.

Protection against viruses and other malware

Backup of data to prevent loss in case of computer failure or disaster

Security is another area, like Functionality, that is considered mature. Updates for 09 are minimal and there is no justification for delaying health IT investment to wait for additional criteria.

Summary

All of CCHIT's work is done with full transparency and broad public input. We are pleased to respond to all requests from policymakers for information.

With trusted health IT certification already fully operational, healthcare policymakers need not be concerned with the details of how to qualify health IT products and can focus instead on designing policies and incentives to encourage adoption, bringing the benefits of a 21st century healthcare system to all Americans.