2015 Health IT Certification – Final Rule

The Office of the National Coordinator for Health Information Technology's (ONC's) 2015 Certification rule is a departure from their normal process; it attempts to sever the link between certification and the Meaningful Use (MU) program. Prior to the 2015 Edition, ONC's certification criteria was focused on meeting MU certification. With the 2015 Edition, ONC has created a list of criteria (60) from which federal and non-federal entities can select to have IT certified against.

What the AMA supports

Principles of Proper Conduct (between now and April 1, 2016)

- "In-the-field" Surveillance of EHR Performance
- Mandatory Transparency Requirements (EHR functions, limitations, fees)
- Non-conformity and Corrective Action Plans—Reported to ONC

Criteria (~2017 for 2015 Edition):

- Increased C-CDA Testing/Display requirements (better data exchange)
- Safety-enhanced Design (number of UCD test participants is now 10 "users")
- Application Programing Interface (API) (better patient access to some data)
- Improved Privacy & Security requirements (cornerstone)
- Optional patient matching support (cornerstone)
- Rejected some proposed draft standards (reflected our concerns)

Concerns for the AMA

- The 2015 version is required for participation in MU Stage 3.
- Meaningful Use still requires EHRs to "count" clicks
    - EHRs will be built to capture how/when something was done, not how well it was done—**resulting in future EHRs that look a lot like they do today**
- Future needs to accommodate APMs/ MIPS/Precision Medicine may not be covered by ONC criteria
    - **EHRs are being designed now to meet 2018 MU requirements.**
    - Getting data out and integrating knowledge back into the EHR is key to Precision Medicine and improving value and outcomes with care. EHR cert does very little to support this—too much is focused on meeting MU data exchange requirements.
    - Correctly capturing patient data has not been widely tested / EHR vendors have very little understanding what physicians need
- EHR certification only addresses some aspects of registry reporting
    - Lacks detail about testing
    - Still does not address EHRs supporting multiple, unsynchronized standards
- Other federal programs will be built on ONC criteria without clearly understanding the implications (cost, complexity, reduction in usability)—ONC criteria are complex and could become too burdensome /costly for many outside MU.

Use Cases & Cornerstones

- EHRs should support key areas matching high-value use cases
    - Offering flexibility and configurability with the support of Apps (not just API)
    - Reducing cognitive workload by focusing on user support, not documentation or numerator /denominator calculations
- Use cases are best identified by physician and patient stakeholders
    - Supporting team-based care. Example: closing the referral loop
    - Use cases should support the reuse of data (enter once, reuse multiple times)
- Common uses cases like "looking for and finding patient records" and "registry reporting" could be part of what it means to be a "meaningful user."
- Cornerstones (patient matching, provider directories, standardized vocabularies, privacy & security) should become a priority. Some stakeholders are better positioned to support these than others.