



**American Hospital
Association**

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Mark Leavitt, MD, Ph.D.
Chair, Certification Commission on Health Information Technology
Medical Director, HIMSS
230 East Ohio Street, Suite 500
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Dear Dr. Leavitt:

On behalf of our 4,800 member hospitals and health care systems, and 31,000 individual members, American Hospital Association (AHA) appreciates the opportunity to comment on the Certification Commission on Health Information Technology's (CCHIT) proposed approach to certify inpatient IT systems.

Certification of IT products can potentially help hospitals and health care providers navigate the IT market. This baseline assessment of a product's functionality could be particularly useful for those hospitals that have not yet implemented significant IT systems or that lack technically sophisticated IT staff. However, the complexity of hospital IT systems makes developing a certification process difficult.

The documents provided by CCHIT provide only a sketch of its proposed approach to certifying inpatient hospital IT systems. Organizationally, the criteria regarding the necessary functions of inpatient IT would be developed by the inpatient functionality workgroup, while other workgroups would develop criteria for interoperability, security and the commercial certification process. This model builds on the one used to develop certification criteria for ambulatory electronic health records (EHRs) and seems, for the most part, appropriate.

We are concerned, though, that this structure does not include consideration of whether a product is user-friendly, reliable or easily maintainable. Hospitals spend inordinate resources on IT system maintenance and still face system disruptions that can adversely affect workflow, patient care and clinician acceptance of IT. While testing is admittedly difficult, the AHA recommends that CCHIT form a work group to explore ways to certify these crucial aspects of IT products.



CCHIT documents indicate that, given the broad scope of information systems used by hospitals and the significant penetration of some systems, the certification process would begin with a focus on a subset of functionality; namely, the quality and safety support chain. This includes applications like computerized provider order entry (CPOE), clinical decision support systems (CDSS), pharmacy, and medication administration systems. In a presentation to members of the AHA's Member Advisory Group on Information Technology, you indicated that in looking at interoperability criteria, CCHIT would focus on interoperability between organizations, rather than looking at the integration of systems within an enterprise.

Our comments will focus on the staged approach for developing functionality criteria, the kinds of interoperability that should be certified, and the eventual certification process.

Areas of focus

We agree that a staged approach to certification is wise. A hospital's IT "system" is, in fact, generally composed of dozens of individual computer applications. Some hospitals purchase applications from a small set of vendors, while others work with many different software companies. In either case, there is generally not a single product that serves as a complete inpatient EHR in the same way that software purchased by a physician's office would.

CCHIT's generally sound approach would focus on specific quality-related functions that are not yet widespread. However, the complexities of inpatient IT products may make it difficult. For instance, clinical decision support often is built into specific applications, such as a pharmacy order entry system, and is not a stand-alone product. Other areas of focus could include CPOE and medication administration systems, particularly bar coding systems used at the bedside. Departmental systems that become the building blocks of an EHR — including laboratory, pharmacy, radiology, nursing, and clinical notes — also are priorities for certification.

Interoperability

The AHA is concerned with the proposed focus on interoperability across organizations, rather than within the enterprise. Hospitals and health systems currently struggle to integrate clinical applications, so that, for example, lab results can be available at the time medications are ordered. Significant amounts of staff time and financial resources are devoted to developing and maintaining electronic interfaces across ancillary systems. One of AHA member reports dedicating six IT staff members to this task.

Decreasing the costs of integration within the enterprise would significantly reduce the difficulty of implementing fully functional IT systems in hospitals, and would consequently increase adoption of inpatient hospital EHRs. Without attention to integration within the enterprise, the benefits of certification are limited. A hospital

Mark Leavitt, M.D., Ph.D.

March 30, 2006

Page 3 of 3

could implement only certified applications, but find that clinical information still does not flow across the system.

The AHA recommends that CCHIT look at interoperability within the enterprise, focusing on connecting ancillary systems — such as pharmacy, laboratory, and radiology — to clinical data repositories, each other, and administrative systems such as admission, discharge and transfer, before moving on to interoperability across organizations.

Certification process

CCHIT will certify vendor products for ambulatory EHRs. The AHA strongly supports a similar framework for certifying inpatient hospital IT systems. The AHA would oppose, however, an approach that certifies implementation. This would put an undue burden on a field that already undergoes significant scrutiny through accreditation, surveys and other processes. One AHA member reports having various inspection teams onsite 360 days a year.

We are also concerned about certification for hospitals and health systems with advanced IT systems. The advantage of certification for these facilities is not clear, as they already have made considerable investments in specific systems. In addition, some have developed their own software. In that instance, the benefits of certification are unclear.

Conclusion

The AHA applauds CCHIT for pursuing certification of inpatient hospital IT products, despite the inherent difficulties of the task. We look forward to working with CCHIT and its work groups. If you have questions or need additional information, please do not hesitate to contact me or Chantal Worzala, senior associate director of policy, at (202) 626-2319 or cworzala@aha.org.

Sincerely,
Rick Pollack
Executive Vice President