

What is CCHIT and Should My EMR/EHR Be Certified?



An excellent article on EHRs and CCHIT was pointed out to me recently and I thought I'd pass it along to my readers. To answer the question "What is CCHIT?", the site [SoftwareAdvice](#) says this:

CCHIT is a private, non-profit organization formed to certify EHRs against a minimum set of requirements for functionality, interoperability and security. It was founded in 2004 by three industry associations (HIMSS, AHIMA and the Alliance (no longer in operation.)) It was subsequently funded further by the [California Healthcare Foundation](#) and a group of payers (e.g. [United HealthGroup](#)), providers (e.g. [HCA](#)) and software vendors (e.g. [McKesson](#)). In 2005, CCHIT was granted a \$2.7 million contract by the Department of Health and Human Services (HHS) to support its mission. A number of other medical associations have since supported CCHIT. Despite the HHS contract, CCHIT is not an extension of the federal government.

*As of March 2009, **Eighty-some** ambulatory EHRs received certification against the 2006 CCHIT criteria, sixteen EHRs received certification against the more rigorous 2007 criteria and twenty have achieved CCHIT certification for the 2008 Ambulatory EHR criteria. We estimate this equates to roughly 30% of all ambulatory EHRs being certified, while additional EHR vendors are currently pursuing certification for their systems.*

In the article, SoftwareAdvice's founder and owner, Don Fornes, also goes on to answer the questions:

- What are the benefits of CCHIT?
- Why does CCHIT generate some controversy?
- Why doesn't every vendor just get certified?
- What are the criteria used by CCHIT to certify EHRs?
- What important criteria does CCHIT not evaluate?
- Does CCHIT evaluate specialty EHRs or templates for specialists?
- Will CCHIT result in higher prices for EHRs?
- Will a CCHIT-certified EHR improve my practice's income?
- Do I need a CCHIT-approved EHR to participate in my local HIE?

and ends with conclusions, recommendations and five key takeaways for helping you determine your path with EHRs and CCHIT.

Because I had never come across the [SoftwareAdvice](#) site before, I spoke with Houston Neal from Software Advice to understand what the site is and how it works. Houston told me that the company has been helping healthcare entities choose practice management and [electronic medical records](#) software for almost 2 years and that the goal of the service is to help physicians develop a short list of vendors specific to their specialty and software needs. There is no charge to the physician, but the software companies pay a referral fee to Software Advice. Not all software vendors are represented on the site, but the company is working to get all vendors on board, and their representatives may discuss non-participating vendors if the needs of the physician warrant it. Although I've not tried their service, it seems like a win/win situation if practices can get free software vendor recommendations based on a needs analysis. I'd be interested in knowing if anyone out there has used SoftwareAdvice and what your feedback is.

By the way, in case you're wondering, Houston confirmed for me that the way to pronounce "CCHIT" is either "SEA-CHIT" or "C.C.H.I.T." Thought you'd like to know!

The 5 IT Skillsets Every Physician Practice Manager Needs to Succeed in 2009 and Beyond

*I wrote this article for the **Physician Office Managers Association of America (POMAA)** March/April 2009 Newsletter. If you don't know POMAA, check out their website.*



Each of us have areas of expertise based on our experience, our education and what we find interesting and fun. IT knowledge and skills are no longer optional, however, and I suggest every medical practice manager learn as much as possible about the following five areas. Your work life and the life of your practice may depend on it!

Skill 1: Email Etiquette and Management

Email can rule your work life if you don't make good choices with your messages. Managers need to know how to use the Rules Tool (Outlook) to automatically move messages into folders, and how to turn emails into Tasks and Appointments.

Work communication can succeed or fail if you don't have the basics under your command. Knowing how to archive your email will not only save you time when looking for important information, but will save you from the frustration of searching through hundreds of emails. Here are the basics of email management:

1. Most organizational experts recommend **looking at your**

email twice a day, and turning off the setting that notifies you immediately when you have new email. Email can be very addictive, and can suck your time away from projects and other work.

2. Just like paper, try to only **touch an email once**. Once you read the email, decide whether to delete it, answer/forward it and delete it, or do something else with it like dragging it to the task list or calendar. Don't get caught in the ugly cycle of reading it once, and going on to the next email without doing anything about it. If you do that, you'll end up with lots of emails that you have to read again...and maybe a third time.
3. **Never put anything critical (of a criticizing nature) in an email**. If you need to have that type of conversation with a colleague, pick up the phone. A critique to an employee is best done in person, with a follow-up email for the file.
4. Always check your outgoing email for tone. **The best tone for business email is professional**. This means a greeting, a message, a "thank you" and footer with your full name, title, and contact information. Some organizations are more formal, and some are less formal, but I would err on the side of being more professional. You can always **set your email signature** to include the greeting and thank you and your name, so all you have to do is complete the middle.
5. For emails that do need to be saved for reference, **make subfolders under your Inbox to place reference email**. Even better, copy the email to a Word document, and delete the email.
6. **Have high priority (your boss or bosses) and low priority (listservs, subscriptions) email automatically come into their own folders**. The low priority email can wait and the high priority email can be dealt with first.
7. **Group emails** with jokes, homespun wisdom, clever tests

and unbelievable pictures **are a waste of your time**. If you need a break from work, go for a walk, but get rid of the group emails. They take personal and server email space and can border on or be outright offensive, causing a problem if you don't nip it in the bud. Remember that email is legally discoverable.

8. **Be careful about answering emails off the top of your head**, possibly when you're angry, or rushed. If you need to delay answering an email because of your mood, drag the email over to the task list and set the to-do for tomorrow.



Skill 2: Understanding Medical Office Software

Acronyms come and go, but the basic software that supports medical practices remains the same. **Practice Management Systems** (PMS) typically include registration, scheduling, billing and reporting as one component. Today's systems are built around the billing function, with scheduling and registration supporting the ability to generate electronic claims and post payments back to the transactions. Because billing is becoming more standardized, it is the reporting that can make or break a practice.

Electronic Medical Records (EMR) are sometimes referred to in a broader sense as EHR (Electronic Health Records) and range from the simplest of systems which act as a repository for the electronic chart to the most sophisticated systems which may include digital imaging, e-prescribing, complex messaging, medication reconciliation, and test alerting, among others.

EMR and PMS can be totally integrated, or can interface with each other, populating the other uni-directionally or bi-directionally. Those managers with a deeper understanding of their own software systems will find it easier to implement pay for performance measures such as PQRI and e-prescribing, and will not have to rely on vendors to educate them.

PACS is **Picture Archiving and Communication System** and allows easy indexing and retrieval of images. PACS exists primarily in radiology and surgical specialty offices, but as more hospitals extend EMR and PACS privileges to physician offices, managers will need to understand something about the technology.

Other systems that will interface to your system are transcription, outsourced billing systems, data warehouses, claims clearinghouse, electronic posting systems, and web services interfaces. Get or make a **graphic representation of your software and hardware system/network** so you can talk knowledgeably about it and understand the effects of adding new servers, workstations or software modules.



Skill 3: Using Technology to Stay Current in Your Field

Magazines, newspapers and even television news is losing favor as people find the latest and most in-depth news on the Internet. For physician office managers, news and important information is available through websites, newsletters, newsfeeds, webinars, podcasts, listservs and blogs. How does a manager sift through all these options and stay current with the demand of running a day-to-day practice?

One of the most important ways to consolidate this information is to **subscribe to a feedreader or email from websites** you like and have the news come to you (called “push technology”), instead of you checking the website every few days or whenever you remember (aka “pull technology”). These are the programs that will eventually do away with most, if not all, of your magazine subscriptions. You know that guilty pile of professional magazines that you have in your office or at home that you have scanned but still plan to read in-depth? Gone!

Most websites offer email or RSS options to their users. An email option asks you to enter your email address and will email you when new information is available, typically offering the full content inside the email itself. This is ideal for anyone who has these emails automatically placed into an email subfolder to read later.

RSS stand for Really Simple Syndication and is a way to push the content of many sites into a feedreader, which is an organizer of website feeds. There are many feedreaders available at no cost and adding a new website feed to your personal feedreader is as simple as clicking on the orange RSS icon on the website page and identifying the feedreader you use. The nice thing about using RSS is that you can group sites into categories you decide upon, it is easy to add new sites and drop sites that you find a waste of your time, and you do not clog up your email program with lots of emails.

Webinars and podcasts are another way to stay current. Many webinars are free and allow you to dip your toe into the pool of knowledge on a particular topic. Webinars with a fee attached are usually longer and more in-depth, and can replace the traditional go-to conference which has become a budget breaker for many practices.

eBooks are quickly becoming the way to get just the information you want when you want it. Most eBooks are reasonably priced (some are free) and can be stored or printed.

☒ Skill 4: Online Patient Interactions and Web 2.0 Applications

Patient interactivity via practice websites is growing exponentially. Many practices are using web functionality to communicate with their patients via secure messaging. This allows bi-directional communication such as:

1. Request an appointment (patient) or appointment reminders (practice)
2. Send statements; patients pay online with a credit card (practice & patient)
3. Inform patients of test results (practice)
4. Create personal health records (patient)
5. Request a prescription refill (patient)
6. Virtual office visits (practice & patient)
7. Complete registration via fillable .pdf forms and download to practice management system (practice & patient)
8. Request medical records; send an electronic copy of same (practice & patient)
9. Complete a history of present illness prior to the on-site visit (patient)
10. Ask & answer questions for the doctor, nurse, or staff (patient & practice)

If you're not looking into ways to communicate with your patients electronically, start now. **Web 2.0 is now more typically referred to as social networking, social media or new media.** What started out as a way for friends to communicate with each other is now an amazing, ever-expanding ability to connect/market to businesses, patients and referrers. Very few medical practices are using social media, but they should, because it is the way of the future, and in many cases, very affordable.



Skill 5: Knowledge Management and Retention

Most medical offices try hard to document processes such as "How To Make An Appointment For Dr. Jones," but find it difficult to keep up with documenting changes to those written protocols. Documentation is crucial for operations in that it supports job performance and consistency, and is a basis for training new employees. The traditional documentation method for most practices is use of Word documents, which can create an immediate usability logjam. Due to cost, Microsoft Office is not installed on many workstations, and many office employees are not trained to use Word, so the onus for original creation of and changing of protocols falls to one person. Changes in healthcare are happening so quickly that it is not reasonable for one person to be able to update all documentation, unless they are dedicated to it on a full-time basis.

Better and more affordable solutions are becoming available. Speech recognition and office wikis are two possibilities for documenting office processes. **Speech recognition** (you may already be using it for your transcription) is a very affordable solution, but it does take time to train the program to recognize your voice. If you are not used to dictating, it may also be a learning curve, but it is one that will pay dividends down the road. Doctors can use it to help you by dictating their preferences, such as appointments, patient intake, room set-up, procedure set-up, patient phone protocol and after-hours call contact protocol.

Private wikis are another good bargain in the marketplace, as many are available at no cost, and may be installed and managed on the web. Wikis need at least one person to function as editor. Since you can have your entire staff work on documentation, the staff becomes very invested in the process of keeping the wiki fresh and up-to-date.

There are other free or low-cost **project management web programs** that can also be used to track changes and remind staff to document changes later. The one area that is most

important for tracking changes and managing knowledge in the practice is in billing. Many practices are held hostage by their billers as their knowledge is so specific and proprietary that the manager feels s/he could not recoup it if they left. No practice should be vulnerable based on knowledge any single employee has, including the manager.

I am very interested in technology that creates value in medical office practices. If you are using something new and different in your practice, please email me and let me know. Also, if you have any questions about the ideas I discuss in this article, I am glad to answer them: marypatwhaley@gmail.com.

Monday Special: Use BNET and CNET to Find Information on Business, Management and Healthcare



[BNET](#) is Business Network and [CNET](#) is Computing Network and both sites are owned by CBS.

BNET is a great one-stop shop for information on business and management, and now the site has a category for healthcare described as:

...daily industry news coverage and insights for managers and executives, focusing on the major health care providers, hospitals and facilities, insurance companies, and medical

device manufacturers. In addition to detailed company profiles, we bring you critical analysis on new alliances and partnerships, new products, health care cost control, partnerships and alliances, management and board changes, and a host of other important business issues.

That may be a bit much to consume on a daily basis, but don't forget, information is a buffet, and you don't have to eat everything!

Here are a few BNET goodies you might like to check out:

[Marketing Secrets from Campaign '08](#) (if you are in a competitive market, read this and think about your marketing!)

[Finding Opportunity in Upheaval](#) (if everyone at your practice is stressed and cranky, it's a perfect time for you to think differently. Patients need healthcare – what are you going to do about it?)

And don't forget to check out BNET's [Business Library](#) and [Videos](#) (including “Motivating a Stressed-Out Staff” during an economic downturn – very solid advice – I give it 5 stars!)

[CNET](#) is all about cell phones, computers, audio, video, etc., and has the latest on gadgets, including reviews and prices. It's also a great site to find software to download. This site might not be as appealing as BNET, unless you're as geeky as I am, and the longer I write this blog, the geekier I get. One of my favorites on CNET is [Tips & Forums](#).

And just in case you are geeky, check out [Woot](#), the site I check daily for great geeky deals.

Prepping for a Microsoft Field Trip: Watching House Calls for Healthcare Professionals

Yep, I'm heading to the Microsoft campus this week to take part in HUG, the Health Users Group Conference. I'm doing my homework and trying to get the most out of my visit by catching up on what Microsoft is doing in the healthcare sector.

I found two great videos by Bill Crouse, MD (hope I get to meet him!) talking about the cool stuff going on at Microsoft Research. Bill is Senior Director, Worldwide Health for the Microsoft Corporation and according to his site [HealthBlog](#), he is responsible for providing worldwide thought leadership, vision, and strategy for Microsoft technologies and solutions in the healthcare provider industry.

It takes a few minutes to download these videos (about 15 minutes long to view each) to your favorite player, but it is worth it, IMHO. I will also consider showing these videos, particularly the 1st one, at my next staff meeting as something to stimulate ideas and give everyone a flavor for what our future might be.

Look for links to his videos in his post and at the bottom of his post: [Microsoft Research: How we watch the computer, how it watches us](#)

I'm going to take a leap of faith and try to record a video during my two days at the HUG Conference. Check back to see if

I've been successful!