

Article published March 11, 2009

## CCHIT certification ‘double whammy’ for EHR market

Posted: March 11, 2009 - 5:59 am EDT

*In response to [reader commentary](#) on Joseph Conn's "[Will CCHIT have competition due to stimulus law?](#)":*

I wholeheartedly agree with Dr. Robert Rowley's assessment.

Unlike other more emotional critiques of the Certification Commission for Healthcare Information Technology, Dr. Rowley's assessment is both rational and reasonable. Over the course of the last three years I have seen the hope of CCHIT certification dashed time and time again when a physician has trusted that buying a CCHIT-certified product meant that the product would be a good electronic health record that would help them.

Although it may initially seem counterintuitive, using CCHIT certification in lieu of the stimulus bill certification is likely to exacerbate the ongoing problem of EHR mistrust. The reason for this, as stated by Dr. Rowley, is that certification does not ensure that a system is usable or effective in a provider's practice. It only evaluates if an EHR has a list of required functions. For example, many poorly designed EHRs require a user to go through three to four different screens to prescribe a new medication. These EHRs will pass CCHIT certification on the basis of having the function to prescribe a medication. However, providers are hard-pressed to take the extra 2-3 minutes required to write each prescription 50 times per day. This is only a small example of the pervasive lack of usability that is often found in CCHIT-certified EHRs.

While certification holds the promise of validating the usefulness of an EHR, it is another cause for the loss of confidence in EHRs. As providers learn more from their colleagues about their CCHIT EHR implementation that did not work out or as they struggle to implement their own CCHIT EHR system they recognize that CCHIT certification is not correlated to how well an EHR works.

The potential long-term consequence is to drive providers deeper into their caves

and set back EHR adoption for another number of years. The short-term consequences are also severe.

CCHIT certification for an ambulatory-care EHR is up to \$50,000 per year including specialty certification. Certification is required at least every two years. If a system does not pass certification the fee is lost. If certification requires additional time, the fee is \$2,000/hour. These costs are unduly difficult on new entrants into the EHR vendor arena. This high price burden creates a barrier-to-entry for the most innovative and progressive EHR vendors in the marketplace; precisely the opposite effect that is wanted for the healthcare market.

Thus, the criteria already established by CCHIT actually jeopardizes the EHR marketplace through a “double whammy” of diminishing trust in EHRs, thereby reducing EHR purchases by providers, and eliminating the most innovative and least expensive EHRs, once again reducing the likelihood of purchases by providers. Even if the providers are getting \$44,000 to purchase their product, they won’t use it if it slows them down.

It is my hope that the responsible individuals at the National Institute of Standards and Technology, the organization responsible for certification under the stimulus bill, realize that current CCHIT criteria are not aligned with the objectives of the stimulus bill or the physicians using EHRs.

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