**NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS**
**EXECUTIVE SUBCOMMITTEE**

**Hearing on "Meaningful Use" of Health Information Technology**
**April 28 - 29, 2009**

On behalf of the American Academy of Ophthalmology (the Academy), the American Society of Cataract and Refractive Surgery (ASCRS), and the American Optometric Association (AOA), we would like to call to your attention to our concerns about the available Health Information Technology (HIT) certification processes; specifically, the Certification Commission for Health Information Technology (CCHIT) certification criteria development in eye care. We believe our concerns are relevant to the committee's discussion on meaningful use because the American Recovery and Reinvestment Act (ARRA) of 2009 explicitly states that for a physician to be a meaningful user of HIT, the electronic health record (EHR) must be certified. As you are aware, the only recognized certification body (RCB) is CCHIT. While our written testimony focuses on eye care, we believe this may become an issue for other medical specialties who have specialized EHR systems but are not yet in the pipeline for the development of specialized certification criteria through CCHIT.

*Concerns about Available HIT Certification Processes*

We were notified on January 14, 2009 through a CCHIT public announcement, that eye care was one of the Commissions's planned expansion areas for 2010 and beyond. The Commission placed eye care on the roadmap using the following timeline: 2009 for research; 2010 for development; and, 2011 for launch. While we were very appreciative that eye care was included on the draft roadmap, we believed it was essential for the eye care specialty to have an accelerated timeline for launch and asked the Commission to be flexible when developing final timelines for a number of reasons. First and foremost, the ARRA put in place financial incentives and penalties based on the adoption and "meaningful use" of certified HIT systems that will have a profound impact on our members and their ability to adopt and become meaningful users.

Second, eye care professionals who were "early adopters" have either adopted a *non-certified* eye care focused EHR system that meets their unique needs, or they have made significant and costly modifications to *certified* primary care focused EHR systems to make them feasible for managing patients with eye disease. The overwhelming majority of our respective members have not adopted EHR systems. They are hesitant to make the considerable investment until certified systems that meet their unique needs are available. Under the current CCHIT timeline for eye care certification criteria development, it will be virtually impossible for our respective members to purchase certified systems that are designed for our specialty, become meaningful users, and qualify for the bulk of the

available financial incentives. In addition, those early adopters who purchased specialty EHRs that are non-certified will not be able to recoup their costs, because those systems will not be able to achieve certification until after the financial incentives have begun.

Another major reason we sought flexibility and acceleration of the timeline was the readiness and preparedness of the eye care professional organizations and the eye care EHR vendor community. A core group of eye care providers and EHR vendors reviewed the 2008 and 2009 CCHIT Ambulatory Care criteria in detail and revised the 2008 Ambulatory Care Test Script and the 2009 Draft Ambulatory Care Test Script to reflect the eye care setting. Only one change to the Ambulatory Care criteria (a criteria requiring the graphing of height and weight) was made, and no additional eye care criteria were added. In addition, an Eye Care Functional Profile, based on the HL7 Functional Profile, was developed for eye care focused EHRs.

Finally, we are concerned that vendors who developed eye care focused EHR systems, those who developed systems that meet the needs of our specialty, will be shut out of the market if they are not able to achieve certification soon. If the launch of eye care certification is delayed until 2011, then there may not be any specialized eye care EHRs left for use by eye care professionals. This would be unfortunate, considering the number of "early adopters" that invested in these eye care focused EHR systems.

Despite the eye care community appeal, the Commission announced on February 17, 2009, that eye care would remain on the CCHIT expansion roadmap under the originally proposed timeline. Again, we are highly concerned that this timeline does not coincide well with the deadlines imposed in the ARRA, and our members and the eye care focused EHR vendors will be severely disadvantaged as a result. We are confident that eye care certification criteria could be ready in only a few months if the Commission were willing to accelerate the timeline by removing the year of staff research scheduled for 2009. Frankly, we are unclear what the "research year" entails; we have only been told that it is a prescribed process determined by staff. It does not appear from the final roadmap that other specialties, such as Dermatology, will undergo a year of staff research prior to their launch date. Members of the Vision HIT Collaborative believe the vast majority of work has been completed by the professional organizations, thus eliminating the need for full year of research.

*A Need for Actionable Solutions*

Efforts to improve our position on the roadmap, despite the CCHIT's pledge to remain flexible in order to respond to the emerging requirements of the ARRA, have been unsuccessful, and we are not encouraged that the situation will improve. We seek the committee's advice and guidance to determine an appropriate and actionable plan where eye care professionals can successfully adopt and become meaningful users of certified EHR systems that meet their unique needs, while taking advantage of the much needed financial incentives and avoiding steep penalties.

The American Academy of Ophthalmology
The American Society of Cataract and Refractive Surgery
The American Optometric Association