

Group to Begin Certification of EHRs

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BOSTON — A coalition of private sector informatics groups plans to launch a process for certifying electronic health record products late this year.

Certification will bring some predictability into the market for physicians, vendors, and payers, Mark Leavitt, M.D., chair of the Certification Commission for Healthcare Information Technology, said at a congress sponsored by the American Medical Informatics Association.

The commission's initial scope is to certify electronic health record (EHR) products for physician offices and other ambulatory settings. They plan to begin beta testing products as part of a pilot project in September.

By the end of the year, the commission is slated to publish certification requirements and to outline a roadmap for vendors for requirements for the next 1-2 years, Dr. Leavitt said.

The roadmap is a key part of the commission's work because the cycle for getting new features, interfaces, and interoperability functions into a product can be 6-18 months or more. "We need to signal to the industry as to where we are going

next, so it has time to respond," he said.

The commission was founded last year by the American Health Information Management Association, the Healthcare Information and Management Systems Society (HIMSS), and the National Alliance for Health Information Technology.

The three groups have provided seed funding and have loaned staff members to the effort. As the process moves forward, the commission will charge fees to the vendors to cover the cost of testing the products. They also plan to seek sustaining grants from other organizations to maintain operations, said Dr. Leavitt, who is also the medical director at HIMSS.

Under the voluntary certification process, products will either be certified or not. "We are not trying to create a competitive rating system," Dr. Leavitt said.

The idea is that the commission will be setting a baseline standard, leaving space for competition and innovation above that standard. And the standard needs to be based on reality, he said, to get participation from vendors.

In the first year of certification, the members of the commission want to be sure that they don't create requirements that will shut down the marketplace. However, Dr. Leavitt said he expects that

as the standards become more rigorous in the years to come, the marketplace will evolve to follow the certification process.

Currently, adoption is progressing slowly because the market lacks order and predictability. Physicians won't buy EHR systems until costs are lower, their own risk is lower, and the incentives are higher. However, it's hard for vendors to bring down prices when the sales volumes are so low and the sales cycle is so costly.

Payers have expressed interest in offering incentives for the use of EHRs, but many are concerned that if they start to offer incentives, an industry of minimal systems will spring up to capture that money, Dr. Leavitt said.

Certification is a way to take some of the risk out of the process for all the players, Dr. Leavitt said.

Another challenge is to make sure that there isn't a wave of adoption of products that aren't interoperable.

"We want to ensure that these products that get adopted will be interoperable in this emerging infrastructure," Dr. Leavitt said. "The challenge is the infrastructure isn't there yet, it's emerging." ■

For more information on the certification timeline, visit www.cchit.org.

Group Proposes Measures to Curb Medical School Debt

U.S. medical schools need to improve tuition- and fee-setting processes to help students pay their debts, the Association of American Medical Colleges said in a study.

The median indebtedness of medical school graduates has swelled from \$20,000 for both private and public schools in 1984, to almost \$140,000 and \$100,000 for private and public schools, respectively, last year. Income is relatively flat, according to the study by an AAMC working group.

To address rising tuition and debt, the AAMC advised that medical schools offer:

- ▶ Greater predictability about the student costs of a medical education.
- ▶ Ongoing financial education for students.
- ▶ More financial aid, with an emphasis on need-based scholarships, loan repayment plans, and forgiveness in exchange for military service or to underserved groups.
- ▶ Periodic self-reviews of attendance costs.

Schools should also reevaluate their funding of medical education and innovative methods to generate financial support for financial aid programs that would address current health care needs, the AAMC recommended.

—Jennifer Silverman

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