

Certification Panel Lists Ambulatory EHR Products

BY MARY ELLEN SCHNEIDER
New York Bureau

The Certification Commission for Healthcare Information Technology has unveiled an initial list of 22 ambulatory electronic health record products that meet its standards for functionality, interoperability, and security.

CCHIT was formed in 2004 by three leading health IT management and technology industry associations. Since last

fall, CCHIT has been under contract to the federal government to develop certification criteria for EHRs and evaluate products. The CCHIT process has also been endorsed by the American Academy of Family Physicians, the American College of Physicians, and the American Academy of Pediatrics. In this first round, CCHIT officials gave their seal of approval to 22 products that met all certification standards. Going forward, CCHIT officials will evaluate ambulatory EHR

products on a quarterly basis, and are expected to make the next announcement about newly certified EHR systems in late October. In the meantime, the group will begin work on certification for inpatient EHRs and for the network systems that support information exchange between physicians and health care institutions.

The certified products are designed to serve the spectrum of physician practices, Dr. Mark Leavitt, CCHIT chair, said during a press conference. Vendors whose

products were certified in this first round received a CCHIT seal of approval that the product met 2006 standards, Dr. Leavitt said. That certification is good for up to 3 years or vendors can come back to CCHIT each year to be certified under the updated standards, he said.

This year's standards included some baseline interoperability functionality related to receiving lab results, but the bulk of the interoperability criteria will be applied starting next year, once standards in this area have been harmonized, he said.

"This certification process provides folks with a short list, if you will," Dr. Michael S. Barr, vice president of practice advocacy and improvement at the American College of Physicians, said in an interview.

Having a list of certified products reduces some of the risk for physicians buying EHR systems, Dr. Barr said. But it does not mean that physicians shouldn't do their homework when it comes to buying a system, since every practice will be looking for different types of functionality, he said.

Leaders in health IT are quickly approaching the time when they will no longer have to sell people on the benefits of EHRs, he said, but there is a need to continue to talk about the importance of the interoperability of these systems. ■

The full list of certified products is available at www.cchit.org/certified/2006/CCHIT+Certified+Products+by+Product.htm.

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Tong J. Gan, MD



Professor
Department of
Anesthesiology
Duke University
Medical Center
Durham, NC

Substance P/NK₁ receptor emetic pathway—centrally mediated

The primary mechanism of the substance P/NK₁ receptor pathway appears to be central, occurring primarily at sites associated with the brainstem vomiting center.⁷⁻⁹ By acting at the central neurocircuitry associated with the brainstem vomiting center, the substance P/NK₁ receptor pathway occurs within the final common neuropathway regulating emesis.⁸

Targeting various emetic pathways for optimal PONV management

Evidence suggests that the order in which antiemetics are given may influence the overall efficacy of a PONV management plan. In 2 separate studies, each involving more than 2,000 patients, retreatment with the same class of drug often was not effective in patients who failed prophylaxis.^{10,11} Therefore, as reflected in current consensus guidelines, it is important to consider using agents that act at different neurotransmitter receptor sites for prophylaxis and treatment of breakthrough PONV.¹²

References: 1. Harrison S, Geppetti P. Substance P. *Int J Biochem Cell Biol.* 2001;33:555-576. 2. Cameron D, Gan TJ. Management of postoperative nausea and vomiting in ambulatory surgery. *Anesthesiol Clin North America.* 2003;21:347-365. 3. Habib AS, Gan TJ. Evidence-based management of postoperative nausea and vomiting: a review. *Can J Anesth.* 2004;51:326-341. 4. Nelson TP. Postoperative nausea and vomiting: understanding the enigma. *J Perianesthesia Nurs.* 2002;17:178-189. 5. Kovac AL. Prevention and treatment of postoperative nausea and vomiting. *Drugs.* 2000;59:213-243. 6. Diemunsch P, Grélot L. Potential of substance P antagonists as antiemetics. *Drugs.* 2000;60:533-546. 7. Saito R, Takano Y, Kamiya H. Roles of substance P and NK₁ receptor in the brainstem in the development of emesis. *J Pharmacol Sci.* 2003;91:87-94. 8. Hornby PJ. Central neurocircuitry associated with emesis. *Am J Med.* 2001;111:106S-112S. 9. Stahl SM. The ups and downs of novel antiemetic drugs, Part 1: substance P, 5-HT, and the neuropharmacology of vomiting. *J Clin Psychiatry.* 2003;64:626-627. 10. Habib AS, Gan TJ. The effectiveness of rescue antiemetics after failure of prophylaxis with ondansetron or droperidol: a preliminary report. *J Clin Anesth.* 2005;17:62-65. 11. Kovac AL, O'Connor TA, Pearman MH, et al. Efficacy of repeat intravenous dosing of ondansetron in controlling postoperative nausea and vomiting: a randomized, double-blind, placebo-controlled multicenter trial. *J Clin Anesth.* 1999;11:453-459. 12. Gan TJ, Meyer T, Apfel CC, et al. Consensus guidelines for managing postoperative nausea and vomiting. *Anesth Analg.* 2003;97:62-71.

This is the third in a series
of 3 articles discussing PONV.

Physicians Urged To Apply Now for New Identifier

Physicians need to apply now for a national provider identifier number in order to start using it in May 2007, according to the Centers for Medicare and Medicaid Services.

The national provider identifier (NPI) is a 10-digit number that does not expire or change; it is used to speed claims processing. The Health Insurance Portability and Accountability Act mandates that the NPI be used for all standard health care transactions involving both public and private payers starting on May 23, 2007. Small health plans, defined as having annual receipts of \$5 million or less, are given an additional year to comply.

A physician needs only one NPI, regardless of the number of specialties, licenses, or practice locations he or she may have. Once assigned to the physician, that number will stay with him or her through job changes and relocations.

Physicians will need to have several numbers on hand before applying, such as their health care license number or certificate number and any "legacy identifiers," such as a unique physician identification number (UPIN).

—Nancy Nickell

Apply online for an NPI at <https://NPPES.cms.hhs.gov>; or call 1-800-465-3203 for a paper application.