



Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

June 24, 2014

Karen DeSalvo, MD
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. DeSalvo:

This transmittal letter includes the recommendations from the Health IT Policy Committee approved on June 10, 2014. These recommendations are a result of a hearing held on May 7, 2014 that focused on the certification process and was sponsored by a task force established to support this hearing.

Hearing Purpose

The goal of the hearing was to gain an understanding of the current certification process and identify what is working, where there are challenges, and where there are opportunities to improve the program.

Background

On May 7, 2014, the certification task force held a hearing to discuss the certification program. The hearing was broken into four panels:

- Panel 1: Providers
- Panel 2: Vendors
- Panel 3: Certification/Accreditation Bodies
- Panel 4: Private sector representatives

Attached to this letter is the summary presented to the HIT Policy committee on June 10, 2014. While the hearing panelists generally did not have any disagreement with either the purpose or validity of meaningful-use objectives, they described the current certification process as inefficient and burdensome. They called for a coordinated, integrated, well understood certification process with minimum burden. They cited a lack of clarity in certification criteria, buggy testing tools, and late delivery of finalized rules and guidance as impediments to efficient and expeditious delivery of certified products to the market. In addition, both providers and vendors are feeling overwhelmed by the current pace. After significant discussion of the findings from the hearing and deliberation about constructive recommendations, the task force

members formulated the following two overarching recommendations.

Recommendations

1. Conduct a Kaizen process covering the entire certification process – from translation of meaningful use objectives to certification criteria to development of test scripts to development (and quality assurance) of testing tools to conduct of certification tests to conduct of post-attestation audits. Suggestions regarding the Kaizen included the following:
 - a. Involve broad stakeholders including: providers, developers, ATLS/ACBs, and auditors
 - b. Establish certification roadmap and timelines to improve predictability
 - c. Create a timely plan, do, check, act (PDCA) mechanism for continuous feedback from the public and process improvement
2. Limit the scope of certification to those functions critical to interoperability and outcomes improvement. Some suggested priority areas include interoperability, clinical quality measurement, and privacy and security. To be effective the critical-few approach would require:
 - a. Cross-organizational collaboration (and policy interoperability)
 - b. Alignment of standards, measures, and programs
 - c. Overarching governance
 - d. Public-private collaboration

We appreciate the opportunity to provide these recommendations to inform the certification process.

Sincerely yours,

/s/

Paul Tang
Vice Chair, HIT Policy Committee

Attachments: Certification Hearing Presentation