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AppMed Position Statement Regarding EMR Certification under ARRA.

August 24th, 2009

AppMed has been working to develop our electronic medical records (EMR) program that will completely integrate with our existing AppMed billing and scheduling programs. Questions have been raised regarding the long term outlook on AppMed's ability to adhere to the certification process that will be required in order for physician clients to qualify for stimulus money that will be available beginning in 2011 as defined by the American Recovery and Reinvestment Act (ARRA).

We eagerly await final rules to be published in the Federal Register that address the major questions regarding meaningful use, the certification process and interoperability. Frankly we are hindered both in our development and in our sales by the fact that these have not yet been determined. We also believe that the incorrect or misleading information that is currently circulating, particularly regarding certification, is troubling. We expect to begin seeing resolution on these issues beginning in October of this year.

We have been closely monitoring the department of Health and Human Services as they navigate through the process of defining specific terms outlined by ARRA. We have identified who the key advisory committees are that will be advising HHS and are beginning to get clarification on some of these issues.

The Players:

The Office of the National Coordinator for Health Information Technology (ONC) is the overseeing body created to develop policy and standards for the implementation of healthcare information technology (HIT). The primary advisory committees to ONC are the HIT Policy committee and the HIT Standards committee (<http://healthit.hhs.gov>). The Standards committee will develop standards based on the recommendations made by the Policy committee and agreed to by ONC.

Meaningful Use:

The first focus for the HIT Policy committee is to define what constitutes "meaningful use" in order for a physician to get reimbursed under ARRA. Although the definition of "meaningful use" is still being formulated, recommendations from the HIT Policy committee have been forwarded and the PowerPoint of the most recent meeting on August 14th, 2009 is located at

<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&parentname=CommunityPage&parentid=5&mode=2>

AppMed's Interpretation: *"Our take on this provision is that initially it will be fairly general and lenient with additional provisions being added over time. AppMed will have no problems either in the near term or in the future helping our clients comply with the specifics of the meaningful use provision."*

Certification:

Currently the Certification Commission for Healthcare Information Technology (CCHIT) is the only certification body that exists. It is a private organization, not a government commission. It is already clear that, due to several factors, CCHIT will be marginalized and become one of many certification options that will be available. In regards to CCHIT, the HIT Policy Committee has already stated in the July 16th, 2009 committee meeting recommendations that:

1. *“There is a feeling that the (CCHIT) certification process is excessively detailed. There is too much attention to specific features and functionality.”* and
2. *“The process of defining HHS Certification criteria should be performed by ONC, and separated from organizations that perform certification testing.”*

AppMed’s interpretation: *“We expect that the decisions on the certification process will be made quickly to give vendors a chance to address the requirements. We know there will be several certification entities, not one and the certification guidelines will be originated by ONC. We also expect that initially the certification process will be very flexible and focus on higher level requirements and security rather than detailed data elements and specific processes.”*

Interoperability:

This is the set of rules that will determine how EMR information is exchanged and protected. There are significant privacy and security issues that need to be resolved here. It is clear that The HIT Policy Committee will need to spend a great deal of time ironing out this part of the provisions. In their own recommendations they realize they need to “aggressively establish new, very specific requirements for Interoperability and data exchange”.

AppMed’s interpretation: *“We have been involved with electronic data interchange (EDI) for the purpose of billing for over fifteen years. In that time we have supported numerous formats including ANSI 4010, NSF, and several proprietary formats. We have developed processes for sending claims via telephone modem and internet. We are recognized by CMS as approved vendors for all Medicare Part B and DME Jurisdictions in the country. Based on our experience and knowledge of current technology we don’t foresee any issues that give us reason for concern. In fact we have purposely developed our EMR program to create notes in the widely accepted SOAP format with the expectation that the ability to independently handle sections of notes will give our program a competitive advantage when final rules are published.”*

We strongly encourage anyone who is interested in getting the correct information on the coming EMR implementation requirements to visit <http://healthit.hhs.gov/>