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Critics charge HIMSS-CCHIT connection 'too cozy'

March 06, 2009 | Neil Versel



CHICAGO – The discovery that the Certification Commission for Healthcare Information Technology (CCHIT) had lost its corporate standing has unleashed a storm of criticisms and false accusations on the Internet and has the

organization fighting to protect its reputation.

A Feb. 13 comment on the Wall Street Journal Health Blog revealed that State of Illinois records listed CCHIT, a 501(c)(3) not-for-profit Illinois corporation, as “involuntarily dissolved” as of April 11, 2008.

Though the long, rambling screed by an anonymous commenter contained numerous fallacies, a search of Illinois Secretary of State records in mid-February confirmed that Chicago-based CCHIT indeed had been dissolved. CCHIT corrected the problem, and the record now is listed as “active,” with a Feb. 17 filing date for annual reports.

CCHIT Marketing Director C. Sue Reber blames the involuntary dissolution on an “administrative error,” namely the failure of an attorney for CCHIT to file an annual report with state authorities. “It’s been remedied,” Reber says.

But that was just the tip of the iceberg for the online critics, who posted comments on numerous blogs, some using names that could not be confirmed as real. One pseudonymous writer called CCHIT a “scheme” by the Healthcare Information and Management Systems Society (HIMSS) to escape taxes on millions of dollars supposedly pouring into both not-for-profit organizations.



In his comment, the writer referred to a “revolving door” for personnel between HIMSS, CCHIT and other organizations, noting that CCHIT Chairman Mark Leavitt, MD, once was chief medical officer of HIMSS, but wrongly claiming that Leavitt was still on the HIMSS payroll.

Reber denies those allegations. Although HIMSS, the National Alliance for Health Information Technology (NAHIT) and the American Health Information Management Association (AHIMA), created CCHIT in 2004 and provided some seed money, the commission is an independent entity. CCHIT has operated under a three-year, \$7.5 million contract from the Department of Health and Human Services awarded in October 2005, and with revenues from testing fees. The HHS contract has been extended through April and may be in line for another extension, Reber says, in light of the federal stimulus package that includes \$19 billion for healthcare IT.

Regardless of the corporate independence, some critics worry that the makeup of CCHIT’s board of trustees and board of commissioners creates serious conflicts of interest and leads to discrimination against small healthcare IT vendors. The trustees, who provide fiscal oversight and corporate governance, are chaired by AHIMA CEO Linda Kloss and include HIMSS President and CEO H. Stephen Lieber as well as a major vendor executive, Glen Tullman of Allscripts-Misys Healthcare Solutions. Representatives of several major vendors sit on the 21-member board of commissioners, which is responsible for setting testing criteria.

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Scot Silverstein, MD, an instructor in biomedical informatics at Drexel University in Philadelphia, says no one with a financial interest in CCHIT's work should sit on either board. "Even the appearance of a conflict destroys credibility," according to Silverstein. "There's plenty of people out there with no industry connections whatsoever who are qualified to evaluate technology," he says.

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Raising the bar or playing favorites?

Despite critiques that the CCHIT favors only large healthcare IT vendors, CCHIT Marketing Director Reber says all criteria are set through a "consensus-driven process" that is

open to any interested parties. "There's any number of ways to participate in that process," according to Reber.

Although a board of commissioners ultimately approves all testing criteria, standards really are developed by volunteer workgroups that represent the gamut of healthcare IT stakeholders, Reber says. CCHIT publishes the minutes from its workgroup meetings and also invites public comment prior to finalizing any proposed standards.

Standards have evolved since testing started in 2006. In 2008, for example, the criteria expanded to require ambulatory EHRs to demonstrate "advanced" electronic prescribing functionality and the ability to send and receive Continuity of Care Document patient summaries. That was also the first year the commission offered optional testing for specialty-specific features.

"Every year we have been moving the bar up," Reber says.

That strategy hardly placates critics, though.

"CCHIT has moved in a direction that I don't think is optimizing care," says Hayward Zwerling, MD, a Chelmsford, and Mass., endocrinologist who also sells an EHR under the ComChart Medical Software name. ComChart does not have CCHIT certification. "I didn't believe it added any value to my product," Zwerling says, citing the cost of testing.

Certification of ambulatory EHRs currently costs \$35,000, including an application and testing fee of \$29,000 and annual maintenance costs of \$6,000. Each 12-month certification can be renewed twice by paying the maintenance fee. The fees cover technical testing, a commission review of self-reported information and demonstration in front of a jury composed of physicians, other provider representatives and security inspectors.

Zwerling says the true cost of certification, including making the necessary software changes to meet the testing requirements, is more in the range of \$100,000 to \$200,000. He believes CCHIT actually stifles innovation because smaller companies must put some of their scant resources into testing compliance rather than software advancement like the Web portal that ComChart offers.

Reber dismisses any talk of favoritism toward the largest software companies. "There's no goal to drive vendors out of the marketplace," she says.

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Identity of online critics not known

So who exactly are these critics questioning the relationship between HIMSS and CCHIT?

The most accusatory comments spreading across the Internet have

come from people whose online identities could not be verified, and that has HIMSS wondering if a disgruntled ex-employee might be involved. HIMSS has put lawyers on the case. "We believe there were certain things said that meet the four-point requirement for defamation in the state of Illinois," says HIMSS Corporate Counsel Racquel Orenick.

HIMSS actually had the law firm of Jackson Lewis write to Chilmark Research health IT analyst John Moore to see if Moore would help identify the source of vitriolic comments posted on his blog. "It was merely a request," Orenick says.

Moore refused. "This is not a legal issue, this is a PR issue," he says. Although Moore believes the unidentified commenter goes "completely off the deep end," he says the screed does contain some valid critiques. "The relationship (between HIMSS and CCHIT) is a little cozy. HIMSS is predominantly a vendor organization," Moore says.

Others share this sentiment. Scot Silverstein, MD, a biomedical informatics instructor at Drexel University in Philadelphia, and Hayward Zwerling, MD, president of healthcare IT vendor ComChart Medical Software, North Chelmsford, Mass., also say that HIMSS and CCHIT might be a little too closely linked.

In a Feb. 27 post on the Health Care Renewal blog Silverstein argues that there should be a congressional investigation of the healthcare IT industry as a whole. Zwerling, whose product has not gone through CCHIT testing, accuses the commission of all sorts of conflicts of interest, including the fact that HIMSS CEO H. Stephen Lieber is on the CCHIT Board of Trustees.

"Obviously, we have a cordial relationship with them," Orenick says of CCHIT, but says there are no "cozy" arrangements behind the scenes. Orenick invites the public to look up the organization's IRS Form 990 tax return.

Orenick says HIMSS likely would not be saying more about comments that can't easily be traced to a specific individual. "I frankly don't think it needs any more attention than it's gotten," she says.

For his part, Moore would like a greater explanation. "It's incumbent upon you, HIMSS, to tell us why this is wrong, but instead they send out lawyers," he says.

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