

EHR Selection Checklist

Standards and Technical Considerations

Many of the terms below may be unfamiliar to practicing physicians. However, the Academy believes it is important that prospective purchasers of Electronic Health Records make sure that the following requirements are met, and that key points are addressed with vendors.

Standards

There are conceptually 4 components to an electronic office. Individual electronic systems may incorporate the functionality of any or all of the components. For example, some EHRs may offer office visit documentation and scheduling but not billing or image management, etc. The Academy strongly recommends that all vendors adopt the following **open standards** as minimum requirements:*

1. Practice Management System (billing, scheduling, other administrative functions)
 - a) HL7 compliance related to admission, discharge, billing (minimum)
 - b) ICD-9/ICD-10 readiness
 - c) CPT-4 readiness
 - d) IHE Eye Care Workflow Integration Profile (minimum) and other applicable profiles#
2. Electronic Health Record Systems
 - a) HL7 compliance related to admission, orders (minimum)
 - b) ICD-9/ICD-10 readiness
 - c) Use of SNOMED
 - d) IHE Eye Care Workflow Integration Profile (minimum) and other applicable profiles*,#
 - e) Meaningful use certified: Stage 1 certification is current through 2013; all systems will need to be 2014 Certified
 - f) IHE Eye Care General Eye Evaluation Profile to capture an adult eye exam
3. Image management System [e.g. Picture Archiving and Communication System (PACS)]
 - a) DICOM conformance for all eye care instruments, both Storage and Display
 - b) IHE Eye Care Workflow Integration Profile (minimum) and other applicable profiles*
4. Instruments and Imaging devices
 - a) DICOM conformance
 - b) IHE Eye Care Workflow Integration Profile (minimum) and other applicable profiles*

Technical Considerations

1. Does your system address and fulfill the above mentioned criteria?
2. Is the system *cloud based software* (the software and data are housed outside of your office and maintained by a vendor) or *local client server* architecture (the software and data are stored on servers that you own and maintain)? What are the costs, recommended infrastructure and maintenance requirements for your system?
3. How will the vendor make data (patient records, images) available in the case of bankruptcy, or in the case you wish to transition to a different vendor's system? At what cost, and in what form?

*Learn more at www.AAO.org/"IHE"

#DICOM data standards exist for fundus images, OCT, visual field, lensometer/autorefractor, keratometer and others.

**beginning in Spring 2013