As dermatologists have weighed investments in Electronic Health Records (EHR) and ensured that their systems are ARRA-certified, concerns about the specific nature of reimbursement and specialty certification loom. Currently, the specialty is without an official certification program for EHR systems, leading to difficulty sifting through the variety of dermatology-specific EHR systems that demonstrate great frequency in format and content.

The Certification Commission of Health Information Technology (CCHIT) has attempted to address such disparity by offering certification criteria and guidelines for dermatology and a number of other specialties. In November, the 2011 CCHIT criteria for Dermatology Electronic Health Records (EHR) “add-on” certification went online at CCHIT.org. A roughly one month comment period gave dermatologists the opportunity to provide feedback on the proposed criteria. The following describes these criteria and provides a sense of what dermatologists can expect in coming years if CCHIT becomes the primary EHR certification system.

**Focus on Language.** The first major point in the new criteria concerns the language used in dermatology EHR systems. It will ensure that vendors design systems that incorporate terms dermatologists are accustomed to using. It would provide a basic template that would ensure that the dermatologist can function seamlessly in diagnoses by approximating the descriptive language and terminology as much as possible.

**Specimen Tracking.** Another component of the criteria focuses on the processes by which dermatologic specimens are tracked, from the time of removal through the laboratory process and until the physician takes final action. How each system will address this function will surely vary, but the criteria importantly establishes a broad template by requiring that every system provide specimen tracking.

**Availability of Graphical Assistance.** The criteria also address the visual maneuvering of EHR systems by requiring each system to provide the ability to diagram within a note. Physicians will also be granted the ability to access other diagrams as well as photos within a note. Moreover, the storage capacity of these systems will be structured to provide the ability to store photos in one place or in separate folders, depending on the physician’s preference.

**Photographic Accessibility.** Another emphasis of the criteria involves how physicians can access patient files. Specifically, the suggested criteria will push vendors to provide the most access possible to patient histories and photos. That way, physicians will be able to observe trends of one patient through diagnosis, history, and photos.

**Looking Ahead**

These basic criteria represent four major foci of the current proposal. They don’t constitute a definitive list of desired criteria for dermatology EHR systems, but instead function collectively as a concrete starting point for a more defined direction. Some areas that will be addressed over time include the use and exportation of data for maintenance certification and conceiving of a more effective system of codifying diagnosis and therapy. Currently, ICD codes are not specific enough to encompass the range of dermatologic diagnoses and assessments. For more information, visit CCHIT.org.

Dr. Kaufmann is Co-Chair, CCHIT Dermatology Work Group.

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**The Dermatology Lexicon Project**

Given the emphasis the 2011 CCHIT dermatology EHR guidelines place on language, it’s worth noting that a new AAD subgroup is attempting to build a library of dermatologic terms through a project called “Dermatology Lexicon.” For information: Dermatologylexicon.org