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1. ViSolve Introduction

ViSolve is a niche consulting and custom software development organization with high value onshore and remote teams with years of experience in Healthcare, Cloud and Open Source Technologies. Established in 1995, ViSolve is headquartered in San Jose, California with an offshore development center in India with 50+ Engineers and led by a group of Industry Veterans and Seasoned Professionals with a flair for Healthcare IT, Cloud/Virtualization and Open Source. With 15+ years of experience in Open Source solutions customization, development and support, ViSolve is one of the leading contributors to the open source community. It has built, released and supported over 60 Open Source products for a leading system vendor in the world and migrated over 160 healthcare practices to Amazon Cloud (AWS).

ViSolve has strong relationship with HP/ VMWare's product development, QA, Performance, Global pre-sales teams and specializes in Product development, Build, Performance, QA and support of applications and kernel modules on VMware, HP-UX, Linux platforms.

As a Board Member of OpenEMR, ViSolve has contributed significantly to the development of OpenEMR. ViSolve's team possesses in-depth experience in OpenEMR and Interoperability (HL7/DICOM Integration). ViSolve has been working with a leading academic medical center based in NY for the past two years in providing interoperability and customized EMR solutions.

2. Scope of the Proposal

The scope of this proposal is to present an effort guesstimate required for OpenEMR to attain Meaningful Use Stage III certification. In this proposal, it is assumed that OpenEMR has achieved 2014 edition complete Meaningful Use certification. The Effort Guesstimate table in Section 3 details the available functionality today and what is needed to be done down the road, in order to achieve Meaningful Use Stage III certification.

3. Effort Guesstimate

This table details the approximate effort required for OpenEMR to achieve Meaningful Use Stage III certification.

Note:

- In this proposal, it is assumed that OpenEMR has achieved 2014 edition complete Meaningful Use Certification (Stage II).
- Features that are marked 'Gap Eligible' are those that were covered during Meaningful Use Stage II certification. Hence they need not be tested again during Stage 3 certification.

MU Regulation Citation	Criterion	Gap Eligibility	Estimate	Comments
§ 170.315(a)(1)	Computerized provider order entry (CPOE) – medications	GAP Eligible		
§ 170.315(a)(2)	CPOE – laboratory	GAP Eligible		
§ 170.315(a)(3)	CPOE – diagnostic imaging	GAP Eligible		
§ 170.315(a)(4)	Drug-drug, drug-allergy interaction checks for CPOE	GAP Eligible		
§ 170.315(a)(5)	Demographics		1 Day	
§ 170.315(a)(6)	Problem list		1-2 Weeks	
170.315(a)(7)	Medication list	GAP Eligible		
170.315(a)(8)	Medication allergy list	GAP Eligible		
170.315(a)(9)	Clinical decision support		1 Month	
170.315(a)(10)	Drug-formulary and preferred drug list checks	GAP Eligible		
170.315(a)(11)	Smoking status	GAP Eligible		
170.315(a)(12)	Family health history			Will be taken care when problem list is implemented
170.315(a)(13)	Patient-specific education resources		2 Days	Need to remove HL7 standard information for lab results
170.315(a)(14)	Implantable device list		3 Weeks	
170.315(a)(15)	Social, psychological, and behavioral data		2 Weeks	
170.315(b)(1)	Transitions of care		2-3 Months	

170.315(b)(2)	Clinical information reconciliation and incorporation		1 Month	
170.315(b)(3)	Electronic prescribing		2-4 Weeks	Currently OpenEMR uses third party application Newcrop for eRX. We may need to integrate their API as per new requirements
170.315(b)(4)	Common Clinical Data Set summary record – create		2-4 Weeks	
170.315(b)(5)	Common Clinical Data Set summary record – receive		1 Month	
170.315(b)(6)	Data export		2-3 Weeks	
170.315(b)(7)	Data segmentation for privacy – send		2-3 Weeks	
170.315(b)(8)	Data segmentation for privacy – receive		2-3 Weeks	
170.315(b)(9)	Care plan		1 Week	
170.315 (c)(1)-(3)	CQM		2 Months	
170.315(d)(1)	Authentication, access control, authorization	GAP Eligible		
170.315(d)(2)	Auditable events and tamper-resistance		2-4 Weeks	
170.315(d)(3)	Audit report(s)	GAP Eligible		
170.315(d)(4)	Amendments	GAP Eligible		
170.315(d)(5)	Automatic access time-out	GAP Eligible		
170.315(d)(6)	Emergency access	GAP Eligible		
170.315(d)(7)	End-user device encryption	GAP Eligible		
170.315(d)(8)	Integrity		2 Weeks	
170.315(d)(9)	Trusted connection		2 Weeks	
170.315(d)(10)	Auditing actions on health information			Optional
70.315(d)(11)	Accounting of disclosures	GAP Eligible		
70.315(e)(1)	View, download, and transmit to 3rd party		1-2 Months	
170.315(e)(2)	Secure messaging		1 Week	

170.315(e)(3)	Patient health information capture		2 Weeks	
170.315(f)(1)	Transmission to immunization registries		1 Month	
170.315(f)(2)	Transmission to public health agencies – syndromic surveillance		3-4 Weeks	
§ 170.315(f)(3)	Transmission to public health agencies – reportable laboratory tests and value/results		1-2 Months	
170.315(f)(4)	Transmission to cancer registries		3-4 Weeks	
170.315(f)(5)	Transmission to public health agencies – electronic case reporting			May not be required since EP need to report any 3 out of 7 reports
170.315(f)(6)	Transmission to public health agencies – antimicrobial use and resistance reporting			
170.315(f)(7)	Transmission to public health agencies – health care surveys			
170.315(g)(1)	Automated numerator recording			Covered as part of Automated measure calculation
170.315(g)(2)	Automated measure calculation		2-3 Months	
170.315(g)(3)	Safety-enhanced design			Documentation
170.315(g)(4)	Quality system management			Documentation
170.315(g)(5)	Accessibility-centered design			Documentation
170.315(g)(6)	Consolidated CDA creation performance			Covered as part of Transition of Care
170.315(g)(7)	Application access – patient selection		2 Weeks	
170.315(g)(8)	Application access – data category request		1 Week	

170.315(g)(9)	Application access – all data request		1 Week	
170.315(h)(1)	Direct Project		1 Week	Covered as part of Transition of Care
170.315(h)(2)	Direct Project, Edge Protocol, and XDR/XDM		2 Weeks	Covered as part of Transition of Care

Total Effort Required (Approximate) - 31 Engineering Months

Disclaimer

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