

EHR Association Definitional Model and Application Process Updated February 2021

Prepared by the EHR Association (EHRA) Membership Committee with support and approval by the EHRA Executive Committee.

Application should be completed online: http://www.ehra.org/membership/become-member

Background

The Electronic Health Record Association (EHRA) was established in 2004 in response to increasing government and industry interest in EHRs as a foundational component in the transformation of healthcare delivery in the US. The Association is dedicated to ensuring equal, fair, and consistent criteria for membership as reflected in this application.

Electronic Health Record Definition

An electronic health record (EHR) is a longitudinal electronic record of patient health information produced by encounters in one or more care settings anywhere along the continuum of care; including patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports with the ability to independently generate a complete record of a clinical patient encounter and sufficient data granularity to support clinical decision support, quality management, clinical reporting, interoperability, population health management, and data analytics, aligned with but not limited by regulatory programs.

Membership Guidelines

Organizations wishing to become a member of the EHRA will be required to meet the following requirements:

- The applicant company must be a HIMSS Corporate Member in good standing with HIMSS.
- The applicant company must design, develop and market its own proprietary electronic health record (EHR) software.
- The EHR must have the ability to independently generate a complete record of a clinical
 patient encounter and possess sufficient data granularity to support clinical decision
 support, quality management, clinical reporting, and interoperability.
- The applicant company must be an EHR vendor that is a legally formed company in good standing.
- The applicant company must be an EHR vendor that develops their EHR software application and makes it commercially available in the US.
- The applicant company must be an EHR vendor that has, at a minimum, five (5) EHR customer installations in commercial use in the US.

Membership Qualification Process

Please complete electronically the following information to apply for membership in the EHRA. Actual membership in the Association is subject to approval of the EHRA Membership Committee. The Membership Committee may request additional information during the application vetting process.

If accepted into the Association, the applicant company and its representatives agree to the following as a condition of continued membership:

- Attend at least 66% of regularly scheduled general membership conference calls;
- Participate on at least one workgroup (as described below)

Please complete all of the information requested on the application form.

• Pay in full any membership assessment approved by the full membership

| HIMSS Corporate Member Application | for EHRA Membership |
|------------------------------------|---------------------|
|------------------------------------|---------------------|

Company Name: EHR Product(s) Name: Company URL: To be considered for EHRA membership, companies - not individuals - must be a Corporate Member in good standing with HIMSS. Is your company a Corporate Member in Good Standing with HIMSS? Yes OR No If yes, at what level? "EHR Vendor" shall be defined as a healthcare software application company that is a legally formed company in good standing, and develops and markets its own proprietary EHR software in the United States of America healthcare market. Is your company a legally formed company in good standing and actively selling its proprietary EHR product in the US? Yes OR No State where incorporated: Does your company design, develop and market its own proprietary EHR? OR Yes No Is your company committed to advancing the EHR industry through involvement in such areas as standards, health information exchange, interoperability, population and public health, and quality measurement? Yes OR No Does your company have five or more customers that: 1. Have paid a license fee for the software received and are paying maintenance fees or are paying a subscription fee for the products and services? 2. Are located in the United States of America? OR Yes No

| | | | | | focused or ambulatory-fools? (R revenue is generated)? | cused (i.e., the |
|-------|---------|---|--------------------|-------------|---|--------------------|
| | | Enterprise-focused | l vendor | | | |
| | | Ambulatory-focuse | ed vendor | | | |
| Is yo | ur EHR | deployed/designed | I for the followir | ng care set | tings (check as many as ar | e relevant): |
| | | Acute Care Facilitie | es | | | |
| | | Emergency Care | | | | |
| | | Critical Access Hos | pitals | | | |
| | | Long Term Care | | | | |
| | | Surgical Centers | | | | |
| | | Mental Health/Bel | navioral Health | | | |
| | | Home Health | | | | |
| | | Physician Practice | | | | |
| | | Urgent Care | | | | |
| | | company offer a pro Certification Body? | | tified acco | rding to ONC Certification | Standards by an |
| | | | Yes | OR | No | |
| If ap | plicabl | e, do you intend to o | offer a product of | certified a | ccording to ONC Certificat | ion Standards? |
| | | | Yes | OR | No | |
| | - | tion is not required t mandated or applica | | • | n the EHR Association. Cer | tification is not |
| yo | ur EHR | | the following q | | this time certification is n 1-4) to help us better un | • • |
| 1. | | ibe how your EHR is counters in one or n | • | | ecord of patient health in | ormation generated |
| 2. | | ations, vital signs, p | • | | hics, progress notes, probl nization, laboratory data, | |
| 3. | For di | screte data capture, | , please describe | e how stan | idard nomenclature and vo | ocabularies are |

deployed within your EHR. For example, does your EHR incorporate codes such as SNOMED-CT,

LOINC, CVX, ICD, and CPT?

4. Please describe methods utilized by your EHR to support interoperability and data exchange. For example, does your EHR support standards-based interoperability (e.g., CCD, C-CDA) for document sharing?

The EHR Association is a volunteer-led organization. As such, it is critical that those accepted into the Association are able and prepared to make constructive contributions to the advancement of the EHR Association and the health IT industry.

Explain the goals and objectives you plan to achieve as an EHR Association member. For example: collaboration, education, influence, interest in participating in workgroups (see below), increase knowledge base.

EHR Association Workgroups

In order for us to provide guidance on available Workgroups and initiatives, please describe any related activity with standards, HIE, interoperability, or quality implementations or demonstration projects in which you have been involved. Please share any other relevant industry participation that you would like for us to know about.

As part of membership, participation in at least one Workgroup is required as noted in the Membership Qualification Process. Workgroup participants should:

- Commit to regularly scheduled and ad hoc calls of the workgroup
- Understand and take an active role in the efforts and initiatives of the Workgroup

Place an X in the box by each workgroup in which you would like to participate.

| Certification | Workgroup |
|---------------|-----------|
|---------------|-----------|

- Provides feedback on ONC proposed rules for Certification
- Provides feedback on Draft Test Procedures
- Provides feedback for ONC Listening Sessions related to certification criteria and test procedures
- Provides feedback on ATL and ACB policies and processes
- Provides member education on certification-related initiatives

☐ Clinician Experience Workgroup

- Develop position papers and other outreach efforts on issues involving clinician experience and usability
- Provide educational and collaboration opportunities for members
- Provide input on regulatory and certification initiatives related to usability

☐ Delivery System Reform Workgroup

 Represent EHRA members in collaborative activities with stakeholders, including providers, other industry organizations, and government, as recommended by the Executive Committee

- Develop position papers on issues involving delivery system reform, including population health management and analytics, and other initiatives and tools driving payment policy reform that manages costs while maintaining high-quality patient care
- Provide input on legislative, regulatory, and certification initiatives, as warranted
- Provide input and education to other industry stakeholders regarding the role of EHRs and health IT in delivery system reform
- Provide educational opportunities for members regarding the role of EHRs and health IT in delivery system reform initiatives
- Responds to new meaningful use legislation, regulation, criteria and related initiatives (e.g., the CMS FAQ site)
- Educates members on MU
- Identifies opportunities to influence future stages of meaningful use

☐ Patient Safety Workgroup

- Develops positions and content on patient safety-related initiatives (e.g., minimum data set for adverse event reporting)
- Collaborates with member companies and key stakeholders to advance the safe use of EHRs
- Educates members on EHR-related patient safety issues and proposed reporting processes associated with EHR usage

☐ Privacy and Security Workgroup

- Responds to privacy and security- related initiatives (e.g., NwHIN Governance RFI)
- Reviews and educates membership on proposed regulation, standards and requirements

☐ Public Policy Leadership Workgroup

- Collaborates with other workgroups to develop positions and content on legislation and regulations that impact EHR suppliers
- Provides information and education to membership on key public policy initiatives
- Aligns efforts to demonstrate thought leadership in priority areas

☐ Quality Measurement Workgroup

- Represent EHR Association members in collaborative activities and meetings with measure developers, provider and quality organizations and government
- Develop position papers on initiatives involving Quality Measurement
- Provide input and education to industry, regulatory and certification initiatives and stakeholders
- Provide education to members on quality measurement, related initiatives and the quality ecosystem

☐ Standards and Interoperability Workgroup

- Develops positions and content on standards initiatives (e.g., NwHIN Governance RFI)
- Education to membership on industry, government and standards development organization (SDO) initiatives
- Maintains the Interoperability Roadmap
- Represents membership on key industry panels and meetings

List the assigned representatives that will hold voting privileges for your company in the EHR Association. These individuals will receive passwords intended only for their individual use on the EHR Association website.

Voting members need to carry a position within their company that provides them with voting authority to commit resources (both financial and otherwise) for their respective companies.

| Primary Voting Me | ember: |
|--------------------|------------------|
| Name: | |
| Title: | |
| | |
| | |
| Phone: | |
| Email: | |
| | |
| Alternate Voting M | <u>1ember:</u> |
| Name: | |
| Title: | |
| | |
| | |
| Phone: | |
| Email: | |
| | |
| Signatures: | |
| Signed By: | |
| Printed Name: | |
| | |
| | |
| | **CONFIDENTIAL** |

The following information will be removed from the application *prior* to distribution and is intended

for internal HIMSS use only

Additional Assessment Fee of Membership:

- 1. This assessment would be in addition to the HIMSS normal corporate membership.
- 2. This assessment appears at this time to be an on-going assessment, but can be re-evaluated at the end of the fiscal year.
- 3. The timetable for the annual assessment will coincide with the HIMSS Annual budget, July 1, through June 30.
- 4. Assessment will be prorated based upon date of approval of membership.

Please indicate (place an "X" in the box below) which amount your invoice should be based upon:

| | \$515/yr - Less than \$5M in annual revenues |
|--|--|
| | \$2,060/yr - Between \$5M and \$25M in annual revenues |
| | \$4,215/yr - Over \$25M in annual revenues |