



NHIN Functional Requirements Hearing – NCVHS July 27, 2006

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### Who I am...

- Clinician trained as a physician
- ■Entrepreneur NIH SBIR funded EMR startup...now GE Centricity
- Vendor Ran GE's Clinical IT business for 3 years
- Father of three and eldest son of aging parents



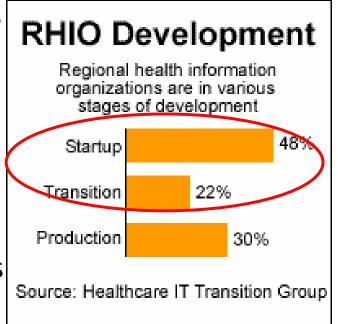
### 4 Recommendations

- Emphasize Needs of the SNO or LHIN In the Functional Requirements
- Develop Requirements for a Secure-RLS in the Core
- Distinguish NHIN Requirements Essential for HIE for Care Delivery from Bio-surveillance, PHR, and Research
- Functional Requirements Should Include Validation Criteria for RLS Effectiveness

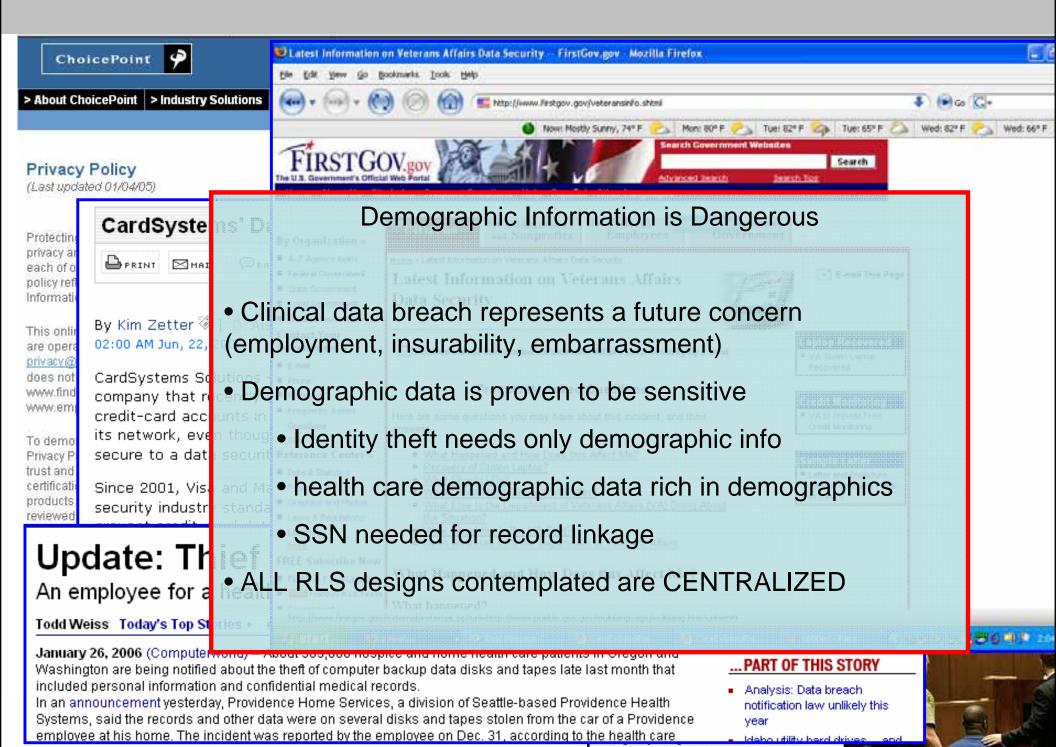


## Recommendation 1 : Emphasize Needs of the LHIN/SNO

- NHIN is a "NETWORK of networks"
- Cliché healthcare is local
  - Effective regional health information exchange is the real achievement: the network is the key
    - It is the building block for the N
    - Necessary if not sufficient condition
    - Only proven business model is local
  - Current functional requirements and much of the dialogue disproportionately emphasize items related to the N. The SNO has been relegated as an "edge" system
- Recommendations : Balance needs of the SNOs with needs of the NHIN
  - Develop functional requirements specific to SNO in the CORE
  - HITSP and CCHIT should accelerate focus on interoperability for EHR
  - Sponsor work to identify intermediate stops along the way to the NHIN final destination







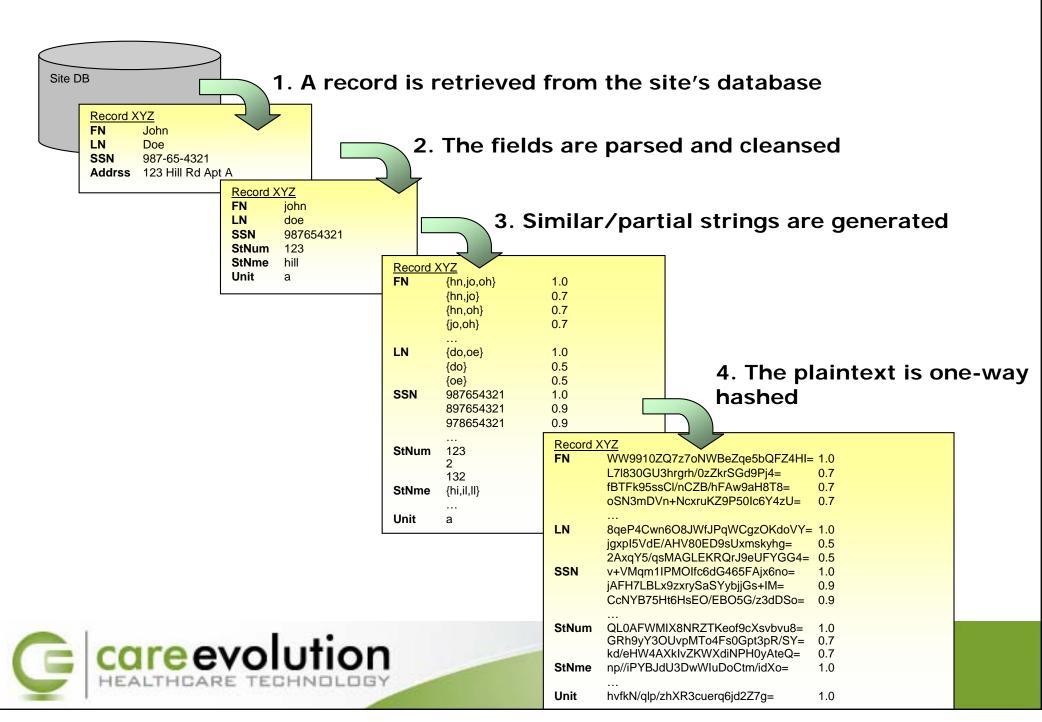
publicly available information on

# Recommendation 2 : Core Functional Requirements Should Address Need for a Blinded, Secure RLS

- Why
  - Data aggregation increases value to attackers one stop ... all citizens
  - Large number of entities with legitimate need to access the RLS... increases vulnerability
  - "discoverability" of information by government agencies
  - Threat from within
  - Minimal disclosure rule implication
- How
  - Bi-gramming and other techniques CAN achieve approximate matching AND one way hashing
  - We have deployed this successfully deployed a blindfolded RLS It can be done
- Recommendation
  - Functional Requirements Should Emphasize blinded, secure RLS
  - Sponsor effectiveness studies in upcoming contracts/grants for a secure RLS



#### Blinded Record Locator Service - Secure RLS



# Recommendation 3: Separate Care Delivery Use Case from Biosurveillance and PHR in the functional requirements

### Background

- 95% of the requirements likely the same but the prioritization and implementation implications different depending on the use case
- Objectives of health care cost savings and quality improvement primarily driven by care delivery
- Patient compliance and tolerance for privacy risk tied almost exclusively to care delivery use case
- Legal and other issues are often orthogonal across the three use cases

#### Recommendation

- Group functional requirements and prioritize for Care Delivery
- Establish a clear "Prime Directive" where choices arise, select one that best serves care deliver needs



# Recommendation 4: Functional Requirements Should Include Validation Criteria for RLS Effectiveness

### Background

- Effective Record Linking Essential link in the chain
- Current work does not formally study effectiveness (sensitivity and specificity)

#### Recommendation

- Functional requirements should go beyond listing a desired Specificity (1 in 100,000 false positive). Include a minimum sensitivity while preserving specificity
- Sponsor and publish an annotated "gold" standard data set that can be used to evaluate RLS effectiveness
- Initiate a CCHIT or HITSP managed certification or testing process for RLS effectiveness

