NCVHS ONC Update

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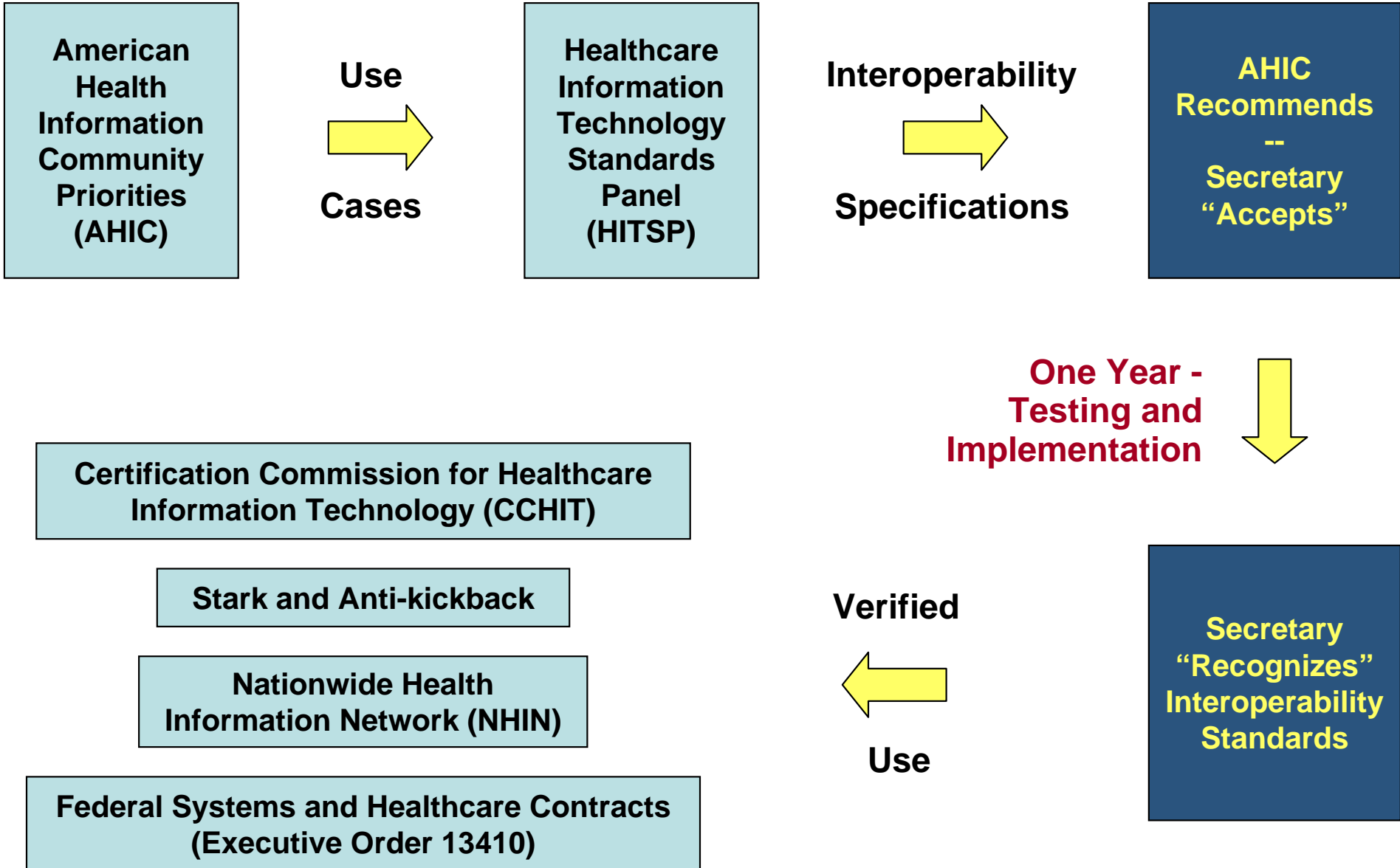
February, 2007

NCVHS ONC Update

- Standards in the National HIT agenda
- Certification
- Nationwide Health Information Network
- AHIC 2.0

Standards in the National HIT Agenda

American Health Information Community Priorities (AHIC)

Use Cases →

Healthcare Information Technology Standards Panel (HITSP)

Interoperability Specifications →

AHIC Recommends -- Secretary "Accepts"

One Year - Testing and Implementation ↓

Certification Commission for Healthcare Information Technology (CCHIT)

Stark and Anti-kickback

Nationwide Health Information Network (NHIN)

Verified ← Use

Secretary "Recognizes" Interoperability Standards

Federal Systems and Healthcare Contracts (Executive Order 13410)

Recognized and Accepted Standards

Recognized

- First round (2006) of HITSP work recognized January 2008 as "interoperability standards" – includes named standards and constructs

- Exception – HL7 lab implementation guide (2.5.1 "named standards" was recognized) and HAVE standard

- Expectation for use in new federal health IT systems and upgrades and new federal contracts and agreements

- Expectation for use in all recognized certification processes
  - Part of the setting for Stark and anti-kickback relief

Accepted

- Second round (2007) standards accepted by Secretary in January 2008, will be recognized in January 2009

- Does not include Medication Management

First Two Rounds of Interoperability Standards

	2006	2007	Total
# named standards	30	31	61
# specifications	22	29	51
Interoperability Standards	**52**	**60**	**79***

*some are reused

Certification

- Stark and Anti-kickback relief appears to be working
- CCHIT Certification
  - Functionality, security and interoperability
  - Second round of Ambulatory EHR
  - First round of Inpatient EHR
    - CPOE and medication administration
  - Networks in October
  - Specialty and special setting
    - Cardiovascular, ED, child health…
  - PHRs

The value of health information exchange and the NHIN

Electronic health information exchange can:
- Produce cost savings from decreased duplication in care, reduced costs of accessing and sharing data, and reduction in medical errors
- Enable quality improvement and payment reform by making clinical (not just claims) data available for benchmarking and reporting
- Help provide transparency on health care quality and cost and provide data for pay for performance
- Support public health and emergency preparedness situational awareness and response management

Different models for exchanging health information

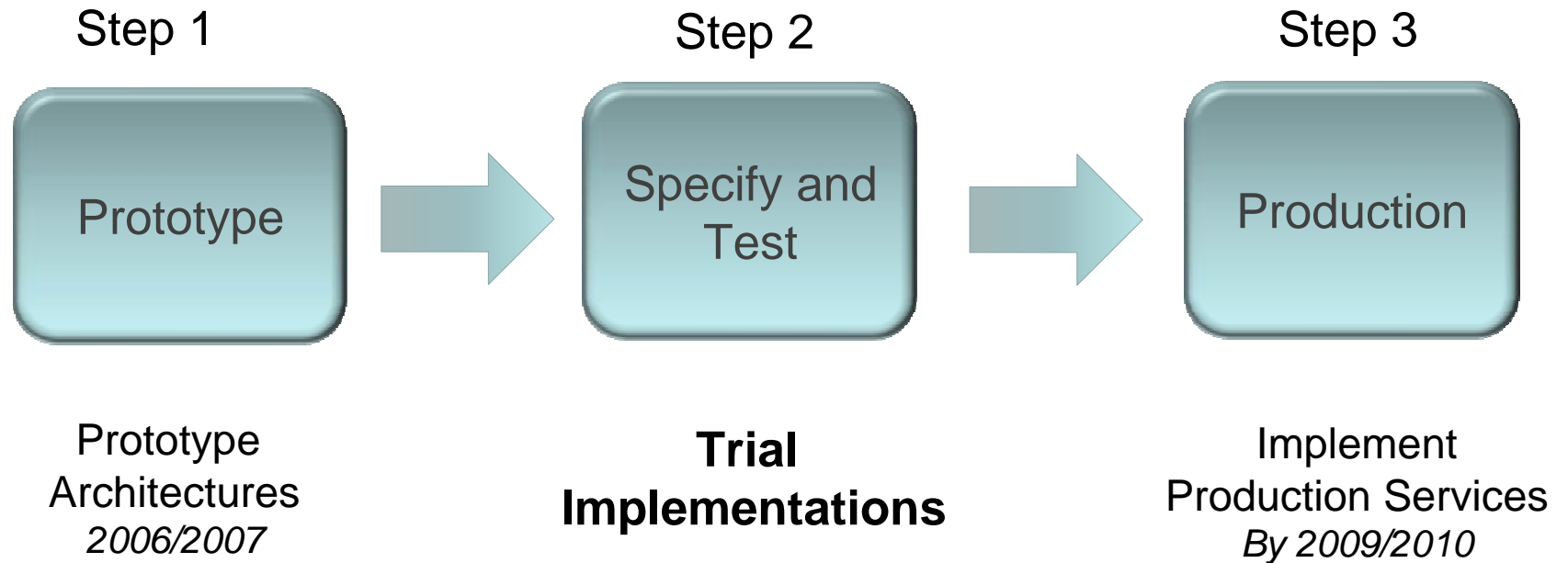| Network Type	Examples	Example Benefits	Biggest Challenge
Organizational	Integrated delivery systems, hospital chains	Effort of exchanging data internally is aligned with business outcomes	Extra-organizational exchange is needed for care provided in other organizations, for quality reporting, and other population / individual uses
Geographic	RHIOs, geographic HIEs	Support non-proprietary exchange	Struggle to achieve sustainable business models
Personally Controlled	Personally Controlled Health Record Support Organizations	Consumer access to, and control of, health information	Some based on point to point connections, have challenges in supporting provider data access and workflow (EHRs)

Public / private activities that can help

- Identify common standards and specifications for health information exchange
- Develop data sharing agreements and policies that support one to many exchange
- Ensure that standards and trust agreements are implemented for participating networks
- Encourage demand for using standards and connecting
    - Drive toward a data "tipping point" where there is an attraction for organizations to want to connect
    - Demonstrate quality reporting and cost efficiency outcomes

What is the NHIN approach?

1. Identify a minimal set of exchange standards to support cooperative health information exchange and support certification

2. Embrace different models of participation (organizational, geographic and personally controlled) that use the standards - without depending on any one model

3. Encourage market competition that builds on these minimal standards (like the Internet), but does not increase fragmentation of the healthcare sector

4. Build demand for connecting to the NHIN by virtue of the others who are connected and the data and value that such connection provides

5. Support the development of accreditation / governance that can support trust agreements

Steps to the NHIN

Step 1

Step 2

Step 3

Prototype

Specify and
Test

Production

Prototype
Architectures
2006/2007

**Trial
Implementations**

Implement
Production Services
By 2009/2010

Input from other national agenda processes

Issues and obstacles help set agenda for other
national agenda processes

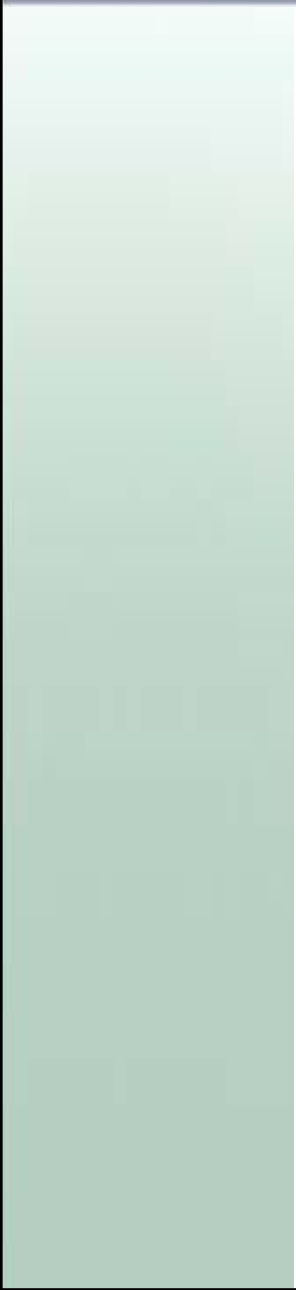# NHIN Trial Implementations Year One

- Demonstrate *in-situ*, interoperable and secure health information exchange based on common specifications.
- Build a foundation for production level services and initiatives to come.
- Core Services Demonstrations
  - Deliver data across HIEs
    - Including summary record, look-up and use case data
  - Look-up and retrieve data across HIEs
    - From locations in EHRs and PHRs / Health Data Banks
  - Exchange consumer access permissions
    - Decision to not participate in electronic exchange of their data
    - Workable permissions for who can access what
  - Support the delivery of data for population uses
- Use Case Demonstrations
  - Individually identified

Nationwide Health Information Network

- Possible tools for ensuring policies and standards in a "network of networks":
  - State and federal law and regulations
  - Certification (common functionality, technical security, interoperability)
  - Accreditation (onsite assessment of implemented policies and practices)
  - Governance (e.g. AHIC 2 - ongoing leadership and supervision of participant relationships)
  - Data use and reciprocal support agreement – DURSA (common "agreement" among participants)

NHIN

- The NHIN Cooperative is busy developing specifications and agreements for the "network of networks" that will be the NHIN
- Have made some specific requests of HITSP in areas where they need guidance on standards
- Currently includes nine geographic HIEs and the federal participants
- Have just posted an announcement on www.grants.gov for small awards to possibly bring in:
  - Integrated delivery systems
  - Personally controlled health record support organizations
  - Other geographic HIEs
  - Specialty networks