The Office of the National Coordinator for Health Information Technology



Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap – DRAFT Version 1.0 ONC Annual Meeting February 2, 2015





Erica Galvez Interoperability Portfolio Manager, ONC

Roadmap Overview

Why does interoperability matter?



- Individuals and providers need access to the right information at the right time in a manner they can use to make decisions that impact their health regardless of geographic or organizational boundaries
- Typical Medicare beneficiary receives care from 2 primary care providers and 5 specialists each year
- Only 10-20% of health outcomes are attributable to health care
- Information needs to flow inside and outside the care delivery system to support health

DRAFT Shared Nationwide Interoperability Roadmap The Vision

Health IT.gov

2015 - 2017

Nationwide ability to send, receive, find, use a common clinical data set 2018 - 2020

Expand interoperable data, users, sophistication, scale 2021 - 2024

Broad-scale learning health system

Core technical standards and functions

Certification to support adoption and optimization of health IT products & services

Privacy and security protections for health information

Supportive business, clinical, cultural, and regulatory environments

Rules of engagement and governance

Critical Near Term Actions by Building Block



Core technical standards and functions

- Direct the field on best available standards and implementation guidance
- Refine standards for common clinical data set, implementation of CCDA, data provenance, APIs

Certification to support adoption and optimization of health IT products and services

- Improve rigor of ONC's certification program
- Work with industry on suite of ongoing testing tools

Privacy and security protections for health information

- Educate stakeholders on current federal laws
- Work with states and organizations to align laws that provide additional protections, without undermining privacy

Supportive business, clinical, cultural, and regulatory environments

• Evolve and align policy and funding levers to focus on outcomes and incentivize adoption of certified health IT and electronic information sharing according to national standards

Rules of engagement and governance

- Establish governance framework with principles, rules of the roadmap, and process for recognizing orgs that align
- Call to action for industry to create single coordinated process

Tracking Progress and Measuring Success

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00. X "Capability to Information Flow "Impacts" Exchange in an and Usage" Interoperable Manner" Adoption of specific Exchange activity Support Key Processes technologies, Availability of information Care delivery and value standards. to inform decision-making based payment infrastructure and Usage: rates of accessing Public health surveillance policies to ensure available data and response secure exchange of Care coordination and transitions Interoperability of data, interoperable data EHRs and other systems of care across settings Capabilities of Uses of interoperable data Learning health system and research providers across care Ability to easily integrate continuum and data across multiple sources Outcomes consumers to securely Reliability, trustworthiness, Individuals' experience with exchange in an and utility of information healthcare delivery system interoperable manner exchanged Reducing costs and increasing Barriers to exchange and efficiency of care interoperability

Improving health of populations





Please review and comment on the Roadmap

 posted on healthit.gov

 Public comment is open now and closes at 5pm ET on Friday, April 3, 2015



Lucia Savage Chief Privacy Officer, ONC

Overview of Privacy Critical Actions

Interoperability Roadmap



Connecting Health and Care for the Nation A Shared Nationwide Interoperability Roadmap

Interoperability (Roadmap Definition)

 The ability of a system to exchange information with and use information from, other systems without special effort on the part of the customer

Interoperability 3-year Goal

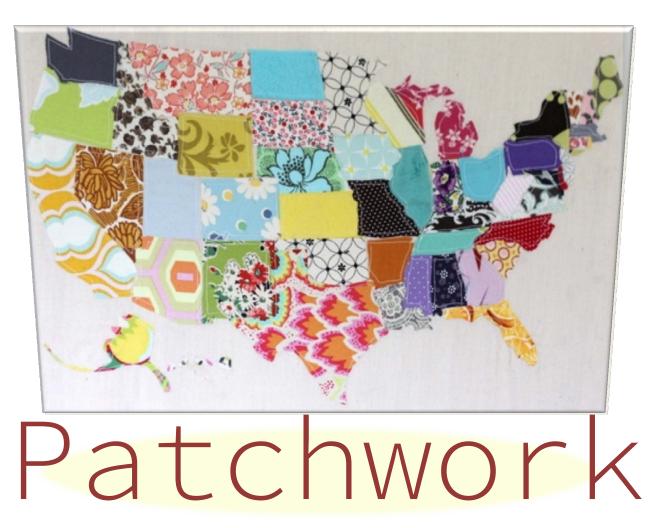
 Majority of providers and individuals securely send, receive, find, and use essential health information

Differing Legal Requirements

 Though legal requirements differ across the states, nationwide interoperability requires a consistent way to represent an individual's permission to collect, share, and use their individually identifiable health information, including with whom and for what purpose(s).

Consistent Representation of Permission to Collect, Share, and Use Identifiable Health Information

- States philosophically aligned
- State privacy and consent laws are diverse in content
- Diversity in organizational policies within states
- See roadmap appendix D for ONC Consent Bibliography

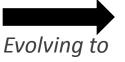


Framing Consent/ Patient Choice Strategy



Variation in rules about permission to access, use, or disclose makes it difficult to build software systems that accurately capture, maintain, and persist this data. But we need software systems to capture and persist both written individual directions and what is permitted without a written individual direction.

Consent Management





State Definitions of Mental Health Health IT.gov

Connecticut



(a) "PERSONS WITH PSYCHIATRIC DISABILITIES" means those PERSONS who are suffering from one or more mental disorders as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders"

1995 Ct. SB 1164 Section 16 (a)



3. "Mental disability" means mental illness, mental retardation, developmental disability, alcoholism, substance dependence, or chemical dependence. A mentally disabled person is one who has a mental disability.

20. "Mental illness" means an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person afflicted requires care, treatment and rehabilitation.

NY CLS Men Hyg § 1.03 Definitions

Current Privacy Rules Environment



Laws, regulations, and policies for patient consent

Laws, regulations, and policies for sensitive information

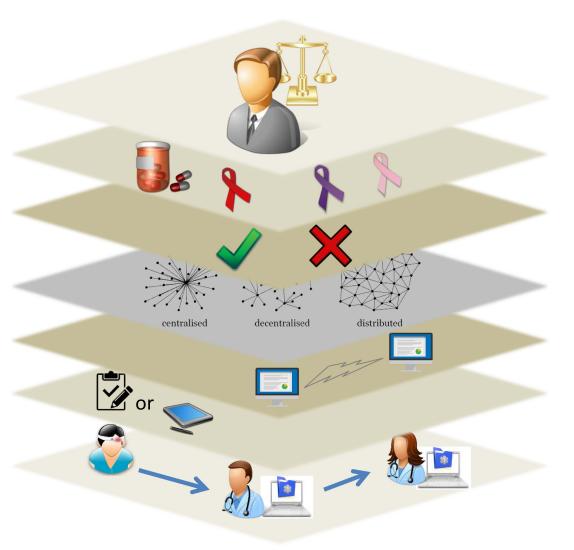
Consent models (opt-in, opt-out, with restrictions, etc.)

HIO Architecture

EHR system interoperability

Consent directive (paper or electronic)

Patient provides consent to share sensitive health information and HIPAA Permitted Uses and Disclosures



What is Computable Privacy?

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- Is capturing a patient's consent choice on a piece of paper interoperable?
- To achieve health, an individual's electronic health data needs to be digitally connected to their consent choices.
- Health care providers, and their Health IT systems need to know what to do when the individual does not document a choice.
- Telemedicine, community health supports, and other innovative delivery processes will be stunted if we cannot make privacy computable.

Granular Choice Basic Choice

Permitted Uses= Background Rules



Steve Posnack

Director of Office of Standards and Technology, ONC

Overview of Interoperability Standards Advisory

2015 Interoperability Standards Advisory

• Why?

- To keep it simple and to create common ground
- To get specific
- To provide a single, public list of the standards and implementation specifications for specific clinical health information technology interoperability purposes
- To prompt dialogue, debate, and consensus

• What (is it)?

- Non-regulatory, straight-forward approach with an interactive, predictable process for updates
- Reflects "best available" standards and implementation specifications as of December 2014

• How is it supposed to be used?

- A widely vetted resource in one place, done once, done right
- Enable a "<u>look first</u>" philosophy for government programs, procurements, testing or certification programs, standards development, etc.

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The substance



• The Advisory has standards and implementation specifications categorized in 4 sections:



Content/structure (i.e., "syntax")

Transport (w/ security reference)

Services

 What we know: In most cases standards use will need to be cumulative to achieve a desired interoperability outcome

specific interoperability "use case"

How's this going to work? Interactive Process



December of Preceding Year

• The new Interoperability Standards Advisory for the next calendar year is published (e.g., December 2015 for the 2016 Advisory) and public comment period is opened.

April/May

 ONC staff present a summary of received comments to the HIT Standards Committee (or designated Task Force) in order to prepare them to make recommendations on updates for the following year's Interoperability Standards Advisory.

August

 The HIT Standards Committee submits recommendations to the National Coordinator concerning updates to the following year's Interoperability Standards Advisory and a second round 60-day public comment is opened on the HIT Standards Committee's recommendations.

October-December

 ONC reviews the HIT Standards Committee recommendations as well as public comments on those recommendations and prepares the next year's Interoperability Standards Advisory for publication.





 Please review and comment on the 2015 Interoperability Standards Advisory

 posted on healthit.gov

 Public comment is open now and closes at 5pm ET on Friday, May 1, 2015



Interoperability: From Vision to Reality



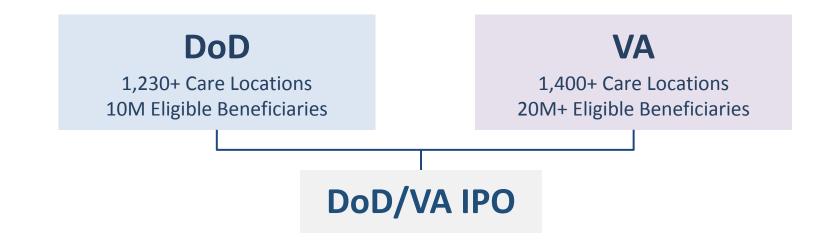
Mr. Christopher A. Miller February 2, 2015

Distribution A: Approved for Public Release

DoD/VA Interagency Program Office



The DoD/VA Interagency Program Office (DoD/VA IPO) leads and coordinates the two Departments' adoption of, and contribution to, national health data standards. Ensuring seamless integration of health data among DoD, VA, and private health care providers.





But what does that mean in real life?



As of today, over 20,000 brave men and women of the United States Military have been wounded in action in Operation Enduring Freedom in Afghanistan.

This is the story of one of those heroes.





It was 2010 when Marine Cpl. William Kyle Carpenter was rocked with a grenade blast that left him barely clinging to life in Afghanistan.

The injuries were horrific: He'd sustained catastrophic wounds to his face and arms, and dozens of broken bones.





Getting Carpenter home alive was no small thing. It required dozens of individuals, from his platoon members in Afghanistan to doctors in Maryland, to respond quickly and fearlessly, putting to use training and modern technology that has kept tens of thousands alive who may have died in previous conflicts.





The medical care for Carpenter started within moments of the grenade blast.

The first Marines to respond realized the severity of Carpenter's injuries immediately, and called for Hospital Corpsman 3rd Class Christopher Frend, now 25. He served as the unit's corpsman, trained in all manner of combat medicine.





Carpenter underwent emergency surgery at the military hospital at Camp Bastion in Afghanistan, and was moved afterward to the military's Landstuhl Regional Medical Center in Germany.





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Somehow, Carpenter made it. He has undergone about 40 surgeries now, improving to the point that he can run marathons, do pull-ups and sky dive.





Carpenter's medical care during those surgeries was provided across DoD and VA care facilities.

An interview at McGuire Veterans Administration hospital, where he was receiving intense physical therapy, captured his fighting spirit and resiliency.

The next day he would check into Walter Reed Medical Center for another procedure.





Nearly four years after the explosion, Carpenter, 24, received the Medal of Honor.





Carpenter is a recognized U.S. Veteran and currently is enrolled in school at the University of South Carolina.

DoD and VA: Sharing Data Today

OF DEFENSE

STATES OF ANEL



Patients Records Available

3.2M Patients Records Accessed

1.5M

Data Elements Exchanged Daily



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Health Data Sharing In Action

VA electronic health

records

DoD

electronic

health

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25 Data Domains | 5.9M Patients

Displays: Patient allergies, medications, immunization, vital signs, lab results, family history, and more

Health T.gov



"...has become the system of choice because [we] are able to locate needed documents."

"...documentation can be accessed more quickly than from other online sources. For example, one can enter and exit separate pieces of documentation much more quickly than the same documents accessed via AHLTA. Additionally, the fact that information from different sources can be accessed simultaneously saves time." - DoD

"...greatly assists with Temporary Disability Retired List (TDRL) case records."

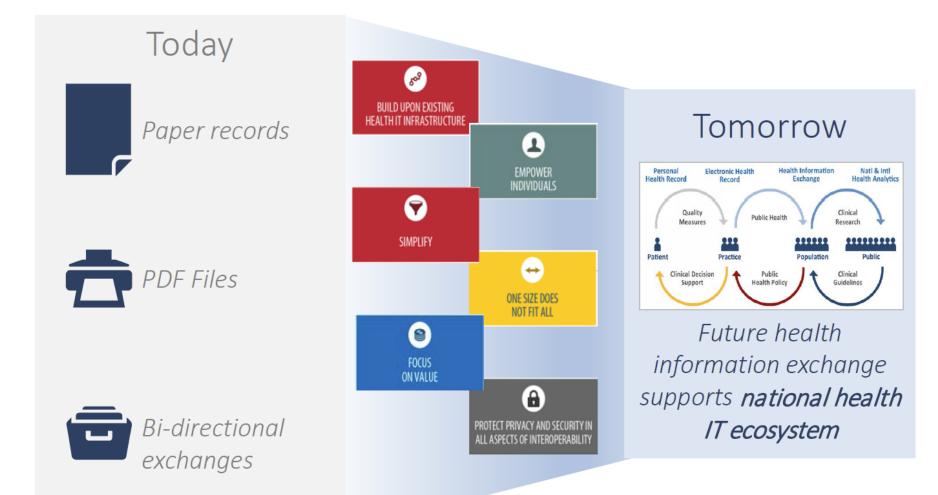
"JLV is working well for me overall and provides info I can't get any other way (especially in a timely fashion). Thanks & Keep up the rollout!" - VA



How can industry help us serve our Service members and Veterans?

Path Forward





Why We Are Here



In attempting to arrive at the truth, I have applied everywhere for information but in scarcely an instance have I been able to obtain hospital records fit for any purpose of comparison.

If they could be obtained, they would enable us to decide many other questions besides the one alluded to. Florence Nightingale, 1854

