



## Recap of ONC Interoperability Forum – Interoperability Efforts and Barriers

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## Agenda

- Interoperability Forum Overview and Recap
- Highlights from Interoperability Forum Tracks



## **Interoperability Forum Overview**

- ONC hosted the 2<sup>nd</sup> Interoperability Forum August 6-8<sup>th</sup> in Washington, DC
- Event Goals
  - » Learn about recent efforts to advance interoperability nationwide
  - » Identify concrete actions in response to current interoperability barriers
- Speakers focused on several themes:
  - » Improving individual's access to health information
  - » Addressing public health priorities
  - » Reducing provider burden
- Seven tracks were co-led by industry leaders and supported by ONC experts
- Track discussions were recapped on 3<sup>rd</sup> day of event



#### **Event Recap**

- Changes from 1<sup>st</sup> Interoperability Forum (2017)
- Keynotes
- <u>National Partnership for Women and Families and ONC video</u> Current and Future State of Consumer Access to their Health Information
- Demos
  - » Innovative health IT tools 360x and closed loop referrals
  - » Tools to address public health priorities opioids, emergency preparedness
  - » Individual access to health information Blue Button 2.0, consumer tools
  - » Burden reduction FHIR to support population level data access



## **Interoperability Forum Metrics**

- 400+ in-person attendees, 600+ virtual attendees
- 21 breakout session leads
- 25 presenters
- 43 panelists
- #InteropForum trending on Twitter in Washington DC on 8/6/18



## **Interoperability Forum Tracks**

- Patient Matching
- Interoperability Measurement
- Security
- Content Interoperability
- Clinician Experience with Interoperability
- Interoperability Infrastructure
- Using Standards to Advance Research



Recap	Key Points	Next Steps
<ul> <li>Discussed patient matching challenges, opportunities, and potential solutions</li> </ul>	<ul> <li>Inaccurate matching is not just a technology problem – there is a significant human component</li> </ul>	• Train staff, engage patients, strengthen care coordination, and encourage collaboration as part of comprehensive strategy
<ul> <li>Highlighted matching challenges associated with pediatric populations</li> </ul>	• There are a number of unique issues related to matching and interoperability of pediatric data	<ul> <li>Advance standards and support industry best practices in pediatric data capture and exchange</li> </ul>
<ul> <li>Highlighted use of new technologies such as referential matching, biometrics, and artificial intelligence</li> </ul>	<ul> <li>All technical approaches, including innovative ones, require good data quality</li> </ul>	<ul> <li>Gain industry consensus on patient matching definitions and metrics and promote transparency, measurement, and reporting</li> </ul>



Recap	Key Points	Actions
<ul> <li>Current state of interoperability measurement, gaps and collective actions</li> </ul>	<ul> <li>Limited data available on exchange of patient health info and exchange between providers</li> </ul>	<ul> <li>Test novel approaches to measurement</li> </ul>
<ul> <li>Standards Measurement: priorities, current measurement efforts and possible future approaches</li> </ul>	<ul> <li>There are emerging approaches to standards measurement, including recent surveys from ONC and HL7</li> </ul>	<ul> <li>Prioritize measurement of standards through use cases that impact interoperability</li> </ul>
<ul> <li>Measurement of exchange activity through national networks and consumer- mediated exchange</li> </ul>	• Exchange activity reporting among national networks and individuals' use of apps is limited	<ul> <li>Increase collaboration among national data collection efforts to address gaps</li> </ul>



# Security

Recap	Key Points	Actions
<ul> <li>Discussed security challenges, opportunities and potential for blockchain/distributed ledger technology (DLT)</li> </ul>	<ul> <li>Blockchain/DLT has renewed interest in cryptographic techniques, would benefit from proof-of-concept and value testing</li> </ul>	<ul> <li>Blockchain/DLT development focusing on proving user protection and transaction privacy</li> </ul>
<ul> <li>Privacy and security considerations for Open APIs &amp; Patient-Directed Exchange</li> </ul>	<ul> <li>Industry adoption of user- managed access controls could be improved</li> </ul>	<ul> <li>Leverage standards evolving across multiple industries and encourage acceptance of data from external sources</li> </ul>
<ul> <li>Identity and Trust</li> </ul>	<ul> <li>Explore potential of Blockchain/DLT for self- sovereign identities</li> <li>Need to establish trust in identity-proofing processes occurring outside the blockchain/DLT</li> </ul>	<ul> <li>Develop an ethics framework for representing and using digital identity</li> </ul>



R	ecap	Key Points	Actions
•	Assessed the quality of USCDI content in C-CDA and FHIR and gathered feedback for direction setting	<ul> <li>It's helpful for USCDI data classes to have common priorities and be tied to several use cases</li> </ul>	<ul> <li>Focus on current USCDI priorities and finish what has been started before adding new elements</li> </ul>
•	Current content validation tooling and explore future opportunities	<ul> <li>Working issues at the developer level is preferable to site-specific level</li> </ul>	<ul> <li>Encourage continuous feedback on USCDI</li> </ul>
•	Successes, challenges and how to implement continuous improvement	<ul> <li>Certification is done on demo systems so variation of configuration is inconsistent with certified capabilities</li> </ul>	<ul> <li>Consider readiness and simplicity of data elements</li> </ul>



Recap		Ke	ey Points	A	ctions
•	Current state of transitions between acute and ambulatory care settings	•	Providers must find value for sending and receiving	•	Improve processes to ensure that quality data is going to the right place
•	Closed loop referrals including 360X	•	Referrals can be completed through a multistep exchange process	•	Continue testing and focus on improving workflow so exchange happens without special effort
•	Demonstrated sharing 42 CFR Part 2 data and use of clinical decision support tools such as CDS Hooks	•	Limited 42 CFR Part 2 sharing and implementation of CDS Hooks but both hold promise	•	Support additional implementation and testing of DS4P, consent and CDS Hooks



Recap	Key Points	Actions
<ul> <li>Overview of HIE networks and open APIs</li> </ul>	• Important to create business models that engage consumers	• Identify priority use cases for HIE networks/open APIs and consumer access
<ul> <li>Barriers and challenges to broad-scale implementation and use of networks and APIs</li> </ul>	<ul> <li>Challenging to measure speed of network adoption</li> </ul>	<ul> <li>Consider who can vet consumer-facing apps and how they can connect to exchange networks</li> </ul>
<ul> <li>Identify strategies to address barriers</li> </ul>	<ul> <li>Potential for more data sources in C-CDA but many EHRs lack places to store "other data"</li> </ul>	• Develop clear business cases to limit overly broad data collection, use existing standards



Recap	Key Points	Next Steps	
<ul> <li>Joshua Denny, Vanderbilt presented on All of Us research program</li> </ul>	<ul> <li>Most standards are oriented to clinical care, not research</li> </ul>	<ul> <li>Encourage research community to move relevant standards to maturity</li> </ul>	
<ul> <li>Bob Freimuth, Mayo Clinic presented on Sync for Genes</li> </ul>	<ul> <li>Researchers would benefit from a cohesive set of standards</li> </ul>	<ul> <li>Ensure that standards have enough data granularity to support research</li> </ul>	
<ul> <li>Group discussion – implementing and adopting standards for research</li> </ul>	<ul> <li>New standards do not need to be created in order to enable research, current standards need to be adopted and used</li> </ul>	<ul> <li>Identify new approaches for encouraging standards adoption in the research community</li> </ul>	





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#### **Questions?**



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