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ONC HIT Policy Committee, Interoperability and HIE Workgroup

Panel 4: Governance Entities
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The New York eHealth Collaborative (NYeC) appreciates the opportunity to submit testimony for the ONC HIT Policy Committee's Interoperability and HIE Workgroup hearing.

The New York eHealth Collaborative is a strong proponent of creating standards for HIT interoperability. NYeC created and chairs the EHR/HIE Interoperability Workgroup which is comprised of representatives from nineteen states and forty-seven vendors and aimed at championing a common platform to support interoperability. The goal is to define common specifications that will ultimately lead to "plug and play" connectivity between EHRs and HIEs. It is our firm belief that achieving common standards is the only way that we, as a country, will be able to maximize the adoption and use of HIE in a cost efficient manner and realize the full potential that Health IT offers in terms of delivering cost-effective, quality healthcare for all Americans.

The New York eHealth Collaborative and Statewide Health Information Network of New York

NYeC is New York's state-designated entity to coordinate Health IT initiatives. Founded in 2006 by healthcare leaders across the State, NYeC works to develop policies and standards, to assist healthcare providers in making the shift to electronic health records, and to coordinate the creation of a statewide network to connect healthcare providers across New York. The goal of NYeC is that no patient, wherever they may need treatment with the State of New York, is ever without fast, secure, accurate and accessible information.

NYeC operates a Regional Extension Center (REC) and the Statewide Health Information Network of New York (SHIN-NY, pronounced "shiny") in partnership with the NY State Department of Health. While the REC is focused on increasing adoption of electronic medical records, the SHIN-NY is one of the state's most important HIT initiatives in driving HIE usage. The SHIN-NY is envisioned to be a "network of networks" comprised of ten non-profit Regional Health Information Organizations (RHIOs) throughout the state that serve their local communities and are governed by state policy and regulation. These RHIOs have collaborated with the Department of Health and NYeC to set the vision and roadmap for the policy and technical infrastructure of the SHIN-NY. This network will be an interconnected, secure statewide network of electronic health records designed to keep all New Yorkers healthier by ensuring that healthcare professionals have instant and accessible information about their patients, anywhere and anytime. For instance, the network would allow a doctor operating on an unconscious Emergency Room patient in Buffalo to instantly receive that patient's full medical history, including past procedures and relevant allergies, from their primary care physician in Brooklyn. The network will be governed by federal HIPAA and State privacy and security policies and standards.

The SHIN-NY will be the most comprehensive and secure way for providers and patients to access patient records and clinical data. It will provide universal accessibility no matter what network a provider is a member of or what EHR system they use. The SHIN-NY should be distinguished from private HIE networks which offer much more limited access and geographic dispersion. In contrast to the State's vision for a fully-integrated electronic health information exchange, private network exchanges are not connected to each other and, because they are competitors, have no incentive to interconnect.

To date, New York has invested over $900MM in Health IT including funding through the Health Care Efficiency and Affordability Law (HEAL) grant program and community matching funds to establish the structural and policy foundation for the SHIN-NY. In 2014, Governor Andrew Cuomo's budget included an appropriation to assure that the Statewide Health Information Network of New York (SHIN-NY) would be a public utility. In March, the State Legislature approved $55MM in public funding for the SHIN-NY.

Increasing Adoption of HIEs

In order for an HIE to be valuable, it must have a sufficient amount of data in it to be useable by participants. For the SHIN-NY, therefore, a sufficient number of providers – including hospitals, clinical practices, long term care facilities, labs and behavioral health centers – need to participate in RHIOs and contribute data to the network. Today, the key hurdle in motivating providers to adopt is the cost of creating the interface needed to connect their EHR to the network. For large institutions, this cost is bearable; however, for many smaller clinical practices and facilities, the cost and the complexity of creating the interface is a major deterrent. In New York, there are more than 150 different EHR vendors, and the cost of interfaces can be as high as $30,000 per interface. A custom interface must be built to connect to each different brand of EHR system. As a result, it is simply hard to demonstrate a return on the investment. Today, although 81% of hospitals are connected to RHIOs, only 16% of an estimated 20,000 clinical practices are members of RHIOs. The cost of creating custom interfaces to connect the remainder of these practices exceeds $500MM.

To significantly increase adoption of HIE, it is necessary to have consistent standards in order to eliminate the need for custom interfaces. While the Meaningful Use program requires use of a "certified" EHR, there is still variability among vendors, and interoperability is not a core component today.

The EHR/HIE Interoperability Workgroup

Recognizing the need for rigorous standards, NYeC created the EHR/HIE Interoperability Workgroup (IWG) in 2011. By working with other states, the IWG could create economies of scale and provide the vendor market, which spans the US, with a single, consistent set of specifications. Today, the IWG is comprised of nineteen states that represent more than 50% of the population and cover forty-seven different EHR and HIE vendors.

The goal of IWG is to accelerate the process of standardization that ultimately results in "plug and play" connectivity between EHRs and HIEs. This effort builds on the development of national standards, adopting EHR certification criteria, and testing procedures as finalized for Stage 2 of Meaningful Use. While there is inevitably resistance by some vendors to standardization stemming from a desire to create a proprietary and differentiated product system, there are also vendors who realize that common standards create a larger potential customer base and a clearer product development roadmap.

IWG Governance Approach

The IWG is modeled after other technology industry initiatives that required standardization among all the members of its ecosystem such as the USB Alliance, WIFI Alliance, and Bluetooth. In each of these cases, a cross-industry alliance was developed and governed by a balanced board of stakeholders across the industry. The alliances developed standards that could be adopted universally, developed a rigorous testing program, and ultimately a regulation for the standards that would be set by the government. All parties had a vested interest and benefitted from driving down costs while growing new markets and increasing usage of innovative new products.

From a governance perspective, the IWG is essentially a decision-making framework. Each state has a memorandum of understanding with NYeC stating that they will adopt and promote the interoperability standards promulgated by IWG within their state. Vendor members also have a memorandum of understanding with NYeC stating that they will incorporate the standards into their products within two product cycles.

Establishment of Technical Requirements That Support Information Exchange

The specifications developed by the IWG adopt existing standards in the marketplace related to Query-Based Exchange and DIRECT. They include implementation guidelines to assure consistency in how the standards are applied. In 2013, ONC provided the Exemplar HIE Governance grant to NYeC on behalf of

IWG to conduct real world pilots of these specifications for DIRECT and Provider Directories. Based on the learning from the pilots, a rigorous set of test specifications and a test tool was developed that sets a high bar for interoperability among EHRs, HIEs and HISPs. While the specifications prescribe technical standards, they also allow for individual states and HIEs to abide by local policy requirements. In Q4, 2014, IWG is launching a testing program with an ONC and NIST–certified testing body. Vendors who pass testing for meeting specification requirements will be certified. The IWG has developed a "seal" that vendors can put on their products so that purchasers know they are certified as "plug and play".

Ensuring Participants Adhere to Organization's Requirements

Members of the IWG voluntarily comply with the agreed specifications and testing standards. To broaden the program's effectiveness, the IWG is expanding its efforts to increase awareness and market the program to the broader vendor and provider community.

IWG is partnering with other New York healthcare stakeholders to launch an innovative Group Purchasing Program for ambulatory EHR vendors. This program will launch in August 2014 and offers nation-wide group purchasing contracts to EHR vendors that pass IWG certification testing. These group purchasing contracts collectively represent 15,000 non-acute providers in all 50 states and 250 health systems and hospitals in NY, NJ, MA, CT, RI and Puerto Rico.

Additionally, IWG will work with its partners to initiate a marketing program to create awareness and compliance of testing certification. Targeted at purchasers of EHR and HIE vendor systems, the program will promote the HIE-Certified "seal" to symbolize and promote the value of full product certification.

Policy and Technology Requirements

The IWG's focus is on technology requirements to drive standards toward "plug and play" interoperability. Policy will be governed at the state-level. In some cases, member states are considering policy and regulatory options to make "plug and play" standards a requirement. While IWG has not promoted a policy agenda, it does recognize that national standards will greatly help in accelerating interoperability.

Role of ONC Federal Agencies, and the Private Sector in addressing Interoperability Challenges

Creating broader connectivity between EHRs and HIEs is integral to providing coordinated care among providers. It can give providers a more complete picture of a patient's health, aid in transitions of care, and allow for better collaboration. This connectivity and sharing of information will be central to new care delivery and payment mechanisms such as ACOs and Health Homes, and the newly forming Performing Provider Systems (PPS) that are part of New York's Medicaid Reform Plan (DSRIP). Given the potential cost savings generated by having accessible and better information, it behooves both the government and the private sector to utilize all means to make connectivity simpler.

While the technical and policy challenges of HIE may be unique, the governance challenges are not. ONC can look to highly successful precedents in the tech industry as proxies of what has worked using models such as USB, Blue Ray and WI-FI. These initiatives have revolutionized the marketplace through improving and broadening inter-usage of different devices while driving costs down. These initiatives have five common components that contributed to their success:

1. Industry coalesced to define the "use case" for interoperability
2. Strong specifications were developed against the "use case"
3. Government regulated the standards developed
4. Testing vs. specifications was conducted to ensure conformance to the standards
5. A steering committee or workgroup comprised of customers and vendors determined the strategy and roadmap
6. Strong marketing ensured consumer understanding and encouraged compliant product innovation into the market.

ONC can also play a role in streamlining the development of standards. However, our belief is that ONC's role should be to regulate not to create the standards. Today, there are numerous initiatives underway: IWG, IHE USA, HealtheWay, ModSpec, CommonWell, Carequality, and HL7. The preponderance of groups is creating fragmentation and confusion across the industry rather than creating the desired consistency. ONC should champion a single industry organization that has representation from a variety of stakeholders including providers, payers, vendors, and consumers. With a single industry group charged with defining standards, ONC would then be in a position to regulate these standards developed by industry.

To achieve consistent interoperability, we believe the following principles should guide the development of a nationwide interoperability governance strategy:

- *Simplification for the Purchaser* – reduces prices, increases demand; can be modeled after other industry initiatives (USB, Blue Tooth)
- *Simplification for the Vendor* – reduces costs, enhances value of the product proposition by being certified
- *Testing Rigor* – testing needs to be not only rigorous but also automated, repeatable, documented, objective and tied to publically available specifications
- *Marketing* – providers need to be aware of certification and have assurance as to the quality of their purchase.

CONCLUSION

On behalf of the EHR/HIE Interoperabilty Workgroup, the New York eHealth Collaborative thanks the Health Information Technology Policy Committee for the opportunity to testify today. We recognize the significant challenge in achieving true and consistent interoperability across EHRs and HIEs and appreciate ONC's efforts in addressing them. We believe that meeting this challenge will be an important catalyst in driving adoption of HIE and realizing its full potential in changing how we deliver healthcare. In New York, interoperability will be critical to the success of the SHIN-NY and driving adoption. The foundation and the commitment to the SHIN-NY is in place. We now need to facilitate adoption for a greater number of providers so that they can contribute data and utilize the SHIN-NY services. We believe the same to be true on a national scale. Only by incorporating interoperability standards will we be able to maximize the full potential of health IT in a cost-effective manner so as to improve the quality of healthcare for all Americans.