

Testimony of Megan Honea

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What policy, trust, and technical requirements do you require be met before agreeing to exchange with another exchange service provider? What if any assurances do you require that your trading partners are adhering to these requirements?

A HIPAA Compliant BA must be in place with a Participant Organization, as defined by the CORHIO Governing Principles and Policies V6.0 document. CORHIO shall provide technical security specifications to Participants as part of the implementation process and as a condition of implementation and to support ongoing risk assessment, CORHIO may request a network component diagram and standard document from Participants to ensure that appropriate hardware and software has been implemented and is maintained on an ongoing basis. CORHIO will implement and maintain appropriate technical safeguards for the CORHIO System, including hardware and software protective mechanisms such as firewalls, intrusion detection and prevention, anti-virus, and protected networks (e.g., network infrastructure, remote access, and wireless networking controls). Internal CORHIO System databases shall not be accessible from any external website or the Internet, except by Authorized Users or authorized CORHIO System operations personnel using secured interfaces. Participants shall conform to CORHIO's requirements for secure infrastructure and data transmission including appropriate hardware and software protective mechanisms such as firewalls, anti-virus, intrusion detection and prevention, and protected networks (e.g., network infrastructure, remote access, and wireless networking controls). Potential intrusion or other security incidents shall be tracked as part of CORHIO's breach response, risk management, and audit processes, as appropriate.

What governance challenges are putting patient safety and/or privacy at risk, when health information exchange is occurring?

State-to-State and provider-specific consent models. Varying level of conformity to national standards across states, HIE's, participants, vendors.

What factors are limiting the exchange of health information?

First, CORHIO has one of the broadest HL7 clinical exchange networks in the country under the treatment, payment and operations HIPAA guidelines. To continue expansion of this network, we are turning our attention to include CCD exchange which largely targets ambulatory healthcare providers. Most EMR vendors have adopted architectures that support bi-directional CCD exchange. However, many vendors are experiencing extended delays in implementing the upgraded technology causing many practices to delay MU2 until 2015.

Secondly, the costs incurred by practices to develop exchange interfaces is a tremendous barrier. In one instance in Colorado, a practice was quoted nearly \$50,000 to build a connection to CORHIO by their EMR vendor. For smaller providers, the up front and recurring costs of participation is the most significant barrier to participation.

Third, health information exchange will ultimately be serve as infrastructure necessary to achieve payment reform and system transformation. However, as those two activities are slow to develop, so is to the use case at the practice level for robust HIE. Until payment reform can catch up with CORHIO's network, HIE is viewed as a pure cost and not an opportunity to generate additional revenues through risk-based or other types of third-party contracting. Specifically, telehealth technologies are a good example of technology far outpacing payment and transformation efforts necessary to support the ongoing costs.

Fourth, looming policy questions around behavioral health and substance abuse exchange are driving critical providers in the healthcare landscape away from participating in the exchange for fear of liability and distrust from their patients and providers.

Lastly, change fatigue and predictability.

What, if any, actions should be taken at the national level to help address the governance challenges that are inhibiting the exchange of health information across entities or to mitigate risks to patient safety and/or privacy when exchange is occurring? What role should ONC or other federal agencies play? What role should states play? What role should the private sector play?

The State of Colorado has done a phenomenal job developing local solutions that work toward achieving national goals. This is evidenced by Governor Hickenlooper's Winnable battles, the development of the State Health Insurance Exchange, the Medicaid Accountable Care Collaborative program, and many others. Thus, many Federal agencies have provided direction and funding to support these efforts, while allowing Colorado to develop the type of local programs that ensure success within our communities. As we believe in Colorado, "All healthcare is local." Thus, federal actions should provide direction toward a shared vision and the appropriate resources for States to identify pathways that will empower local communities to achieve that vision. Government's role is to provide a foundation and a thoughtful regulatory environment to spur innovation and creativity in the healthcare space. In other words, continue to be thoughtful boosters, but stay off the field.

In most cases, the private sector should be charged with identifying and implementing these innovative solutions while ensuring that they support the broader agenda and vision through technology, capital, and workforce.

Would it be beneficial if ONC monitored the information exchange market to identify successes, challenges, and abuses? If so, what methods of monitoring would be effective; and, what actions should ONC take based upon findings from monitoring?

Meaningful Use measures and objectives did not address connectivity to the HIE or interoperability with other EMR platforms. This presents a particular challenge in a federated HIE network because independent providers and small healthcare systems are not incentivized to connect with one another under the current MU structure. These challenges disproportionately affect rural and frontier providers where HIE functionality provides the biggest benefits. Under the context of the triple aim, priorities set should be financially feasible and provide clear benefits to providers and patients. This could be achieved by aligning the measures and objectives of the MU program with those standards applied to EMR vendors through CCHIT certifications and others.