

Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT



Interoperability Workgroup Governance Subgroup

Christoph Lehmann, Co-Chair
Carol Robinson, Co-Chair

September 3, 2014

Membership



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to the National Coordinator for Health IT

Member	Organization
Christoph Lehmann, co-chair	Vanderbilt School of Medicine
Carol Robinson, co-chair	Robinson & Associates Consulting
Jitin Asnaani	athenahealth
John Blair	Taconic IPA
Anne Castro	BlueCross BlueShield of South Carolina
Tony Gilman	Texas Health Services Authority
Melissa Goldstein	George Washington University
Anil Jain	Explorys, Inc.
Anjum Khurshid	Louisiana Public Health Institute
John Lumpkin	Robert Wood Johnson Foundation
Beth Morrow	The Children's Partnership
Tim Pletcher	Michigan Health Information Network Shared Services (MiHIN)
David Sharp	Maryland Health Care Commission
Deanna Wise	Dignity Health
Mariann Yeager	Healtheway, Inc.
Barclay Butler, Ex Officio	Defense Health Agency
Elaine Hunolt, Ex Officio	The Department of Veterans Affairs



- Identify the substance, scope, and process ONC should use to implement an approach to establish the “rules of the road” necessary for information to flow efficiently across networks.
- This approach should address the key problems that slow trust and exchange across diverse entities and networks that provide exchange services including:
 - misaligned/inconsistent security policies and practices
 - privacy policies and practices and operational/business
 - inconsistent policies and technical agendas of governance bodies at the local, state and regional levels

Governance Subgroup Workplan



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Meetings	Task
Wednesday, July 23rd 2:00-4:00 pm ET	<ul style="list-style-type: none"> Review charge Governance history Action steps
Friday, August 15th 10:00am-12:00 pm ET	<ul style="list-style-type: none"> Listening session 1
Friday, August 22nd 10:00am-12:00 pm ET	<ul style="list-style-type: none"> Listening session 2
Tuesday, August 26th 10:30-12:00 ET	<ul style="list-style-type: none"> Summarize listening sessions Finalize problem list, update strawman and discuss governance goal statement Prep for HITPC presentation
Wednesday, September 3rd - HITPC Meeting	<ul style="list-style-type: none"> Progress toward creation of a recommendation governance framework presented to HITPC
Friday, September 12 th 10:30-12:30 pm ET	<ul style="list-style-type: none"> Review HITPC discussion and update documents/plans based on feedback Refine governance framework
Friday, September 19 th 10:30-12:30 pm ET	<ul style="list-style-type: none"> Refine governance framework
Friday, September 26 th 10:30-12:30 pm ET	<ul style="list-style-type: none"> Finalize recommendations
Interoperability and Health Information Exchange WG TBD	<ul style="list-style-type: none"> <i>Review recommendations with workgroup</i>
Wednesday, October 15th – Joint HITPC/HITSC Meeting	<ul style="list-style-type: none"> Final recommendations



Three year:

Drive the secure interoperable exchange of health information to enable individuals and care providers to:

- Send,
- Receive,
- Find and,
- Use a basic set of essential health information to enhance care coordination and improve health care quality

Six Year:

Use information to drive healthcare quality and lower costs through new care models enabled by technology, such as:

- Interoperable systems that link across patient-facing technologies, mobile devices, remote monitoring, telehealth, etc.
- Systems that drive population health improvements through data aggregation and quality / cost measurement

Ten year:

A technology infrastructure that supports the implementation of a learning health system, such as:

- Continuous learning through standardized data collection
- Accelerated and automated patient-centered outcome research
- Targeted clinical decision support
- Better preparedness at all levels of government for disasters, diseases outbreaks and other public health threats



Listening Session Summary



- **Panel 1: Provider/Payer/Patient Perspective**
 - *Henry Wei, Aetna*
 - *Alex Harkins, patient*
 - *Amy Feaster, Centura Health*
 - *Greg Wolverton, ARcare*
 - *Craig Behm, MedChi*

- **Panel 2: Exchange Service Providers**
 - *Carl Dvorak, Epic*
 - *Morgan Honea, Colorado Regional Health Information Organization*
 - *Luis Maas, EMR Direct*
 - *Tim Burdick, OCHIN*
 - *Mark Heaney, Get Real Health*



- **Panel 3: State/Federal Perspectives**
 - *Gail Graham, Department of Veterans Affairs*
 - *Dave Minch, California Association of Health Information Exchanges*
 - *Tony Gilman, Texas Health Services Authority*
 - *Jennifer Fritz, Minnesota Department of Health*
 - *Karen Guice, Department of Defense*

- **Panel 4: Governance Entities**
 - *David Kibbe, DirectTrust*
 - *Kitt Winter, Healtheway*
 - *Aaron Seib, National Association for Trusted Exchange*
 - *Nick Knowlton, CommonWell Health Alliance*
 - *David Whitlinger, EHR-HIE Interoperability Workgroup*

- **Panel 5: Other Governance Approaches**
 - *Janet Estep, NACHA, the Electronic Payments Association*
 - *Devin Jopp, Workgroup for Electronic Data Interchange*
 - *Thomas Spavins, Federal Communications Commission*
 - *Carolina Rossini, Public Knowledge*



- There are a variety of governance efforts underway at the state and national level. Some are operated by states while others are by run by private entities (usually not-for-profits).
 - These efforts have varying policy frameworks, technical standards and focuses for governing HIE
 - Most of the governance approaches are voluntary while some states' approaches are regulatory
 - Entities generally are focused on governing specific subsets of the exchange ecosystem
 - The governance approaches are often tied to adherence to a set of policies and standards to access a set of services
 - Accreditation and certification were subcomponents of many of the governance entities



- Stakeholders see an important role for ONC in the governance of HIE but have varying perspectives on what that role that should be
 - Some view an increased and potentially regulatory role as helpful. Others felt ONC should continue a leadership role through collaboration and partnership.
- A number of technology issues are still slowing/inhibiting the exchange and use of electronic health information
 - C-CDA variability
 - Implementation variation of Direct in EHRs
 - Proprietary, rather than standards-based, code used for transport and document display
- Aligning incentives is essential to driving interoperability
 - Where incentives are aligned we are seeing exchange increase (e.g., ACOs, PCMH, SIM, etc.)
 - Vendors and providers have varying perspectives of where differing business interests are slowing exchange
- Exchanging data requires coordination and trust across a variety of players in the healthcare ecosystem. The healthcare ecosystem is at an early stage of implementing many exchange use cases such as ToC and is still working through some maturity issues.



- Exchange costs are high and are creating barriers to some providers' ability to participate (i.e. high interface costs and high costs for different accreditation/certification programs)
 - The differing technical standards used across states and state systems create significant costs for organizations operating in multiple states
 - The differing accreditation and certification programs being used or under development within regions is creating an untenable situation for organizations operating in multiple states
- Varying requirements and interpretations of rules related to the sharing of data, particularly sensitive data (e.g. substance abuse treatment, HIV status, mental health etc) are slowing exchange
- Reengineering workflows to use HIT systems and HIE services to their highest level of effectiveness is difficult and providers often don't have the time or expertise to do so



- We had speakers from several other sectors:
 - Banking: NACHA serves as the governing organization for the Automated Clearinghouse Network for electronic financial transactions
 - Healthcare administration: WEDI sets standards for claims processing and electronic payments
 - Telecommunications: The Federal Communications Commission regulates interstate and international communication by radio, television, satellite, wire and cable
 - Internet: Public Knowledge is a nonprofit consumer protection organization focused on Internet open access
- Speakers stressed the variety of governance approaches, tailored to the needs and dynamics of the markets they served
- Voluntary governance initiatives were common and successful, especially in the internet and banking industries
- While the original impetus for governance development was often to address specific problems, the mechanisms created are still active and manage a variety of problems and interactions



Panelists had a variety of recommendations for actions at the national, state and local level including:

- Develop a national address book to enable ToC and other use cases
- Various suggestions about how to improve patient matching
- Narrow the goals to enable a deeper focus on developing the standards and policy solutions required to enable interoperability
- At the national level, set common definitions, components, and minimum standards for a strong governance structure from different perspectives/roles (e.g., provider, consumer, intermediary)
- Common core sets of HIE services and standards that support health care reform
- Standards for interoperability across services and care settings
- Accreditations/certifications – minimum / recommended (focus on exchange service providers that cross state borders)



- Framework/mechanisms for interoperability across entities providing HIE services and for providers/payers seeking to participate in HIE should include:
 - Consent management/ granular consent / tracking consent / auditing
 - Clinical data query
 - Data aggregation models
 - Terminology mapping
 - Message conversion
- Promote the emergence of improved tools for enabling exchange among unaffiliated entities by incentivizing desired outcomes for prioritized use cases, rather than specifying specific requirements related to how
- Monitoring should be done to ensure actors are appropriately implementing interoperability standards
- Develop computable interoperability taxonomy
- Develop voluntary model data use agreement that stakeholders can adopt



Recommendation Framework



Focus on identifying the appropriate processes and approaches that ONC should advance to establish the Rules of the Road

- Set goals and principles for a Governance Structure
- Agree on set of problems to solve and the Governance Process needed to solve problems
- Map Structure and Process recommendations to ONC's 10-Year Interoperability Roadmap to create recommendations for incremental development of Governance Content

Key Governance Problems Impeding Interoperability and Information Sharing



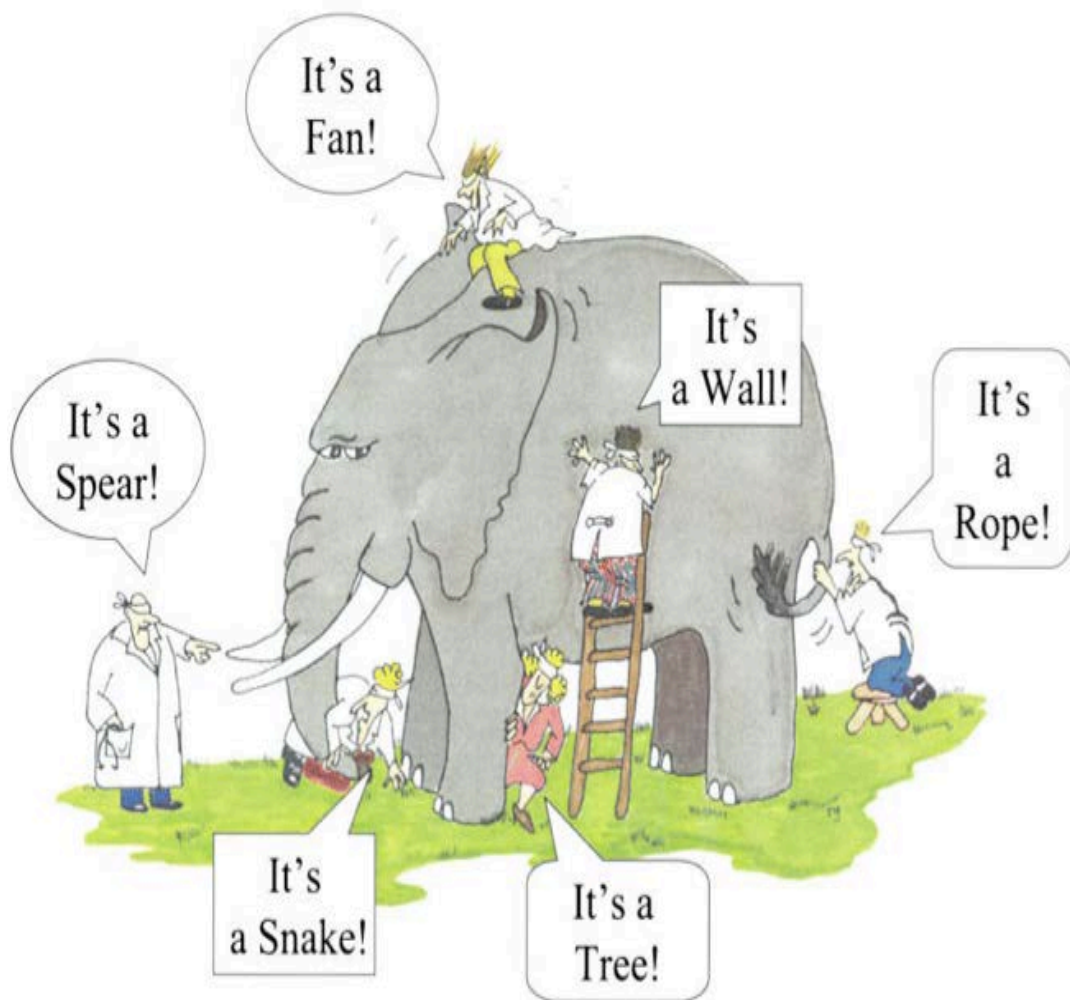
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- **Misaligned/inconsistent security policies and practices– encryption, Level of Assurance for ID proofing, methods for authentication, authorization, etc.**
- **Misaligned/inconsistent privacy policies and practices– consent, meaningful choice, data use and query response policies, etc.**
- **Misaligned/inconsistent operational/business policies and practices– variation of user fees, patient matching methods, duplicate records resolution, multiple trust bundles, variation in accreditation costs and rigor, disclosure audit requirements, etc.**
- **Multiple governance bodies at local, state and regional levels with incompatible and/or inconsistent policy and technical agendas**
- **Questions about liability when information moves from one system to another**
- **Multiple technical standards development efforts and deeming organizations are operating without an industry portfolio approach**

A Common Problem When Discussing HIE Governance



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Early Subgroup Analysis



Exchange Use Case	Directed (Push)	Query (Pull)	Consumer Mediated
Priority Policy/ Infrastructure Items	Provider Directory Guidance	Provider Directory Guidance	Provider Directory Guidance
	Patient Matching Guidance	Patient Matching Guidance	Patient Matching Guidance (if any)
	Privacy Policies	Privacy Policies	Privacy Policies
	Security Policies	Security Policies	Security Policies
	Technical standards (e.g., Direct)	Technical standards (e.g., XDS/XCA, FHIR)	Technical standards (e.g., Blue Button)

Discussion Points:

- Segmenting HIE governance by exchange use cases might result in a Framework looking something like this (for the current state of HIE)
- Each exchange use case will have some unique business, operational, and technical governance needs; many issues cut across use cases
- Many HIE entities operate across all exchange use cases
- Exchange use cases will continue to be added and technical standards will continue to evolve

Some Subgroup Member Comments

(Paraphrased)



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- A governance framework should be built with highly repeatable processes for adding new use cases
- Many exchange use cases (Direct and Query) will have overlapping business and technical guidance needs
- Other industries have managed to change over time; we need to avoid the “healthcare exceptionalism” mindset
- Healthcare organizations have made substantial progress by distilling business needs and standardizing systems and processes for payment; we need to substitute the word clinical for business needs and put interoperability decisions on a time-limited track
- There is an urge to simplify governance to a couple of use cases; we need to ask if getting to a 20% solution will be enough

Process to Complete the Subgroup's Charge



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Process for selecting policy and governance infrastructure items to be addressed:



Sample Topics / Questions for the Subgroup's consideration:

- Should HIE governance be segmented by use cases, by transport standards, or by something else?
- Are there aspects of HIE governance that should be centralized at a national level?
- Are there aspects of HIE governance that should be left to States?
- Are there aspects of HIE that would be set back by a system or systems of governance?
- What is the appropriate private/public mix for each system of governance?
- What should ONC do (and/or not do)?
- How should the recommendations for a Governance Framework map to existing efforts?
- Is this the right time for a Governance Framework to be adopted?

Have You Heard the Term “Elephant Architecture”?



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- Over three meetings in September the Subgroup will continue to draft recommendations for a HIE Governance Framework
- On October 3rd, we will present a set of draft recommendations to the Health Information Exchange and Interoperability Workgroup
- On October 15th we will present final recommendations at the joint meeting of the Health IT Policy Committee and the Health IT Standards Committee