

Health IT Policy Committee

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



Interoperability and Health Information Exchange Workgroup

Micky Tripathi, chair
Chris Lehmann, co-chair

November 4, 2014



- Review charge and work plan
- Framework for reviewing ONC Interoperability Roadmap and integrating JASON TF recommendation and Governance SWG input
- Early Thoughts

Overall Workgroup Charge



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- The Interoperability and HIE Workgroup will recommend policy and promote opportunities to reduce barriers and to increase electronic sharing of health information among providers, organizations, and patients/caregivers.
- The workgroup will use implementation lessons learned
- The work group will align efforts with the Privacy and Security Workgroup and the Health IT Standards Committee.
- The workgroup will make recommendations that focus on policies that can help address implementation challenges.
- The workgroup will promote a business and regulatory environment supportive of widespread information exchange.
- Examples of issues the workgroup may consider include, but are not limited to:
 - Interoperability architecture
 - governance
 - technology policy (such as patient matching)

Membership



Health IT Policy Committee
A Public Advisory Body on Health Information Technology

First	Last Name	Organization	Role
Micky	Tripathi	Massachusetts eHealth Collaborative	Chair
Christoph	Lehmann	Vanderbilt School of Medicine	Co-Chair
Brian	Ahier	Medicity	Member
Beth	Morrow	The Children's Partnership	Member
Arien	Malec	RelayHealth Clinical Solutions	Member
Larry	Garber	Atrius	Member
Ray	Scott	Arkansas Office of Health Information Technology	Member
Jitin	Asnanni	athenahealth	Member
Tony	Gilman	Texas Health Services Authority	Member
Landen	Bain	CDISC	Member
Shelly	Sprio	Pharmacy HIT Collaborative	Member
Troy	Seagondollar	Kaiser / United Nurses Association of California	Member
Melissa	Goldstein	The George Washington University	Member
Carl	Dvorak	Epic	Member
Marc	Probst	Intermountain Healthcare	Member
Wes	Rishel	Consultant	Member
Dave	Whitlinger	New York eHealth Collaborative	Member
John	Blair	MedAllies, Inc.	Member
Hal	Baker	Wellspan	Member
Kitt	Winter	Social Security Administration	Ex Officio
Margaret	Donahue	Department of Veterans Affairs	Ex Officio
Nancy J.	Orvis	Department of Defense	Ex Officio
Barclay	Butler	Defense Health Agency	Ex Officio
David	McCallie	Cerner Corporation	Liaison Member
Deven	McGraw	Manatt, Phelps & Phillips, LLP	Liaison Member



- Review the Jason Task Force and Governance Subgroup materials and recommend how to synthesize and incorporate them into the Interoperability Roadmap.
- If time allows identify any red flags in the early draft materials presented on the Interoperability Roadmap.

Meeting Schedule



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Meetings	Task
October 9, 2014, 12:00-1:30 PM ET	<ul style="list-style-type: none"> Review charge and work plan Review Governance recommendations
October 21, 2014, 2:30-4:00 PM ET	<ul style="list-style-type: none"> Review JASON TF recommendations Feedback from HITPC/HITSC Prepare to inform Interoperability Roadmap
October 29, 2014, 2:00-3:30 PM ET	<ul style="list-style-type: none"> Inform Interoperability Roadmap
HITPC Meeting November 4, 2014	<ul style="list-style-type: none"> Draft recommendations to HITPC
November 5, 2014, 10:00-11:30 AM ET	<ul style="list-style-type: none"> HITPC feedback integrated into recommendations
November 19, 2014, 9:00-10:30 AM ET	<ul style="list-style-type: none"> Refine recommendations
December 1, 2014, 1:00-2:30 PM ET	<ul style="list-style-type: none"> Refine recommendations
HITPC Meeting December 2	<ul style="list-style-type: none"> Final recommendations to HITPC
December 16, 2014, 10:00 AM-11:30 AM ET	<ul style="list-style-type: none"> Interoperability Measurement



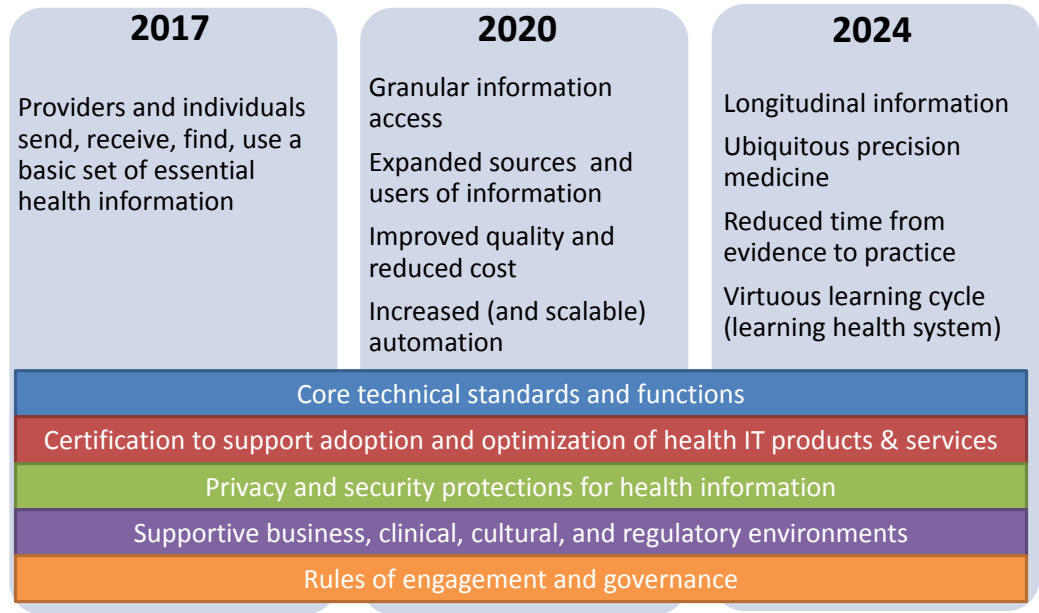
- Review charge and work plan
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- **The IOWG finds the JASON Task Force and Governance SWG output are in alignment**
- **JASON TF recommended that federal government focus on escalating series of actions to catalyze market development of interoperability coordination structures and processes**
 - Federal government as engaged and vocal market participant – practicing what it preaches in terms of promoting transparency through active monitoring, convening, offering guidance, and aligning its incentive programs
 - Suggested Federal government exert direct authority to dictate terms of interoperability (requirements, monitoring, compliance, enforcement) only as a last resort and only to resolve gaps identified through active monitoring that market seems unable to address
- **Governance SWG input that ONC “may consider” creating a public/private governance authority would be an example of government exerting direct authority over interoperability structures and processes**
 - Thus, it is a point on the spectrum proposed by Jason TF – to be considered after other “market motivating” levers have been exhausted

Proposed Scope of IOWG Assessment of ONC Roadmap

ONC Roadmap Vision and Building Blocks



Proposed areas of focus for IOWG assessment:

- Oct 29: Vision

- Oct 29/Nov 5: Rules of engagement and governance
- Nov 5/Nov 19: Core technical standards and functions (policy dimensions only)
- Nov 19/Dec 1: Supportive business, cultural, and regulatory environments

Draft Health IT Ecosystem Goals

From ONC Interoperability Roadmap Presentation

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	2014-2017	2017-2020	2020-2024
Individual	<ul style="list-style-type: none"> Send, receive, find, and use electronic health information 	<ul style="list-style-type: none"> Electronically contribute to and correct their health information; access shared care plans in standardized electronic format Increased access to longitudinal health information 	<ul style="list-style-type: none"> Regularly track and share electronic information from wearable, implantable, biometric medical devices Increased access to longitudinal health information
Provider	<ul style="list-style-type: none"> Send, receive, find and use the common MU data set for all patients Receive electronic notifications when individuals are admitted to or discharged from inpatient care 	<ul style="list-style-type: none"> Increased granular access to specific health information when/where needed Automated tools that effectively use electronic clinical data from multiple sources for quality improvement and decision support across care continuum Seamless remote monitoring and care for through remote devices 	<ul style="list-style-type: none"> Increased access to longitudinal health information Care tailored precisely to each individual based on information about environment, occupation, human services, genomic data, cutting edge research evidence, etc.
Population & Public (Community and state level)	<ul style="list-style-type: none"> Information contained in the common MU data set aggregated across communities for population health and quality measurement Research community accesses aggregations of EHR data in pilots Notifications based on relevant information are shared seamlessly between EHRs and public health 	<ul style="list-style-type: none"> Clinical and administrative data normalized and aggregated across communities to support broad scale value-based payment models Research community accesses aggregations of standardized EHR data for ongoing research Public health and other clinical registries receive and make available broad suite of standardized data for use by authorized individuals 	<ul style="list-style-type: none"> Research community has access to large aggregations of standardized genomic and device data for research purposes Public health better contains outbreaks and proactively manages disasters with electronic information from many sources



- Key questions for IOWG:
 - Are the goals *meaningful* to healthcare outcomes?
 - Do they appear *attainable* by industry (users and technology vendors)?
 - Are the goals well-defined enough to define *organizational strategies*?
 - Are the goals universal enough to be *resilient* to industry and technology change?
 - Are the goals *measurable*?

Key Questions for Assessment of ONC Roadmap Building Blocks



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- **Each Building Block is divided into:**
 - “Draft Milestones” for 3-, 6-, and 10-years
 - “Draft Actions” to launch activities for milestone achievement
- **Key questions for IOWG:**
 - Are the proposed Milestones *meaningful* to healthcare goals and *attainable* by industry (users and technology vendors)?
 - Are the proposed Actions *aligned* with milestones, *appropriate* to current and expected industry dynamics, and focused enough to drive *resource allocation* and *decision-making*?
 - How do the Actions align with the JASON TF recommendations regarding Coordinated Architecture, Public API, and Government actions to motivate the market?

Common Rules of the Road and Governance

Draft Milestones-Standards Governance

	ONC Roadmap 2014-2017 Draft Milestones	Corresponding JASON TF Recommendations/Governance SWG
Standards governance	<ul style="list-style-type: none"> Processes for managing the full lifecycle of technical standards are implemented, including coordination of standards development, refinement and maintenance, streamlining the process for selection and adoption of national standards, orchestration of development and enhancements to ongoing testing mechanisms Process for defining and adopting a nationwide technical architecture for interoperability to support the learning health system is implemented Interoperability functions for which standards are required are prioritized A minimum set of common interoperability standards to enable priority functions is identified and adopted Robust testing tools exist for all the common standards and are used in ongoing manner across industry to reinforce interoperability Metrics for assessing standards performance are established and data collection initiated 	<ul style="list-style-type: none"> First: define specific interoperability goals, metrics and monitoring mechanisms Endorse Coordinated Architecture based on Public API as “nationwide technical architecture for interoperability to support the learning health system” Leverage FACAs to determine “priority functions” and associated “minimum set of common interoperability standards” to be included in CEHRT definition <ul style="list-style-type: none"> Based on current functional specifications as well as emerging Public API-based specifications (Core Services and Profiles) Develop focused approach to developing Core Service and Profiles standards for inclusion in CEHRT to support MU Stage 3 Monitor and motivate market-based accountability and mechanisms for standards governance

Common Rules of the Road and Governance

Draft Milestones-Data, Policy & Operations Governance



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	ONC Roadmap 2014-2017 Draft Milestones	Corresponding JASON TF Recommendations/Governance SWG
Data, policy, and operations governance	<ul style="list-style-type: none"> • The health IT ecosystem begins operationalizing a common nationwide governance framework to support trust and interoperability of the common MU data set for purposes of treatment, payment, and health care operations, including policies for identifying and addressing bad actors • A process for identifying/recognizing entities that comply with the common rules of the road is developed • Federal agencies that provide or pay for health services align their policies with the nationwide governance framework • A policy framework for interoperability of clinical data to support research and big data is defined • A policy framework for exchange of patient-generated health data is defined • Metrics for monitoring and assessing nationwide interoperability are established and data collection initiated 	<ul style="list-style-type: none"> • Measure and monitor Coordinated Architecture development through Data Sharing Networks, and use of Public API to enable “priority functions” • Align Federal agencies and incentive programs with Public API deployment and use • Motivate market-based mechanisms for defining Public API resources and profiles, and associated legal/business/policy arrangements, for research and consumer access use cases



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1. **Roadmap needs to be more clear on what constitutes successful achievement of milestones**
 - Are the milestones for the vanguard innovators or those bringing up the rear?
 - Do they describe availability or adoption?
 - May want to define expectations/predictions for the leading and lagging adopters (3-5 year gap?)

2. **The time-phasing of the goals and milestones may be too conservative in general**
 - Market is moving faster in many key areas, such as wearable devices and genomics

3. **Coordinated Architecture (including Core Data Services and the Public API) should be included as a key roadmap goal/milestone**
 - Rather than focusing on a small set of “stove-piped” use case driven workflows, Roadmap should include sample use cases of the Coordinated Architecture

4. **Federal government should initiate “market motivator” activities, especially with regard to interoperability metrics and monitoring**
 - Define how nationwide interoperability status and progress will be defined and measured
 - Calibrate governance activities to address observable and measurable gaps that market fails to address



- Continue evaluation of Vision and Building Blocks:
 - Oct 29/Nov 5: Vision, Rules of engagement and governance
 - Nov 5/Nov 19: Core technical standards and functions (policy dimensions only)
 - Nov 19/Dec 1: Supportive business, cultural, and regulatory environments

