

# 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

March 10, 2015

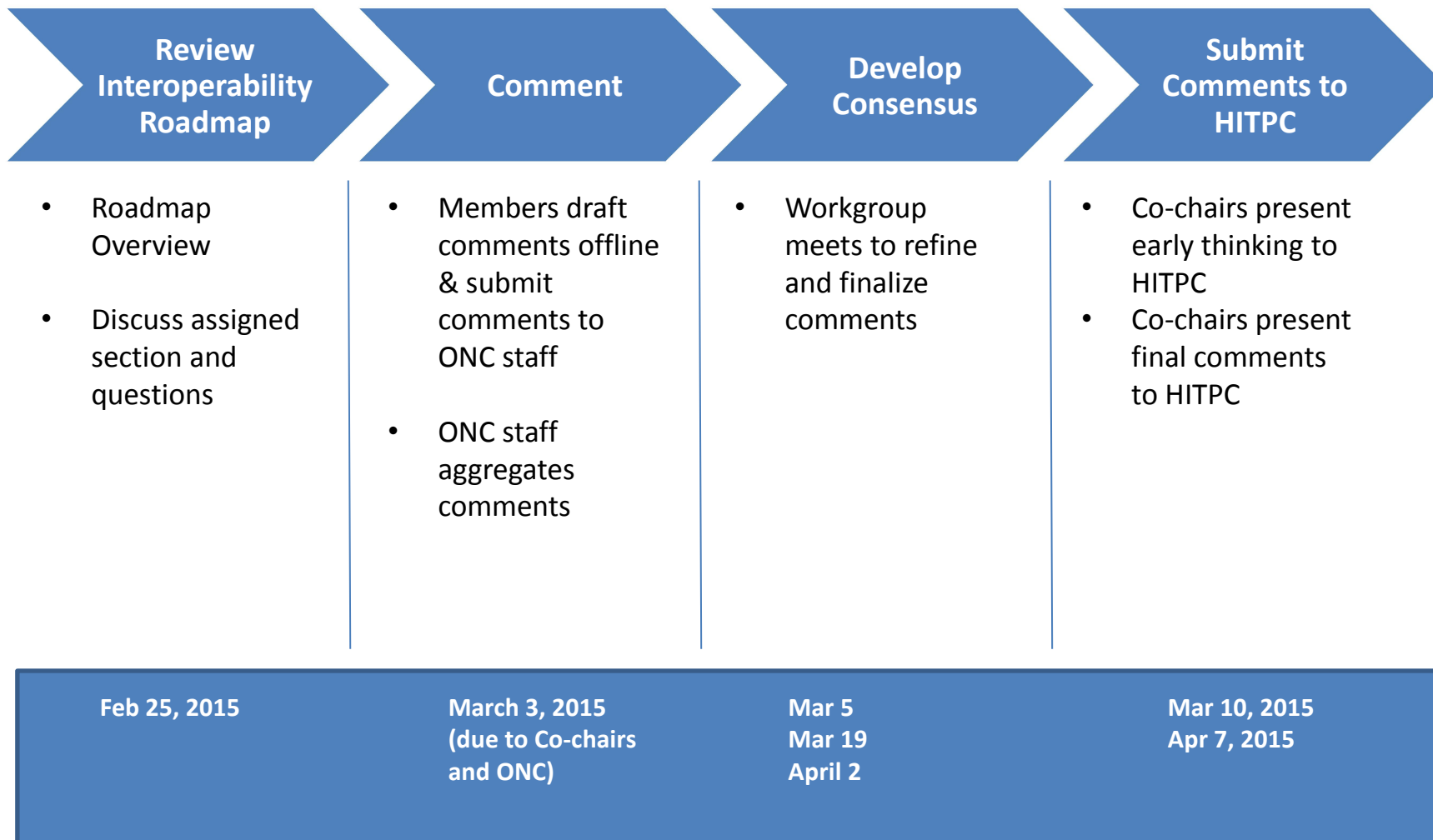


Workgroup	Interoperability & HIE
ONC FACA WG Lead(s)	Kory Mertz
Chair / Co-Chairs	<ul style="list-style-type: none"> <li>• Micky Tripathi, Chair, Massachusetts eHealth Collaborative</li> <li>• Christoph Lehmann, Co-Chair, Vanderbilt School of Medicine</li> </ul>
General Questions (as they apply to the assigned Roadmap section)	<ul style="list-style-type: none"> <li>• Are the actions proposed in the draft interoperability Roadmap the right actions to improve interoperability nationwide in the near term while working toward a learning health system in the long term?</li> <li>• What, if any, gaps need to be addressed?</li> <li>• Is the timing of specific actions appropriate?</li> <li>• Are the right actors/stakeholders associated with critical actions?</li> </ul>
Roadmap Section	<ul style="list-style-type: none"> <li>• M. Accurate Identity Matching</li> <li>• N. Reliable Resource Location</li> </ul>
Section Specific Question(s)	<ul style="list-style-type: none"> <li>• In what ways does the draft approach need to be adjusted to sufficiently address the industry needs and address current barriers? (M. Accurate Identity Matching)</li> </ul>

# Process for Responding



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# Interoperability and HIE Workplan



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Status	Meetings	Task
✓	<b>February 10, 2015 – HITPC Meeting</b>	<ul style="list-style-type: none"> <li>• <b>Charged by the HITPC with commenting on the Interoperability Roadmap V.1</b></li> </ul>
✓	February 25, 2015 2:30-4pm ET	<ul style="list-style-type: none"> <li>• Comment on Interoperability Roadmap V.1</li> </ul>
✓	March 5, 2015 3:30-5pm ET	<ul style="list-style-type: none"> <li>• Comment on Interoperability Roadmap V.1</li> </ul>
➔	<b>March 10<sup>th</sup> – HITPC Meeting</b>	<ul style="list-style-type: none"> <li>• <b>Early Interoperability Roadmap Recommendations to HITPC</b></li> <li>• <b>Anticipated date to be charged by the HITPC with commenting on the MU3 NPRM</b></li> </ul>
	March 19, 2015 3:30-5pm ET	<ul style="list-style-type: none"> <li>• Comment on Interoperability Roadmap V.1</li> </ul>
	April 2, 2015 2:30 – 4pm ET	<ul style="list-style-type: none"> <li>• Finalize Interoperability Roadmap Comments</li> </ul>
	<b>April 7, 2015- HITPC Meeting</b>	<ul style="list-style-type: none"> <li>• <b>Interoperability Roadmap Recommendations to HITPC</b></li> </ul>
	April 17, 2015 2:30-4pm ET	<ul style="list-style-type: none"> <li>• Comment on MU3 NPRM (anticipated date for planning purposes)</li> </ul>
	April 30, 2015 3:30-5pm ET	<ul style="list-style-type: none"> <li>• Finalize MU3 NPRM Comments (anticipated date for planning purposes)</li> </ul>
	<b>May 12<sup>th</sup> – HITPC Meeting</b>	<ul style="list-style-type: none"> <li>• <b>MU3 NPRM Comments to the HITPC (anticipated date for planning purposes)</b></li> </ul>



1. In general, the WG recognizes the importance of accurate identity matching and reliable resource location as a roadmap category
2. Concerns raised about the aggregate number and complexity of the “critical actions” and the ability of the industry to accomplish these goals in the 2015-2017 timeline
  - There are 36 “critical actions” in these two categories alone, 20 of which are in the 2015-2017 timeframe
  - Focus of 2015-2017 timeframe should be to focus on motivating use of things put in place by MU Stage 1 and Stage 2
  - Anything new should be planned in 2015-2017 but not expected until later
3. There were a number of comments reinforcing the importance of the Roadmap continuing to articulate an interoperability floor not a ceiling (i.e. should be able to go beyond the minimum data matching elements).



4. Questions were raised regarding the definition of “coordinated governance” process
  - Half of the 2015-2017 Critical Actions are dependent on policy and operational functions driven by “coordinated governance”
  - Yet, “coordinated governance” is not specifically defined, strategically or operationally
  
5. Concerns raised about lack of specificity of which types of levers/incentives would be most appropriate to motivate accomplishment of each Critical Action
  - “Coordinated governance” remained undefined and generated doubt in several committee members
  - “Coordinated governance” could include many different types of current and future levers- however unless there is a definition the committee cannot endorse or reject

# Accurate Identity Matching – Preliminary Thoughts (1 of 2)

- **Technical standards are necessary but not sufficient to establishing accurate and reliable patient-matching**
  - Requires a combination of technical standards and aligned business processes
- **Establishment of a best practice minimum set of data for identify-matching would be beneficial**
  - Certification could ensure that EHR technology is capable of capturing and storing this minimum data set
  - Should not restrict approaches to only this set
  - Should not require that “every transaction” include the minimum set – such data is often not available at all, or not available with sufficient quality, or not appropriate to the specific exchange use case
  - WG will make recommendation on minimum data set for next meeting
- **ONC can play a valuable role in convening implementers to identify and share best practices and lessons learned**
  - Work done under S&I framework and in specific transaction areas (e.g., PDMPs) should be shared and leveraged where possible

# Accurate Identity Matching – Preliminary Thoughts (1 of 2)

- **Locally driven data governance, such as data-sharing arrangements as defined by the JTF, will motivate use of the minimum data set and address technical and business requirements beyond the minimum set**
  - Too much local variation in capabilities and clinical/business needs to allow a single national approach
  - Data assurance – which source is the source of truth?
  - Data quality – how are emerging issues resolved and maintained?
  - Voluntary data elements – highly dynamic and dependent on local capabilities
  - Clinical, business, and legal accountability – who is responsible for what?
- **Patient-matching by itself may be setting the bar too low**
  - May want to include record location based on identity-matching as a longer-term goal in the roadmap to address query-retrieve use cases
  - Some private data-sharing arrangements are already deploying such services today (Commonwell, MA Hlway, etc)
  - Opportunity for CMS to launch Medicare-focused RLS based on existing claims and HITECH data?





- Finish discussion on Accurate Identity Matching and finalize comments
- Begin reviewing Workgroup members comments on Reliable Resource Location, develop consensus and finalize comments.
- Incorporate HITPC input and present final recommendation in April.