Health IT Policy Committee

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

Clinical, Technical, Organizational and Financial Barriers to Interoperability Task Force

Paul Tang, chair

September 9, 2015

Agenda

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

- Charge to Interoperability Task Force
- Structure of report to Congress
- Summary of Hearing on Financial/Business Barriers to Interoperability
- Draft recommendations
- Committee feedback

Report Structure

- Preamble with context of interoperability
- Summary of past HITPC recommendations related to interoperability
- Summary of Hearing on Financial and Business Barriers to Interoperability
- Findings and draft recommendations regarding business barriers

Membership

First Name	Last name	Type	Organization
Paul	**Tang**	**Chair**	Palo Alto Medical Foundation
Julia	Adler-Milstein	Member	University of Michigan
Christine	Bechtel	Member	Bechtel Health Advisory Group
Stanley	Crosley	Member	Drinker Biddle & Reath LLP
Josh	Mandel	Member	Children's Hospital Boston
Bob	Robke	Member	Cerner
Micky	Tripathi	Member	Massachusetts eHealth Collaborative
Larry	Wolf	Member	Kindred Healthcare
Michael	Zaroukian	Member	Sparrow Health System

Joint Explanatory Statement in the Congressional Record on 2015 Omnibus Bill

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- *Interoperability.--The agreement directs the Health IT Policy Committee to submit a report to the House and Senate Committees on Appropriations and the appropriate authorizing committees no later than 12 months after enactment of this act regarding the challenges and barriers to interoperability. The report should cover the technical, operational and financial barriers to interoperability, the role of certification in advancing or hindering interoperability across various providers, as well as any other barriers identified by the Policy Committee.*

Process for Report Development

Review previous findings & recommendations	Finalize gaps and areas of agreement	Hold hearing(s) to fill in gaps	Develop report and submit to HITPC
• Members identify themes and gaps from previous HITPC findings and recommendations • ONC staff aggregate comments	• Taskforce comes to agreement on existing themes and gaps	• Hearing held on identified gap topic areas	• Develop and finalize report
Due COB July 28	**August 7, 2015**	**August 14** **August 21**	**Report finalized by November**

Clinical, Technical, Organizational and Financial Barriers to Interoperability Task Force - Workplan

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	Meetings	Task
	~~July 23, 2015 10:00-12pm ET~~	~~• Kickoff Meeting, Assignments~~
	~~July 29, 2015 11:00-1pm ET~~	~~• Report out from Assignments~~
	~~August 7, 2015 12:00-2pm ET~~	~~• Finalize summarization of existing findings/recommendations and identification of any gaps.~~
	~~August 14, 2015 10-12:00 ET~~	~~• Virtual Hearing~~
	~~August 21, 2015 1:00-3pm ET~~	~~• Virtual Hearing~~
	~~August 25, 2015, 10:00-12 pm ET~~	~~• Recommendations and themes from hearings~~
	~~*August 27, 2015, 11:00-1pm ET*~~ ~~*Administrative Meeting*~~	~~• Working meeting to update summary of past findings~~ ~~• Incorporate hearing recommendations~~
	~~September 3, 2015, 9:00-10:30 ET~~	~~• Draft recommendations for the HITPC~~
➡	***Sept 9, 2015 – HITPC Meeting***	• ***Draft recommendations to the HITPC***

Charge Questions Pertaining to Financial Barriers

- What financial/business barriers to interoperability exist in the ecosystem?
  - Where do the barriers lie? i.e., which stakeholders?
  - What's the impact of the barriers/practices on the ability of other stakeholders to interoperate?
- Which of these are being addressed by initiatives underway today? Where is progress being made? Where do the gaps still exist?
- What actions need to be taken to address these financial barriers/practices?

Goals for Interoperability

- Improve the health and healthcare for all Americans
- Facilitate coordination across health- and health-care continuum
  - Depends on coordinated, shared ‘care plan’ and care planning activities
    - Across entire health team
    - Including individual and family
    - Crosses sites and organizations
      - Transitions of care
      - Coordination with social and health services
- Improve patient safety
  - Comprehensive data (across all teams and sites)
  - Avoid adverse events from conflicting treatments
- Improves efficiency, reduces waste
  - Reduce medically unnecessary testing
- Supports learning health system

Themes – Understanding Business and Financial Barriers

- Motivation exists and widely acknowledged
  - Global and specific actions required by whom and when is less clear; causes market hesitation and slowness
  - Pace of change not fast enough to adequately support Secretarial timeframe for delivery system reform
  - Impact of ‘pay for value’ not yet palpable
- Where use cases are clear and players well circumscribed, progress can be faster
  - Example: eRx
    - Clear use case
    - Financial incentives real and easily measured
    - Small number of stakeholders (can engage critical mass)
    - Limited competitors, became one
    - Necessity drove organic standards development

Themes – Understanding Business and Financial Barriers, II

- Broader interoperability is complex with multiple participants and stakeholders
  - Send, receive, integrate, *and* use to achieve meaningful impact
  - Synchronous collective action required
  - Costs
  - Competing priorities
  - Technology
  - Standards
- Need clear operational definition of pathway to nationwide interoperability
  - More like bridging networks and common services than one universal national platform
  - Critical few standards-based services (e.g., patient matching, provider directories, record locators)

Themes – Understanding Business and Financial Barriers, III

- Certification is a delicate balance between uniformity and specificity of standards (which promotes adoption and interoperability) and prescriptive functions and methods (which may have unintended adverse effects on workflow and hamper innovation)
  - Need modular standards that can be tailored to prevalent, high-value workflows, with modern software development practices and rigorous measurement and testing procedures
  - Need follow up surveillance
- Informed markets require actionable, transparent metrics for choice and improvement
  - Need HIE-sensitive 'measures that matter' to consumers/patients
  - Need HIE-sensitive measures of vendor product effectiveness that matter to healthcare organizational customers

Draft Recommendations

Initiate Sustained Multi-Stakeholder Action

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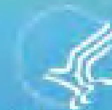
- Convene major-stakeholder initiative co-led by federal government (e.g., ONC, CMS) and private sector to act on ONC Roadmap to accelerate pace of change toward interoperability
  - Why now? What is different? The landscape has changed dramatically!
    - EHRs now widely adopted
      - Meaningful Use and certification requirements were market movers for HIT infrastructure
    - ACO and other alternative payment models driving and rewarding change
    - Interoperability Roadmap as blueprint
  - Need convening power of federal government to spur collective action, and enduring private-sector business interests to sustain the effort
    - Without broad understanding of barriers and enablers by all stakeholders, and who needs to actively participate, pace to interoperability will not be fast enough
    - Without compelling business model, sustained effort will not survive competing internal priorities
    - Define nationwide interoperability services required to facilitate implementation of high priority use cases

Draft Recommendations, II

Clarify and Reward Meaningful Behavior



- Develop and implement meaningful measures of HIE-sensitive outcomes for public reporting and payment
  - Fund development of ‘measures that matter’ to consumers/patients
    - Coordinated care
    - Affordable care
    - Example HIE-sensitive measure: “no reimbursement for medically unnecessary duplicate orders”
  - Transparent measures of vendor performance
    - Examples:
      - # of exchanges of external data (denominator)
      - % of external data elements viewed (numerator)
      - % of external data elements incorporated/reconciled (meaning)
      - % orders changed (impact)

Draft Recommendations, III
Funding

- Fund agenda for acceleration
  - Convene summit (kickoff)
  - Develop ‘measures that matter’ to consumer/patients and vendors
- Align healthcare payment around value goals that are HIE-sensitive
  - Community health outcomes
  - Coordinated, high quality, safe care
  - Coordinated across health and social services continuum
  - Informed, engaged individuals and families

Summary

- Market is moving and is directionally correct
- Pace not fast enough to support delivery system reform – affordable high quality care for all
- Complex, ‘synchronous,’ multi-stakeholder effort required – not all critical stakeholders currently engaged
- Deliberate multi-stakeholder action required to stimulate sustained collective action
- Clear and aligned, measurable incentives required to convert sporadic activities to meaningful impact

Discussion