Health IT Policy Committee

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

Information Exchange Workgroup

ToC/VDT Listening Sessions Findings

Micky Tripathi, Chair
Deven McGraw, Co-Chair

April 8, 2014

Agenda

- Review findings from ToC/VDT listening sessions

Goals and Approach

- Goal: Determine any current gaps in vendor and provider readiness for the achievement of the Stage 2 ToC and VDT requirements.

- Approach: Held two listening sessions with vendors and providers in February to identify any readiness issues to present to the HITPC.

- While we are early in the attestation period and the field has limited experience to date, the listening sessions were aimed at gaining insights into the initial experiences of vendors and providers.

Vendor Listening Session Participants

Panel 1: Vendor ToC Panel

- *Peter DeVault, Epic*
- *Rick Reeves, CPSI*
- *Catherine Britton, Siemens*
- *Bruce Schreiber, MaxMD*

Panel 2: Vendor VDT Panel

- *Doug Wager, Cerner*
- *Greg Meyer, Cerner*
- *Robert Barker, NextGen*
- *Sean Nolan, Microsoft*
- *Jitin Asnaani, athenahealth*

Provider Listening Session Participants

Panel 1: Provider ToC Panel

- *David Kendrick, MyHealth Access Network*
- *Stasia Kahn, Symphony Medical Group*
- *Lori Johnson, University of Missouri Health Care*
- *Ryan Bosch, Inova*

Panel 2: Provider VDT Panel

- *Fred Brodsky, Group Health Cooperative*
- *John Berneike, Utah HealthCare Institute*
- *Jeff Hatcher, Margaret Mary Community Hospital*
- *Greg L Wolverton, ARcare*
- *Amy Feaster, Centura Health*

Overview

- The vendor and provider panels both identified two main challenges to meeting the TOC/VDT requirements:
  - *Ecosystem Maturity*: 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 ToC and VDT and is still working through some maturity issues.
  - *Workflow*: Implementing the electronic sending and receiving of information is requiring significant workflow retraining and in some instances development of entirely new workflows for providers.

- Technology did not come through as a major issue in meeting the ToC/VDT requirements for those who have implemented 2014 CEHRT.

- The combination of items heard during the listening session could impact the ability of some providers to attest for Stage 2 this reporting period.

ToC Findings

- Difficulty Finding Trading Partners for ToC
  - Providers are worried that they won't have sufficient trading partners ready in time to meet the 10% electronic requirement.
  - Some providers in particular face unique challenges
    - For some rural providers their only trading partners in the community are non-MU eligible providers.
    - Health systems with closed environments that are primarily served by a single EHR instance are relying on transitions to LTPAC providers
  - Providers are actively working with their referral partners to address this through outreach and education.
    - Some providers and their vendors are actively recruiting their customers' referral partners into their HISP to make them Direct-accessible.
    - Some providers are even purchasing Direct end-points for their non-MU eligible trading partners to help meet the measure.
  - Challenges identifying whether their trading partner has a Direct address, and if so, finding the provider's electronic address information.

ToC Findings

- HISP-to-HISP Interoperability
  - A variety of panelists discussed HISP-to-HISP exchange. A number referenced participation in DirectTrust or establishing one-off contracts as their approach to enabling exchange across disparate HISPs.
  - Lack of common widely deployed provider directory standards or common directory infrastructure makes it difficult to find addressing information on providers participating in disparate HISPs.
    - Providers who practice at multiple organizations are receiving different Direct addresses at each organization often from different HISPs. This also creates challenges in identifying the appropriate Direct address of a provider to send the ToC information to.

- During the listening sessions we heard confusion over what counts as a valid transition of care for measurement
  - How do I know a provider really received the message (e.g., does the Direct MDN meet this requirement)?
  - How do I know the content of the message meets all the requirements? (e.g., is historical data an issue if it's not mapped to SNOMED?)
  - Does a referral within my health system count towards the denominator?

ToC Findings

- Workflow retraining was raised as one of the most significant items in implementing ToC
  - Panelists shared a wide range of timelines, from 30 days-6 months, to rework existing workflows.
  - For some providers this is a completely new workflow; for others it requires reworking a paper workflow and addressing new components such as the electronic sending, receiving, routing and incorporation of data.
  - Ensuring implementation of ToC aligns with other programs requirements (for instance PCMH or accountable care).
  - Provider organization need to work through how to best integrate the ToC documents into their existing care referral processes to limit the sending of redundant data.

- Differing workflows are being implemented to receive care summaries and route them to the appropriate party
  - Providers are having to develop new workflows to receive and manage inbound electronic care summaries.
    - Some panelists stated that their organizations are creating central facility inboxes managed by the HIM department which receive the messages and then route to the appropriate provider
  - Often times a transition of care is to an organization rather than a specific provider within the organization. The organization then will decide which provider to route the patient/information to.
  - How do providers ensure referral loops are closed and that messages are received and acted upon by the recipient?

VDT Findings

- View and download seem to be well understood and implemented by providers and vendors. The transmit requirement posed the biggest challenge.

- Overall, panelists thought the VDT measure would not present a significant challenge for providers because patients are using view and download and there is little demand to transmit to 3rd party applications at present.

VDT Findings

- HISP-to-HISP Interoperability
  - No clear solution for how a patient can find a provider's Direct address in the marketplace. Some providers are asking their vendors to develop a directory to share addressing information with patients.
  - If trust is not established between two HISPs a patient is not able to transmit their information to the desired endpoint. This is a concern many providers and vendors have and they anticipate it will be a challenge for patients looking to transmit their data. No real world examples of solutions to this issue were shared during the listening sessions.
    - Panelists expressed there was no clear nationally sanctioned approach to address the trust issue.

VDT Findings

- Use of the C-CDA as a single content standard has helped drive standardization and eased implementation of VDT. Some technical issues still arise between vendor implementations of C-CDA but they are being worked out through testing and actual use.
- Panelists shared that provider outreach to patients to inform them about the portal is a key step to meeting the 5% measure.
- Panelists had limited discussion of workflow issues. The main items raised were training for providers on how to educate/engage patients and developing a workflow for receiving patient transmitted health data.